JSP 834
Safeguarding
Part 1: Directive
Foreword

People lie at the heart of operational capability; attracting and retaining the right numbers of capable, motivated individuals to deliver Defence outputs is critical. This is dependent upon maintaining a credible and realistic offer that earns and retains the trust of people in Defence. In order to achieve this, all personnel must be confident that, not only will they be treated fairly, but also that their families will be treated properly, and that Defence personnel and their entitled family members will be respected and appropriately supported.

The safeguarding of our People is a priority for all MOD Services and agencies that work with or have contact with children, young people, and adults at risk. These procedures are underpinned by Working Together to Safeguard Children, which sets out what should happen in any local area when a child or young person is believed to need support and The Care Act for adults at risk. Effective safeguarding arrangements should aim to meet two key principles; they should be centred on the individual and they should recognise that safeguarding is everyone’s responsibility. These procedures have been written so as to be part of the wider good of improving the wellbeing of all and of achieving the above key principles.

JSP 834 promulgates the policy requirements and comprehensive practical guidance for the safeguarding of children, young people, and adults at risk within Defence.

Lieutenant General James Swift
Chief of Defence People
Functional Owner for Defence People
Preface

How to use this JSP

1. JSP 834 is intended as a comprehensive framework for the safeguarding of all People in Defence. It is the intention that this JSP will be reviewed every two years or in response to changes directed by Central Government policy.

2. This JSP is structured in two parts:
   a. Part 1 - Directive, which provides the direction that must be followed in accordance with statute or policy mandated by Defence or on Defence by Central Government.
   b. Part 2 - Guidance, which provides information to assist the user to comply with the Directive(s) detailed in Part 1.

3. When reading this JSP it is important to note that the word ‘must’ is used to denote requirements mandated by law in England, the word ‘should’ is used to reflect requirements mandated by policy and the word ‘may’ provides discretion for the interpretation of policy.

4. Where the word ‘professional’ appears, it applies to all staff employed to implement safeguarding procedures and practices whether they are MOD Service or civilian personnel.

5. This document cannot be totally comprehensive and, if there is any doubt, advice should always be sought from AFFS, single Service specialist welfare agencies, and/or the MOD approved social work provider’s named lead for Social Work Services, or departmental legal advisers. The Defence Primary Health Care (DPHC) can also provide advice and guidance where families are registered with a DPHC practice.

6. Further information and guidance on safeguarding children and young people are laid out for each of the UK’s Devolved Administrations as below:
   b. **Scotland.** National Guidance for Child Protection in Scotland 2014 accessed on GOV.Scot pages;
   d. **Northern Ireland.** The Co-operating to Safeguard Children and Young People in Northern Ireland and regional core child protection policies and procedures for Northern Ireland accessed on GOV.NI pages.

7. Further guidance on safeguarding adults is laid out for each of the UK’s Devolved Administrations as below:


Coherence with other Functional Leadership Policy and Guidance

8. Where this document contains references to policies, publications and other JSPs which are published by other Functions, these Functions have been consulted in the formulation of the policy and guidance detailed in this publication.

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Further Advice and Feedback – Contacts

9. The owner of this JSP is Hd Armed Forces Families and Safeguarding (AFFS). For further information or advice on any aspect of this publication or to provide feedback on the content, contact:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Email</th>
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<tr>
<td>C1 Policy</td>
<td><a href="mailto:People-AFFS-MAILBOX@mod.gov.uk">People-AFFS-MAILBOX@mod.gov.uk</a></td>
<td>+443001529436</td>
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<td>5.2</td>
<td>Throughout: replacement of DCYP references with DCS and AFFS. Transfer and update of Governance Section from Part 2 to Part 1: Chapter 2. Minor amendments Roles and Responsibilities at Chapter 3. Refinement of lines at Chapter 3 para 12 Service Police.</td>
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1 Introduction and Key Definitions

Aim

1. This policy sets out the approach that all MOD personnel are to comply with to safeguard children, young people and adults. Policy contained in this JSP has undergone an Equality Analysis and is aligned with Civil Service Employee Policy.

Principles

2. Underpinning the approach to safeguarding detailed in this JSP are a set of principles which are aligned with the UN Convention on the Rights of the Child (UNCRC)1 and The Care Act (2014) and are detailed below:

a. Everyone has a responsibility for safeguarding.

b. Do no harm.

c. Organisations have a safeguarding duty of care to beneficiaries, staff and volunteers, including where partners are part of the delivery. This includes children and adults at risk in the community who are not direct beneficiaries but may be vulnerable to abuse. Act with integrity, be transparent and accountable.

d. All activity is done in the best interests of the child/vulnerable person.

e. A child is defined as someone under the age of 18 regardless of the age of majority/consent in country.

f. All children shall be treated equally, irrespective of race, gender, religion/or none, sexual orientation or disability.

g. Organisations that work with children and vulnerable adults should apply a safeguarding lens to their promotional communications and fundraising activities.

Scope

3. This policy applies to all MOD personnel and their entitled family members in the UK and Overseas; including secondees into and out of the organisation, volunteers, students, trainees, contractors, and locally employed civilians, for whom the MOD has assumed responsibility. This includes the MOD sponsored Cadet Forces (SCC, VCC, CCF, ACF and ATC).

4. Additional safeguarding HR products for members of the Civil Service are contained in two documents, accessed on the OneHR portal:

a. safeguarding policy detailing how to raise a concern; and

b. safeguarding health-check.

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1 Legislation, case law and policy demonstrating how children’s rights, set out in the UNCRC, are protected in England, are accessed at the UNCRC pages on GOV.UK.
Legislative Framework

5. All personnel need to be aware of and understand the legal obligations which cover their country in the UK and the specifics contained in the relevant piece of legislation.

6. Overseas, the MOD mirrors, where reasonably practicable to do so, statutory requirements laid out in English Law but cannot apply them to the host nation. The Chain of Command overseas can enact a duty\(^2\) for the safeguarding and welfare of adults and children, for whom the MOD has assumed responsibility, through these statutory requirements. For children this is laid out in Working Together to Safeguard Children\(^3\) and for adults, through The Care Act (2014).

7. **Statutory Responsibilities for Children.**
   a. In England and Wales statutory responsibility for safeguarding and promoting the welfare and wellbeing of children rests with local authorities. In Scotland this falls to the Social Work Department and in Northern Ireland to the Health and Social Care Trusts.
   b. In England The Children Act 1989 remains the substantive legislation for safeguarding children, but much other legislation has direct or indirect relevance for the MOD. In terms of safeguarding and child protection the statutory guidance contained in Working Together to Safeguard Children brings together the requirements of all relevant legislation and is a first point of reference for any issues or concerns. It also sets out the requirement that when Service families or civilians working with the Armed Forces are based overseas the responsibility for safeguarding and promoting the welfare of their children is vested in the MOD.

8. **Statutory Responsibilities for Adults.**
   a. In England The Care Act 2014 and associated statutory guidance remains the substantive legislation for Safeguarding Adults. The Care Act places the adult at the centre of the process and supports the individual (where they have capacity) to make choices and take control in their lives. (taking into account their wishes, feelings, and beliefs) and sets out statutory duties to work in partnership and have a duty to share.
   b. In Scotland, statutory responsibilities are enacted through the Adult Support and Protection Act (Scotland 2007) and in Wales through The Social Services and Well-being (Wales) Act 2014. Northern Ireland remains the only devolved administration where safeguarding adults remains policy direction (at the time of writing) and is covered by The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 and the Protocol for Joint Investigations of Alleged and Suspected Abuse NI 2009.

Definitions – Safeguarding Children

9. For the purposes of this policy, the definitions laid out in statutory direction and guidance for England are used throughout, unless otherwise stated.

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\(^2\) Armed Forces Act (2006).
\(^3\) Working Together to Safeguard Children (2018).
10. **Definition of a Child.** As laid out in Working Together to Safeguard Children a child is defined as any person who has not yet reached their 18\textsuperscript{th} birthday\textsuperscript{4}.

11. **Child in Need.** A child in need is defined under the Children Act 1989 (CA89) as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled. The critical factors to be taken into account in deciding whether a child is in need under the CA89 are what will happen to a child’s health or development without services being provided, and the likely effect that the services will have on the child’s standard of health and development.

12. **Child Protection.** Child protection is defined in Working Together to Safeguard Children as the activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm.

13. **Safeguarding and promoting the welfare of children.** The MOD has adopted the definition of ‘safeguarding and promoting the welfare of children’ laid out in Working Together to Safeguard Children:

   a. protecting children from maltreatment.
   b. preventing impairment of children’s health or development.
   c. ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
   d. taking action to enable all children to have the best outcomes.

14. **Abuse.** There are a number of different categories and types of abuse; the list below is not exhaustive:

   a. **Physical Abuse.** A form of abuse which 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.

   b. **Emotional Abuse.** A form of abuse which 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 overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. Emotional abuse 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.

\textsuperscript{4} 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 entitlements to services or protection (Working Together to Safeguard Children 2018).
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

c. **Sexual Abuse.** A form of abuse which involves forcing or enticing a child or 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 (e.g. rape, buggery 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 in looking at, or in the production of, sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

15. **Neglect.** The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. 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:

a. provide adequate food, clothing and shelter (including exclusion from home or abandonment).

b. protect a child from physical and emotional harm or danger.

c. ensure adequate supervision (including the use of inadequate caregivers).

d. ensure access to appropriate medical care or treatment.

**Definitions – Safeguarding Adults**

16. For the purposes of this policy, the definitions laid out in statutory direction and guidance for England\(^5\) are used throughout, unless otherwise stated.

17. **Adult.** An adult is any person aged 18 or over.

18. **Adult at Risk.** An adult at risk is defined as an individual aged 18 or over who:

a. has care and support needs\(^6\) (whether those needs are being met by the local authority); and

b. is experiencing, or is at risk of, abuse; and

c. as a result of those care and support needs is unable to protect themselves from either the risk of, or experiencing, abuse or neglect.

19. **Safeguarding and promoting the welfare of adults.** Safeguarding and promoting the welfare of adults is defined in the Care Act (2014) as:

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\(^6\) This may be an adult with: mental health needs, a brain injury, an older person, a physical disability, a learning difficulty or sensory impairment, a long-term health condition, caring responsibilities, or substance use difficulties.
‘Protecting adults’ rights 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 adults’ wellbeing is promoted, including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.’

20. **Capacity.** Capacity refers to the ability to make an informed decision at a particular time about a singular topic. The starting assumption must always be that a person has the capacity to make a specific decision at a specific time unless it can be established that they lack the capacity to make that decision.\(^7\)

21. **Types of Abuse and Neglect.** There are different types and patterns of abuse and neglect and different circumstances in which they may take place. Abuse of an adult at risk may consist of a single act or repeated acts affecting more than one person. Abuse can occur in any relationship and any setting and may result in harm or exploitation of that individual and in many cases the abuse may be a criminal act. The Care Act (2014) describes a number of different types of abuse and neglect and the following list is not intended to be exhaustive:

   a. **Physical Abuse.** This includes assault, hitting, slapping, punching, kicking, misuse of medication, making someone purposefully uncomfortable, unauthorised restraint, restricting movement.

   b. **Self-Neglect.** This covers a wide range of behaviours: 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; inability to manage one’s personal affairs.

   c. **Domestic Abuse and Coercive Control.** These can include an 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. Coercive or controlling behaviour is a core part of domestic violence and 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 the abuse and regulating everyday behaviour. MOD policy relating to these types of abuse is laid out in JSP 913: Domestic Abuse and Sexual Violence.

   d. **Sexual Abuse.** This includes rape, attempted rape or sexual assault, 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.

   e. **Psychological or Emotional Abuse.** This form of abuse includes threats of harm or abandonment, failure to respect privacy, cyber bullying, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, enforced social isolation, removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.

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\(^7\) Mental Capacity Act 2005.
f. **Financial or Material Abuse.** This includes 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, preventing a person from accessing their own money or benefits, someone moving into a person’s home and living rent free without agreement or under duress.

g. **Modern Slavery.** This encompasses slavery, human trafficking, forced labour and domestic servitude, sexual exploitation such as escort work, prostitution and pornography and debt bondage – being forced to work to pay off debts that realistically they never will be able to.

h. **Discriminatory Abuse.** Discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

i. **Organisational or Institutional Abuse.** This includes neglect and poor care practice within an institution or specific care setting. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

j. **Neglect and Acts of Omission.** This can stem from ignoring medical and physical care needs, failure to provide access to appropriate health, social care or educational services, providing care in a way that the person dislikes, failure to administer medication as prescribed, refusal of access to visitors.

**Prevent**

22. The purpose of Prevent is to safeguard and support people who are vulnerable to radicalisation: a process through which a person comes to support terrorism and ideologies associated with terrorist groups. The MOD applies the Prevent strand of central government’s counter-terrorism strategy (CONTEST) through its Joint Service Publication 345: Applying Prevent within Defence. Defence personnel are directed to follow this policy in all circumstances where there are concerns that a child or adult is vulnerable to being drawn into terrorism.
2 Governance

1. The Defence Safeguarding Partnership Board (Def SPB) is the lead strategic pan-Defence partnership that is responsible for ensuring consistent and rigorous approaches to safeguarding and promoting the welfare of children and young people across Defence. The Def SPB is responsible for reviewing progress and assessing strengths and areas for development in the safeguarding system. The Def SPB is chaired by Hd Armed Forces Families and Safeguarding (AFFS), assisted by an Independent Scrutineer providing senior level advice, support, and challenge. The governance relationship is graphically explained in Model 1 below:

2. The Def SPB is established under the authority of the Director Armed Forces People Policy (DAFPPol) in the role of the MOD’s Director of Children’s Services, in accordance with MOD policy and direction and works within the principles of the Children and Social Work Act 2017 and Working Together to Safeguard Children.

3. Hd AFFS will appoint an Independent Scrutineer of the Def SPB who will deliver a critical friend role in making certain the Board operates effectively and secures an appropriate independent voice within the wider Defence governance framework.

4. The position of Independent Scrutineer will be reviewed annually and subject to appropriate support and guidance from the GST.

5. The Defence Safeguarding Partnership Steering Group (Def SPB SG) is subordinate to, and reports to, the Def SPB. The key functions of the Def SPB SG are highlighted below:
a. ensure progress against actions from most recent Def SPB Record of Decisions; and from the Def SPB Outstanding Actions Table.

b. review the Def SPB Risk Register, identifying additions/changes/deletions requiring Def SPB action.

c. review progress against the Priorities of the Def SPB Plan, identifying appropriate performance shadings against Sub-Priorities, Priorities, and the overall Plan.

d. identify additions/changes/deletions to the Def SPB Plan requiring SPB action/endorsement.

e. monitor outcomes for children and the effectiveness of safeguarding arrangements through performance management, data analysis, audit, and case review findings.

f. coordinate and recommend actions for safeguarding improvement to the Def SPB.

g. report on safeguarding effectiveness to the Def SPB.

h. assess any significant changes to national legislation or best practice that may impact on Def SPB activity.

i. identify any significant issues requiring executive action that cannot wait for the next Def SPB, initiating out-of-committee action as required.

Local Safeguarding Children Partnerships (LSCPs)

6. Overseas commands supporting children should establish a LSCP for their command/unit. Where this is unachievable, a single point of contact for safeguarding should be established who can report into the SPB SG. The key functions of LSCPs are to:

a. monitor outcomes for children and the effectiveness of overseas safeguarding arrangements through performance management and data analysis.

b. coordinate and agree actions for safeguarding improvement.

c. identify any significant issues requiring executive action that cannot wait for the next SPB SG, initiating out of committee action as required.

d. ensure progress against actions from most recent LSCP Record of Decisions; and Outstanding Actions Table.

e. review the LSCP Risk Register, identifying additions/changes/deletions requiring Def SPB SG action.

f. provide a quarterly report on safeguarding effectiveness to the Def SPB SG.

g. provide a quarterly data return to the Def SPB SG on numbers of children and safeguarding related concerns.
h. provide an annual report on the work of the LSCP to the Def SPB.

i. LSCPs report to the Def SPB SG, which in turn is accountable to the Def SPB. Chairs are afforded the opportunity to attend and report on local progress and issues to the Def SPB SG, although reporting will ordinarily be through a command representative.

j. LSCPs will need to determine their own meeting schedules which should follow the battle rhythm of the Def SPB SG and not be less than every quarter.

Defence Safeguarding Adult Forum

7. The Defence Safeguarding Adult Forum. The MOD Safeguarding Adult Forum reports to the Specialist Welfare Delivery Group which feeds into the Service Welfare Steering Group. The Terms of Reference are available by emailing the Assistant Head Safeguarding Adults at: People-AFFS-Safeguarding-Mailbox@mod.gov.uk.
3 Roles and Responsibilities

Individual Responsibilities of ALL Defence Personnel

1. Everyone in Defence has a responsibility:
   a. to be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
   b. to ensure appropriate action is taken in the event of incidents/concerns of abuse, where there is immediate risk of harm, where a crime has been committed and where it is in the public interest to do so:
      (1) where an offence has been committed or suspected to have been committed against a child within the UK, it must be reported to the UK Civil Police soon as possible.
      (2) for incidents outside of the UK, the local Service police are to be notified with a view to their engagement with the host nation police and/or local agencies as appropriate; where there is no Service Police presence and no suitable host nation agency, the Service Police Crime Bureau should be contacted via email at OpsDesk@rmp.mod.uk or by telephone on military 93835 5170/5180 or civilian 02392 28 5170/5180.
   c. to undertake training in accordance with their roles and responsibilities as outlined in part 2 of this policy so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk.
   d. to ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and stored securely.
   e. to refer in a timely and appropriate manner.
   f. to share information appropriately.

General MOD Responsibilities

2. Within the UK. In the UK all safeguarding concerns and referrals for children and adults must be made to the relevant local authority/devolved administration equivalent. Details of children and adult services are accessed on local council websites. Single Service welfare agencies will liaise with the relevant UK social services department.

3. In Overseas Locations. In Overseas Locations. Where MOD personnel are based in overseas locations the MOD aims to replicate so far as is reasonably practicable statutory or near-statutory services following English legislation. All safeguarding enquiries, concerns, and referrals for children and adults must be made to the contracted social work provider for the location. Where there is no coverage in location, personnel should contact the AFFS Global Safeguarding Team for child and adult safeguarding concerns. The Global Safeguarding Team are contacted at: People-AFFS-Safeguarding-Mailbox@mod.gov.uk.

4. The power to make Orders for the protection of Service children overseas lies with Judge Advocate. Under the Armed Forces Act (1991) the Judge Advocate has the power
to grant a Child Assessment Order or a Protection Order (in accordance with Sections 17 and 19 of AFA 1991, respectively) when an application is made. This power is only exercisable outside of the British Islands.

5. Under sections 17 and 22A of the Armed Forces Act (1991), the Service police may, where there is reasonable cause to believe that a child would otherwise be likely to suffer significant harm, remove a child to suitable accommodation or take steps as necessary to ensure the prevention of the child’s removal from any Service hospital, or other place where the child is being accommodated. This power may only be exercised outside of the British Islands. Where these powers are exercised, the Service police are not able to exercise parental responsibility during such periods of Service police protection, and the maximum period that a child may be kept under such protection is 72 hours. In practice, this power is most likely to be used in circumstances where a protection order is to be sought, but access to a Judge Advocate is not immediately available.

6. The principles of Keeping Children Safe in Education have been adopted by and embedded in policy and practice of MOD provided schools overseas. Further information is accessed through the overseas education pages on the MOD’s Gov.UK site.

7. Serving personnel and their entitled families can access single Service welfare agencies wherever they are serving. Where Service Welfare Agency support is being accessed it is important for the CoFC and Service Welfare Agency to appropriately share information as required and to appropriately share information with statutory (UK)/contracted social work services (overseas) as required. Single Service welfare agencies will liaise with the relevant contracted social work provider. Contact details are provided in Chapter 4 of this document; agency responsibilities are directed in JSP 770 and highlighted below:

   a. **Royal Navy and Royal Marines.** Royal Navy Family and People Support (RN FPS) provide specialist welfare support to Royal Navy (RN) and Royal Marines (RM) personnel and their families. Staffed by qualified civilian and serving social work professionals and trained and supervised Caseworkers, RN FPS liaises with local authorities and devolved administration equivalents and with contracted social work providers where appropriate.

   b. **Army.** The Army Welfare Service (AWS) provides professional welfare support to Army personnel and their families staffed by qualified civilian social workers and trained and supervised Army Welfare Workers. AWS also liaises with local authorities/equivalents where appropriate and can deploy overseas to support delivery of welfare.

   c. **Royal Air Force.** The RAF Personal Support & Social Work Service provides an additional social work support service to RAF personnel and their families based in the UK. This service is provided under a MOD contract.

**Defence Lead with Responsibility for Safeguarding**

8. **Armed Forces Families & Safeguarding (AFFS).** AFFS is responsible for providing the professional leadership and direction across the MOD for the development and implementation of safeguarding policy and practice.
Specific Commanders’ Responsibilities in the UK

9. **General.** All Commands / Commanders / Heads of Establishment in the UK are responsible for the safety and welfare of all personnel. Where there is a safeguarding concern or allegation, the procedures for Safeguarding laid out in Chapter 4 of this document are be followed.

10. **All Commands / Commanders / Heads of Establishment are to:**

   a. nominate a Designated Safeguarding Lead (this may be the commanding officer) with responsibility for:

      (1) ensuring that the procedures for safeguarding are used in accordance with this policy and statutory guidance.

      (2) resolving any inter-agency issues with support from their Local Safeguarding Partnership Board.

      (3) ensuring that information is appropriately shared between agencies (statutory (UK) / contracted social work service (overseas), Service welfare agency, CofC).

      (4) ensuring required reporting, notification and record keeping is undertaken.

   b. have in place and enact an establishment\(^8\) level policy, including a Safeguarding Policy Statement; the template policy accessed in Part 2 of this JSP should be adapted.

   c. cooperate fully with Local and Defence Safeguarding Partnership Boards and the Safeguarding Adults Forum in order to give them the information and assurance that they seek. Understand and respect the primacy of those with statutory responsibility for safeguarding, seeking advice from or via AFFS if required:

      (1) **Safeguarding Children.** For all Serving personnel under the age of 18 and children of Defence personnel living in the UK, the designated local authority or devolved administration equivalent will take the lead and apply the safeguarding policy/practice as set out in regulations but will, where appropriate, involve appropriately trained/qualified MOD/Service personnel in the Local Safeguarding Children Partnership and subordinate Committee arrangements.

      (2) **Keeping Children Safe in Education.** Schools and colleges and their staff are an important part of the wider safeguarding system for children and are in a position to identify concerns early, provide help for children, and prevent concerns from escalating. It is essential that all personnel are aware of the legal duties with which schools and colleges must comply in order to keep children safe; these duties, detailed in the Keeping Children Safe in Education (England) and equivalent Devolved Administration statutory guidance, will apply to the safeguarding of Serving personnel under the age of 18, and any child for

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*The term ‘establishment’ is used to define any level of organisation for which the commanding officer has responsibility. There is an exception in place for Cadet Units where there is an individual Cadet Force policy in place.*
whom the MOD has assumed responsibility being educated or trained in an establishment bound by these duties.

(3) **Safeguarding Cadets.** Safeguarding matters for the MOD sponsored Cadet Forces should be referred through the relevant local authority/equivalent and Cadet Force CoC in accordance with JSP 814 and individual Cadet Forces’ policies. Where there is an individual Cadet Force policy in place, Cadet Units are not required to have an establishment level policy.

(4) **Safeguarding Adults.** For all safeguarding Adults cases the local authority or devolved administration equivalent for that area will remain the lead organisation in all investigations, supported by the relevant parties within the MOD. The local authority is able to nominate the responsibility of investigating any concerns back to the MOD if they feel this is the most appropriate course of action.

(5) **Safeguarding in MOD Training Establishments.** Safeguarding matters for all MOD training establishments should be referred through the relevant local authority/equivalent and training CoC. Serious incidents, for example

(6) those which involve a police inquiry, should be discussed with the relevant single Service specialist welfare agency, who will be able to advise about the involvement of local statutory agencies such as Social Care. The procedure to follow and contact details are contained in Chapter 4 of this document. AFFS Global Safeguarding Team should be notified of all cases referred to local statutory agencies.

d. seek advice on safeguarding processes, issues and concerns from their local single Service specialist welfare agency, so long as this does not delay any duty to refer to the statutory authorities; contact details for single Service specialist welfare agencies are contained in Chapter 4 of this document.

**Specific Commanders’ Responsibilities Overseas**

11. **General.** All Commands/Commanders/Heads of Establishment overseas are responsible for the safeguarding of personnel and entitled family members whilst overseas and are to follow the procedures for safeguarding laid out in Chapter 4 of this document. A template policy containing the Commander’s Policy Statement is accessed in Part 2 of this JSP.

12. **All Commands / Commanders / Heads of Establishment are to:**

a. nominate a Designated Safeguarding Lead (this may be the commanding officer) with responsibility for:

   (1) ensuring that procedures for safeguarding are in place.

   (2) resolving any inter-agency issues with support from their Designated Allegations Officer overseas.

   (3) liaising with the Local Safeguarding Children Partnership (LSCP) / Adult Board (a single Board may cover both children and adults).
ensuring that information is appropriately shared between agencies (statutory services (UK) / contracted social work service (overseas), Service welfare agency and CoC).

ensuring required reporting, notification and record keeping is undertaken.

b. if not already covered by a local or higher command level LSCP, seek command and/or AFFS Global Safeguarding Team advice on whether there is a need to establish one for their command/unit; where this is unachievable a single point of contact for safeguarding should be established; this should be done in consultation with the AFFS Global Safeguarding Team, who are contacted by emailing: People-AFFS-Safeguarding-Mailbox@mod.gov.uk.

c. know which MOD-contracted social work service has local responsibility for their location and ensure that all child protection and adult at risk concerns and referrals are passed to them immediately; contact details of contracted social work service providers are laid out in Chapter 4 of this document.

d. cooperate fully with the Defence Safeguarding Partnership Board in order to give them the information and assurance that they seek.

e. have in place and enact an establishment level policy, including the Safeguarding Policy Statement; the template policy accessed in Part 2 of this JSP should be adapted.

f. Keeping Children Safe in Education. The principles of Keeping Children Safe in Education are embedded in Defence Children Services (DCS) direction to its MOD schools and settings overseas. Further information and guidance should be accessed on DCS’ pages of GOV.UK or on request by emailing: RC-DCS-HQ-Mailbox@mod.gov.uk

Management of Registered Sex Offenders Posted Outside the UK

13. In the UK, the responsibility for the management of registered sex offenders is held by the police who operate the Violent and Sex Offenders Register. Where this is a Service Person or a Civilian Subject to Service Discipline (CSSD), and they are assigned overseas, the responsibility for management falls to the individual’s commanding officer. This includes the commanding officers of training establishments where trainees on the register are deployed temporarily on overseas visits or exercises during their training. The commanding officer should inform the AFFS Global Safeguarding Team of any person subject to being on the Sex Offenders’ Register upon assignment to an overseas post.

14. Whether in the UK or overseas, a Commanding Officer should notify the Service Police Crime Bureau of any Service Person who is placed onto the Sex Offenders register.

15. A separate JSP on the management of Sexual and Violent Offenders will be produced in due course. In the meantime any questions or concerns about this should be directed to the Service Police Crime Bureau via email at OpsDesk@rmp.mod.uk or by telephone on military 93835 5170/5180 or civilian +44 (0) 2392 28 5170/5180.
4 Safe Recruitment

General

1. Safe recruitment is central to the safeguarding of children and adults at risk and is most effective when the employing authority adopts recruitment and selection procedures which deter, identify or reject people who might abuse children and adults or are otherwise unsuitable to work with them. All employing authorities should follow the direction and guidance laid out in their recruiting policies. These policies apply to the recruitment of all adults, whether in a paid or voluntary capacity on permanent, temporary or contracted employment. Additional guidance on safe working practices can be found on the Safer Recruitment Consortium website.

2. Where a Disclosure check is required, employing authorities are to follow MOD policy for Disclosure and Barring Service checks, contained in JSP 893: Procedure for personnel and posts which require a disclosure check, and its Accompanying Civilian Guidance. The Disclosure and Barring Service provides three levels of disclosure (basic, standard and enhanced).

3. If a disclosure reveals that an applicant is prohibited from seeking or working with children it is an offence for a person to apply for or accept any work in a position that includes Regulated Activity and the Police must be informed without delay of the individuals attempt to seek employment. It is also an offence for an organisation knowingly to offer work in a position that includes Regulated Activity to an individual who is disqualified from working with children or to fail to remove such a person from such work.

4. The principles of safer recruitment should be included in the terms of any contract or service level agreements drawn up between the employing authority and contractors or agencies that provide services for, or staff to work with, children and young people. Any service level agreement or contract should contain a safeguarding statement, which makes explicit the standards expected. The agreement should be regularly reviewed.

5. MOD Schools should refer to Keeping Children Safe in Education statutory guidance for schools and colleges.
5 Safeguarding Children Procedures

Core Responsibilities

1. All MOD personnel who work with or have contact with children and young people should be familiar with Working Together to Safeguard Children statutory guidance. Everyone working in Defence should be able to recognise and know how to act on concerns that a child's health or development is, or may be, being impaired. This is particularly necessary where a child is suffering, or is at risk of suffering, significant harm and every person should be alert to possible indicators of abuse or neglect. Safeguarding procedures differ depending on whether concerns occur in the UK or in overseas locations.

What to do if you are concerned about a child in the UK

If you are concerned that someone is in immediate danger, contact the UK civilian police on 999 or the local Service police. Where you suspect a crime has been / is being committed, you should report this immediately to the police.

2. In the UK a referral to local authority/devolved administration’s children’s social care service is to be made utilising local guidance and procedures which can be accessed via individual local authority websites. Where concerns about a child are referred to a local authority children’s social care department, the local authority will determine whether the referral meets their threshold for intervention. Feedback should be provided by the local authority to the referrer on decisions taken and should where appropriate, include reasons why a case may not have met the statutory threshold and offer suggestions for alternative sources of suitable support. The referrer should always follow up their concerns if they are not satisfied with the local authority’s response and should escalate their concerns if they remain dissatisfied.

3. In cases where a safeguarding referral has been made to a local authority children’s social care department, families may also be supported by their single Service specialist welfare agency whose points of contact are at Table 1. Involvement of Service specialist welfare agencies is to be in accordance with policy laid out in JSP 770: Tri-Service Operational and Non-Operational Welfare Policy and information is to be shared in accordance with the confidentiality and referral policy in JSP 770, and with the information sharing direction contained in this Part 1 document. Further information on Service specialist welfare agencies is held in Part 2 of this JSP.

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<table>
<thead>
<tr>
<th>Service</th>
<th>Specialist Welfare Point of Contact</th>
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| Royal Navy Service Family and People Support (RN FPS) | RN FPS Portal:  
Room 107, HMS TEMERAIRE, Burnaby Road, Portsmouth, PO1 2HB  
Email: navynps-peoplesptnsfpsptl@mod.gov.uk  
Telephone: +44 (0) 2392 72 8777/0800 145 6088  
www.royalnavy.mod.uk |
| Army                                        | Army Welfare Service Personal Support Intake and Assessment Team:  
HQ AWS, Garbutt House, Bray Road, York, YO10 4JG  
Telephone; 01904 882053  
Email: RC-AWS-IAT-0Mailbox@mod.gov.uk  
www.army.mod.uk |
| Royal Air Force                             | RAF Personal Support and Social Work Service:  
Air Command, RAF High Wycombe, HP14 4UE  
Telephone: 03000 111 723 (available 24 hours a day, 365 days a year)  
Email: psswsRAF@ssafa.org.uk (monitored during office hours, Monday to Friday 0830 – 1700) |

| Table 1: Single Service Welfare Agencies UK |

4. Each Local Safeguarding Children Partnership may have their own procedures in place for responding to concerns about the safety of children; the details of which are accessed on the relevant local authority website.

What to do if you are concerned about a child overseas

If you are concerned that someone is in immediate danger, contact the local Service police or host nation police. Where you suspect a crime has been / is being committed, you should report this immediately to the police.

5. The MOD has assumed responsibility for the protection, safeguarding and promoting the welfare of the children of Service families or civilians working with the Services overseas. The social care provision varies according to the identified needs in each location. All contracted delivery is carried out to replicate, so far as is reasonably practicable, UK legislation, standards and practice. The population at risk are supported by professionally qualified registered practitioners and managers. Where there is a contracted social work provider available, all safeguarding concerns must be referred to
the appropriate provider. Contact details for MOD contracted social work providers are
detailed in Table 2.

<table>
<thead>
<tr>
<th>Contracted Social Work Providers Points of Contact</th>
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<tbody>
<tr>
<td>RAF Personal Support and Social Work Service:</td>
</tr>
<tr>
<td>Air Command, RAF High Wycombe, HP14 4UE</td>
</tr>
<tr>
<td>Telephone: 03000 111 723 (available 24 hours a day, 365 days a year)</td>
</tr>
<tr>
<td>Email: <a href="mailto:psswsRAF@ssafa.org.uk">psswsRAF@ssafa.org.uk</a> (monitored during office hours, Monday to Friday 0830 – 1700)</td>
</tr>
<tr>
<td>British Forces Social Work Service (BFSWS):</td>
</tr>
<tr>
<td>Telephone: +44 (0) 808 168 3111</td>
</tr>
<tr>
<td><a href="https://www.forcessocialwork.com/about-us">https://www.forcessocialwork.com/about-us</a></td>
</tr>
</tbody>
</table>

Table 2: Contracted Social Work Providers Overseas

6. In some overseas areas there are no social work services immediately available; where this is the case and for safeguarding concerns in these locations personnel should contact the AFFS Global Safeguarding Team at: People-AFFS-Safeguarding-Mailbox@mod.gov.uk

7. **Contracted Social Work Providers.** The MOD’s contracted social work providers will work with overseas Commands and host nations to deliver guidance and support to service users. Details of services provided are accessed from the provider using the contact details in Table 2.

8. **Procedure.** If you think a child or young person is at risk of significant harm, or injury you are to:
   
   a. if there is immediate danger or risk to life telephone the Service police/civilian police; never delay emergency action to protect a child from harm;
   
   b. contact the social work service for your area; or
   
   c. seek advice as appropriate from relevant welfare and safeguarding leads and single Service agencies;
   
   d. always record in writing concerns about a child’s welfare, including whether further action is taken; and
   
   e. at the close of a discussion, always reach a clear and explicit recorded agreement about who will take what action, or that no further action will be taken and why.

**Responding to Serious Safeguarding Children Incidents Overseas**

9. For serious safeguarding children incidents that occur overseas, on behalf of the MOD, AFFS Global Safeguarding Team has responsibility for providing oversight and for statistical reporting to the Department for Education. All serious safeguarding children
incidents overseas are to be reported to the AFFS Global Safeguarding Team using the Safeguarding Partnership Board (SPB) Safeguarding Incident Reporting Form, accessed in Part 2 of this JSP, within 24 hours of the event.

10. Incidents and circumstances that are to be reported to the AFFS Global Safeguarding Team include:
   a. when a child dies (including cases of suspected suicide), and abuse or neglect is known or suspected.
   b. when a child has been seriously harmed\(^{10}\) and abuse or neglect is known or suspected.

11. Reporting should also be considered:
   a. where there was clear evidence of a risk of significant harm to a child that was:
      (1) not recognised by organisations or individuals in contact with the child or perpetrator; or
      (2) not shared with others; or
      (3) not acted on appropriately.
   b. where the case highlights or could highlight improvements needed to safeguard and promote the welfare of children, e.g. a child injured themselves in a MOD community setting.
   c. where the case highlights or could highlight recurrent themes in the safeguarding and promotion of the welfare of children, e.g. the failure to share information which led to a child being at increased risk.
   d. where the case raises or may raise issues relating to the safeguarding and promotion of the welfare of children in institutional settings, e.g. failure to respond appropriately to safeguarding issues in training establishments.
   e. where the case highlights or could highlight concerns regarding two or more agencies working together effectively to safeguard and promote the welfare of children.
   f. where one or more agency or professional considers that its concerns were not taken sufficiently seriously, or acted on appropriately, by another.
   g. where the child concerned was the subject of a child protection plan, or had previously been the subject of a plan.
   h. where the case suggested that the SPB may need to change local procedures, or that protocols and procedures are not being adequately promulgated, understood or acted on.

\(^{10}\) Serious harm includes (but is not limited to) serious and/or long-term impairment of a child’s mental health or intellectual, emotional, social or behavioural development. It should also cover impairment of physical health (Working Together to Safeguard Children 2018).
i. where there are indications that the case may attract media interest.

12. Overseas Commands/Commanders/Heads of Establishment are required to undertake a rapid review of all serious incidents notified to AFFS Global Safeguarding Team. If the location has a Local Safeguarding Children Partnership this should lead the review. Rapid reviews are completed locally and are then reported into the Safeguarding Practice Review Group (SPRG) to enable oversight and identify lessons learned for Defence.

13. Rapid reviews should assemble the facts of the case as quickly as possible in order to establish whether there is any immediate action needed to ensure a child’s safety and the potential for practice learning. Further guidance and the rapid review template are accessed at Part 2 of this JSP.

Responding to Child Deaths Overseas

14. The death of a child is a devastating loss that profoundly affects all those involved. It is important for parents and families to understand what has happened and whether there are any lessons to be learned.

15. All deaths of children overseas must be reported to Defence Primary Healthcare (DPHC) using the public notification link https://www.ecdop.co.uk/MOD/live/public.

16. The form should be completed as soon as possible after the child's death and is to include information about the child, their family and key professionals who knew the child, e.g. GP.

17. This notification alerts DPHC of the death. The eCDOP Administrator at DPHC will advise the Designated Doctor for Child Deaths, who will review the circumstances of the death and advise on the appropriate support and review pathway for each child death situation.

18. Following receipt of a notification all agency leads in the location where the child died will then be notified through eCDOP and be asked to submit a Reporting Form. The Reporting Form will be used to gather information from agencies or professionals who have information relevant to the case.

19. In overseas locations, where one or both parents are nationals of the host nation, the host nation’s procedures for reporting the death of a child will take precedence. Where a family or a family member is registered with the DPHC, the MOD’s procedures for reporting a child’s death, including the Child Death Overview Panel procedure, may also be used where parents request it.


   a. Although investigations following the death of a child will vary, every child’s death should be discussed at a CDRM. This meeting should be a multi-agency meeting attended by professionals who were directly involved in the care of the child during their life, and any professionals involved in the investigation into their death.

   b. The nature of this meeting will vary according to the circumstances of the child’s death and the practitioners involved but has common aims and principles in all cases. It is the responsibility of the lead health professional to arrange the CDRM.
c. Each child’s death requires unique consideration and where possible, should engage professionals across the pathway of care. The results of the meeting should be captured on an analysis form and uploaded to the eCDOP system.

21. **Child Death Overview Panel (CDOP).**

a. The Defence Safeguarding Partnership Board - Safeguarding Practice Review Group (SPRG) acts as the CDOP and is responsible for reviewing all deaths of children overseas.

b. The SPRG will provide independent scrutiny of each child’s death from a multi-agency perspective and includes professionals who were not involved in the cases under discussion.

c. The SPRG meets quarterly and will discuss any cases to:

   1. classify cause of death.
   2. identify modifiable factors\(^{11}\).
   3. decide on preventability of death.
   4. consider whether to make recommendations and to whom they should be addressed.

d. On concluding each review, the SPRG makes recommendations which may include matters affecting the safety and welfare of children overseas and wider public health concerns. These are referred to the overseas location and Defence Safeguarding Partnership Board (DSPB), as appropriate, for further action. This learning is also incorporated in the DSPB Annual Report.

**Sharing Information – Safeguarding Children**

22. To achieve the best outcomes for children and young people and to promote their welfare and safeguard them from harm, agencies need to work together. Effective inter-agency working is dependent upon effective information sharing whether a child or young person just needs some additional support or whether there are concerns that they are at risk of significant harm.

23. Where a professional believes that it is necessary to share information to help them to better understand the needs of a child or family or to enable the child or family to receive a service from another agency and the child is not at risk of significant harm they should seek the consent of the parent or carer before requesting the information or contacting the other agency. This will ensure that the family understand the issues and are more engaged with any services provided by agencies.

24. Effective joint working can be undermined by poor communication and several Serious Case Reviews have highlighted poor information sharing as a factor. For this reason, Working Together to Safeguard Children is absolutely clear that ‘fears about sharing information must not be allowed to stand in the way of the need to promote

\(^{11}\) These are defined as factors which may have contributed to the death of the child and which might, by means of a locally or nationally achievable intervention, be modified to reduce the risk of future deaths.
the welfare, and protect the safety, of children, which must always be the paramount concern’.

25. There will be rare occasions when it would not be appropriate to inform parents/carers that children’s social work services are being contacted, when by doing so the child / young person would be placed at immediate or greater risk of harm. Such an approach is supported by legislation (Children Act 1989, 2004) and the professional guidance from individual agencies.

26. Understanding confidentiality is an important factor when making decisions on information sharing. Information is confidential when it is:
   a. sensitive.
   b. not already in the public domain.
   c. shared in confidence.

27. Information can be shared without consent if it is justified in the public interest, as below:
   a. there is evidence that a child is suffering or at risk of suffering significant harm.
   b. there is reasonable cause to believe that the child may be suffering or at risk of suffering significant harm.
   c. to prevent significant harm to children.

28. Key points on Information Sharing.
   a. Explain at the outset, openly and honestly, what and how information will be shared.
   b. Always consider the safety and welfare of a child or young person when making decisions on whether to share information about them.
   c. Always seek consent, preferably in writing, to share confidential information. Information can be shared if there is a justifiable reason to override the lack of consent.
   d. Seek advice whenever there is doubt.
   e. Ensure the information being shared is accurate and up to date, necessary, shared only with those people who need to see it, and shared securely.
   f. Always record the reasons for the decision to share information or not.
6 Child Protection

Child Protection – UK and Overseas

1. Under Working Together to Safeguard Children, child protection is the process of protecting individual children identified as suffering, or at risk of suffering, significant harm as a result of abuse or neglect.


   a. Every child who has been the subject of a child protection case conference and where there has been a decision that the child has suffered serious harm, or is at risk of suffering serious harm, will have a child protection plan. A child protection plan has the overall aim of ensuring the child’s safety and preventing further harm; promoting welfare, health and development and supporting the family and wider family members to protect and promote the welfare of the child - provided it is in the child’s best interests. Child protection plans are regularly reviewed by the relevant local authority/contracted social work provider through the child protection conference process.

   b. It is the responsibility of the allocated social worker to inform the receiving local authority where a child subject to a child protection plan is due to move to a different authority or country. The transferring authority must provide the receiving authority with the child protection plan and all relevant documentation. For Service children who are the subject of a child protection plan there are comprehensive reciprocal arrangements in place for the referral of child protection cases to appropriate authorities, relating to the temporary or permanent relocation of such children from the UK to overseas and from overseas to the UK.

   c. To ensure that children subject to a child protection plan can access social work services, single Services are to have procedures in place that include informing the contracted social work provider overseas and the AFFS Global Safeguarding Team when they are made aware that children subject to these plans are about to or have arrived in their area of responsibility.

   d. Where a Service family is receiving support from a single Service specialist welfare agency, it is important for consultation to take place between the Service person’s CofC and the relevant agency prior to an assignment. Contact details are detailed in Chapter 4 of this document, at Table 1.

3. Child in Need Plans. Once the child protection plan is no longer in place it is usual for the child and family to access ongoing support through a child in need plan. A child in need plan can also be drawn up following a single assessment which identifies the child as having complex needs and where a co-ordinated response is required for the child’s needs to be met. A child in need plan involves agencies working together and are regularly reviewed. Whilst there is no timeframe stipulated under Working Together to Safeguard Children, three months is recognised as good practice.

Child Protection – Overseas

4. Whilst assigning authorities can act as a filter for the movement of families with children in need of support about to be assigned overseas, there may be exceptional
circumstances in which children in need of protection accompany their families overseas. These cases should be referred by the transferring authority’s social worker to the overseas contracted social work provider responsible for delivering the child protection service within that area of responsibility. Where there is no contracted social work provider, cases are to be notified to the AFFS Global Safeguarding Team.

5. Under Working Together to Safeguard Children, local authorities in England should ensure that the MOD and its contracted social work providers are made aware of any child who is the subject of a child protection plan and whose family is about to move overseas. Overseas social work providers contracted to the MOD will have similar procedures in place to ensure that children can be afforded the appropriate level of support.

6. To ensure that cases are not overlooked, Commands/Commanders/Heads of Establishment are to inform the overseas contracted social work provider when they are made aware of any child in need of protection arriving or due to arrive in their area of responsibility. Contact details for the MOD’s contracted social work providers are detailed in Chapter 4 of this document at Table 2.

7. There are some overseas locations which will not be able to provide sufficient support for children and families who are subject to a child protection plan. For locations where there is no MOD contracted social work provider, the host nation social work service supporting that location or the AFFS Global Safeguarding Team should be contacted for advice and guidance.

8. Where children are returning to the UK, the MOD’s contracted social work provider will make referrals as required and appropriately share information with the UK based statutory social work service.

9. In the case of an unplanned move, information is to be shared on the same working day as soon as the move is known, an address is known, or a specific area can be identified.

10. **Temporary Movement of Children.** The MOD’s contracted social work providers are responsible for ensuring that the relevant local authority in the UK is notified of any child subject to a child protection plan overseas returning to the UK. This includes temporary visits to the UK. Arrangements to monitor the child or children will be the responsibility of the relevant contracted social work provider to negotiate with the receiving local authority. The contracted social work provider will share relevant information as required with single Service specialist welfare agencies.

**Assignment Flag**

11. A child protection plan will indicate a need to ensure that the family is assigned only to those areas where sufficient supervision of the child’s welfare can be assured. Whilst the assignment process will make every effort to be cognisant of a family’s needs, the Defence Mission may require a Service person to be assigned unaccompanied or assigned in the UK.

12. On receipt of notification that a child is subject to a child protection plan, the relevant assigning authority should annotate the Service parent’s documents and JPA records accordingly.
13. The provision of a child in need plan indicates that the family are continuing to access support from a statutory social care service and an indicator should remain on the service parent’s documents and JPA records to ensure that the family is assigned only to those areas where sufficient supervision of the child’s welfare can be assured.

Supervision

14. The contracted social work provider or in some circumstances host nation’s authority is the lead agency for any child subject to a child protection plan arriving in their area of responsibility. Any child subject to a child protection plan will be allocated a registered social worker who will take responsibility for implementing the plan alongside other agencies which will include as a minimum, health, education, single Service specialist welfare services but may also include other agencies such as the Service/host nation police and the Unit Welfare Officer. In some locations overseas other third sector or contracted agencies may have a role in child protection plans.

15. Where there is a child at risk the Command / Commander / Head of Establishment is to inform and take the advice of the overseas social work provider and may also take advice from the single Service specialist welfare agency when making any decisions affecting the family.

Child Assessment Order

16. A Child Assessment Order enables an assessment (including a medical examination) of the child to be undertaken where the parent or carer of the child is being uncooperative, and significant harm is suspected or is likely to occur. In overseas Commands, a Judge Advocate may consider an application for a Child Assessment Order presented by a registered social worker qualified to practice in child protection or a registered medical practitioner.

17. Under section 17(3) of the Armed Forces Act 1991 (AFA 1991) a Child Protection Order will only be granted by a Judge Advocate where they are satisfied that:

   a. the applicant has reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm;

   b. an assessment of the state of the child’s health/development or the treatment of the child is required to enable the applicant to determine whether the child is suffering or is likely to suffer significant harm; and

   c. it is unlikely that such an assessment will be made, or be satisfactory, in the absence of a Child Protection Order.

18. Under section 17(5) AFA 1991, the Judge Advocate may also make a Protection Order instead of a Child Protection Order where the Judge Advocate is satisfied that it is necessary and appropriate (i.e. where the relevant grounds for a Protection Order exist), even though the applicant originally sought a Child Protection Order.

19. A child has the right to refuse to submit to a medical, psychiatric, or other form of assessment, if that child is of sufficient understanding to make an informed decision. Great care is to be taken in the assessment of a child’s competence. In general, if a child is under sixteen years but assessed to have sufficient understanding to make an informed decision then the child’s decision will stand and cannot be overridden by anyone with
parental consent or a Child Protection Order – see section 18(4) AFA 1991. Advice should be sought from the relevant agencies, in particular, the relevant social work service provider and Departmental legal advisors.

20. It is an offence for a person subject to Service law (or a civilian subject to Service discipline by virtue of Section 209 of the Army Act (AA) 1955 to intentionally obstruct any person exercising a power conferred by a Child Protection Order – see section 18(8) AFA 1991.

**Protection Order**

21. A Protection Order provides for immediate short-term protection of children and a judge advocate must consider a request for the granting of a Protection Order from anyone. A Protection Order will only be granted where the Judge Advocate is satisfied that:

   a. there is reasonable cause to believe that the child is likely to suffer significant harm if that child is not removed to alternative accommodation (which is to be provided by the applicant or someone on the applicant’s behalf).

   b. there is reasonable cause to believe that the child is likely to suffer significant harm if the child does not remain in the place in which the child is being accommodated.

17. Where the application is brought to the Judge Advocate by a designated person i.e. a registered social worker qualified to practice in child protection or a registered medical practitioner, then the Judge Advocate must be satisfied that:

   a. the applicant has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm.

   b. the applicant is making enquiries with respect to the child’s welfare.

   c. those enquiries are being frustrated by access to the child being unreasonably refused to the applicant or a person authorised by the applicant to seek access and the applicant has reasonable cause to believe that access to the child is required as a matter of urgency.

18. In accordance with Section 19(4) of AFA 1991, the Judge Advocate must ensure that a Protection Order is not made unless the child (age dependent), the child’s parents, any other person with parental responsibility and any other person the child was residing with immediately prior the application for a Protection Order being made, has had opportunity to make representations, unless, in the interests of the child it would be undesirable to do so; or it would be impracticable or would cause unnecessary delay to communicate with such persons before making the order.
7 Allegations of a Safeguarding Nature

General

1. Any allegation or concern that a member of the Defence community has behaved in a way that has harmed, or may have harmed, a child or adult at risk must be taken seriously and dealt with sensitively and promptly.

2. Allegations relating to Children and Young People. Allegations, relating to children and young people, that are made against individuals working for or on behalf of the MOD in a voluntary or paid capacity within the UK and overseas, must be notified to the AFFS Global Safeguarding Team who, on behalf of the MOD, will maintain a central record to enable oversight of all allegations. The Designated Allegations Officer (DAO) overseas is responsible for leading the process in accordance with this policy and using guidance contained in Part 2 of this JSP. Notification to the Global Safeguarding Team is to be made in addition to the reporting processes currently within Defence, for example, the Reporting Concerns and Whistleblowing Procedures.

3. Allegations relating to Adults. Allegations made relating to adults should be made in accordance with existing MOD policy and procedures laid out in Human Resource policy for Service and entitled MOD Civilians.

4. The AFFS Global Safeguarding Team provides advice and guidance, liaising with the police and other agencies as required and monitors the progression of cases to ensure that they are dealt with appropriately.

Allegations Made Within the UK

5. All staff are to be familiar with referral procedures for the protection of children and adults at risk. A concern must be reported to a staff member’s chain of command/line manager, who should take advice from their designated safeguarding lead.

6. The line manager should ensure (if appropriate) that a child protection/adult at risk referral is made (or has been made) to the relevant local authority using the appropriate reporting form within 24 hours, or on the next working day in the case of a weekend.

7. All Local Safeguarding Children Partnerships and Adult Safeguarding Partnerships in the UK have their own websites, which set out their safeguarding policies and procedures.

8. Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) or Devolved Administration equivalent, who is responsible for co-ordinating the response to concerns that an adult who works with children may have caused them or could cause them harm. The local authority/devolved administration equivalent must be alerted immediately to all cases in which it is alleged that a person who works with children has:

   a. behaved in a way that has harmed a child or may have harmed a child.

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12 An exception to this is the Cadet Forces who maintain their own records and report data to AFFS through the H2A process.

13 An exception to this is the Cadet Forces who liaise directly as required.
b. possibly committed a criminal offence against or related to a child.

c. behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

d. behaved or may have behaved in a way that indicates they may not be suitable to work with children.

9. Where the issue relates to a child, the chain of command/line manager should liaise with the LADO. Immediate issues of investigation and management of the employee should be discussed and agreed at this time, including what information should be passed to the staff member concerned.

10. Where the issue relates to an adult, the chain of command/line manager will need to discuss the case and allegations with the relevant adult social care department manager and the police, to decide which agency should lead the investigation.

11. The line manager/chain of command will need to work with HR leads to decide whether suspension is appropriate during the period of investigation. HR leads will advise whether disciplinary procedure is to be followed.

**Allegations Made Overseas**

12. The MOD uses the same criteria for managing allegations as described above in paragraph 7 (a through to d). All allegations against Defence personnel overseas must be notified to the Local Safeguarding Children Partnership in the location in which the allegation came to light.

13. In overseas locations Local Safeguarding Children Partnerships should ensure that all organisations have in place procedures for managing and handling allegations against Defence personnel or volunteers. Within each Partnership there will be a Designated Allegations Officer (DAO) and a nominated deputy who will be responsible for:

   a. ensuring that the organisation operates procedures for dealing with allegations.

   b. ensuring that procedures are compliant with any local procedures.

   c. liaison with and resolving any inter-agency issues.

   d. notifying cases to the Global Safeguarding Team.

14. In overseas locations where there is no Local Safeguarding Children Partnership, on receipt of a notification the AFFS Global Safeguarding Team will support the coordination of the safeguarding and investigative process and provide advice/guidance to the chain of command/employer.

**Other Aspects**

15. **Non-Recent Allegations.** Allegations of non-recent abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to bear in mind that alleged perpetrators could be working in a position of trust with young people or adults at risk. Consequently, responses to disclosures of non-recent abuse require as high a standard of response as any other reported abuse.
16. **Duty to refer.** As an employer of staff in a ‘regulated activity’, the MOD has a legal duty to refer concerns to the relevant disclosure organisation in accordance with the Safeguarding Vulnerable Groups Act 2006.

17. An employing authority which has removed an individual from regulated activity/work because they considered the individual has caused harm, or there was a risk that the individual might cause harm to people in the relevant group (i.e. children or adults who are vulnerable because of their circumstances), has a legal duty to refer the individual to the relevant disclosure organisation for possible barring.

18. This duty also applies where an individual has resigned before a formal employment decision (e.g. dismissal, suspension, posting, discharge, etc.) has been made. An employing authority considering making a referral is to contact their relevant Nominating Authority as set out in JSP 893.

19. A referral must meet the conditions laid out by the relevant disclosure organisation. Further details for each disclosure organisation are available as below:

Disclosure and Barring Service for England, Wales, and Northern Ireland referrals:

https://www.gov.uk/guidance/barring-referrals

Disclosure Scotland for referrals in Scotland:

http://www.disclosurescotland.co.uk/protectionservices/referralprocess.htm

20. **Record Keeping.** The AFFS Global Safeguarding Team is responsible for ensuring records are kept of all allegations of child maltreatment made to the MOD. This information will be processed and held in accordance with Defence policy for Information Management and with GDPR and DPA regulations. The general principle that information should not be retained for longer than it is lawfully necessary applies to records of allegations and concerns but, in some circumstances, records may be kept indefinitely (for example, where it is necessary for exercising or defending legal claims or for archiving purposes that are in the public interest). There should be a review process scheduled at regular intervals to ensure a record is not retained where it is unnecessary to do so.
8 Safeguarding Adults

1. Everyone working in Defence should be able to recognise and know how to act on concerns that an adult’s health or safety is at risk. Safeguarding procedures differ depending on whether concerns occur in the UK or in overseas locations.

2. The following key principles of safeguarding adults should be followed:
   a. Protecting an adult’s right to live in safety, free from abuse and neglect.
   b. Working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult’s wellbeing is promoted. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

3. The Mental Capacity Act (2005) covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to prepare for a time in the future when they may lack capacity. It lays out who can take decisions, in which situations, and the procedures for decision taking. The Act is supported by a Code of Practice which provides guidance for everyone who looks after or cares for someone who lacks capacity to make particular decisions for themselves. Whilst the Act does not impose a legal duty on anyone to ‘comply’ with the Code, the Code does carry a statutory force for specified categories\(^{14}\) of people who are working with or caring for adults who may lack capacity to make decisions for themselves, with particular focus on those who have a duty of care to someone who lacks the capacity to agree to the care that is being provided. The Code of Practice is accessed at [Mental Capacity Act Code of Practice](https://www.gov.uk) on GOV.UK.

4. In enacting its duty of care to its personnel, the MOD mirrors, where reasonably practicable to do so, the Act and the Code of Practice and its underlying philosophy: ‘to ensure that any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves is made in their best interests’\(^{15}\). Where a member of Defence is employed in one of the categories specified in the Code of Practice, they will use the Code and its guiding principles below:
   a. presume capacity.
   b. support to make own decisions.
   c. do not assume an adult does not have capacity because they make an unwise decision.
   d. if there is no capacity, act in the best interests of the adult.
   e. act in the least restrictive way.

5. Defence personnel who need to ascertain another person’s mental capacity should be guided by the two-stage test of capacity detailed in the Code of Practice and ensure that decisions are recorded appropriately and in compliance with GDPR and DPA

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\(^{14}\) Categories are specified in The Code of Practice (2005).
\(^{15}\) The Code of Practice (20The 05).
regulations. It is important to understand that a person’s mental capacity must be assessed ‘specifically in terms of their capacity to make a particular decision at the time it needs to be made’\textsuperscript{16}. Where needed, advice and guidance may be sought from statutory/contracted social work services, Service welfare agencies or the Assistant Head Adult Safeguarding at AFFS.

### What to do if you are concerned about an adult in the UK

If you are concerned that someone is in immediate danger, contact the UK civilian police on 999 or the local Service police immediately. Where you suspect a crime has been / is being committed, you should report this immediately to the police.

6. All safeguarding adults’ concerns are to be referred to the local authority for that area. Designated Safeguarding Leads are responsible for ensuring that this information is readily accessible to all personnel and displayed on the noticeboards. All staff should be aware of their Designated Safeguarding Lead and should discuss safeguarding concerns with them. The unavailability of access to the Designated Safeguarding Lead should not delay a referral to the local authority.

7. All cases should then also be reported to the relevant single Service specialist welfare agency and the relevant MOD Safeguarding Adults Forum. Single Service specialist welfare agencies are detailed in Chapter 4 of this document at Table 1.

### What to do if you are concerned about an adult overseas

If you are concerned that someone is in immediate danger, contact the local Service police or host nation police immediately. Where you suspect a crime has been / is being committed, you should report this immediately to the police.

8. Personnel are to contact the MOD contracted social work service for their location/the host nation social work service and their chain of command where they have safeguarding concerns for adults overseas. Where there is no coverage in location, personnel are to contact their chain of command or their Designated Safeguarding Lead in the first instance. Advice and guidance may also be sought from single Service welfare agencies and/or the Head of Service, Mental Health Social Work, HQ Defence Primary Health Care. Points of contact for MOD contracted social work service overseas are detailed in Chapter 4 of this document at Table 2.

9. **Key Points on Safeguarding Adults.**
   a. Establish that the individual’s capacity for decision making has been considered under the Mental Capacity Act 2005.
   b. Ensure that the individual’s wishes have been considered.
   c. Discuss the case with the Designated Safeguarding Lead or chain of command.
   d. Make a Safeguarding Adult referral with the Local Authority for your area.

\textsuperscript{16} The Code of Practice (2005).
e. Engage with the local single Service welfare agency.

f. Report the case to the Safeguarding Adults Forum.

Sharing Information – Safeguarding Adults

10. The MOD is committed to sharing information with other agencies both internally and externally in a safe and timely manner, where this is necessary for the purposes of safeguarding adults. Adults have a general right to independence, choice and self-determination including control over information about themselves.

11. In the context of adult safeguarding these rights can be overridden in certain circumstances. As far as practicable all referrals should be discussed with the individual to ascertain views and wishes. If an individual decides against support or requests that information about them is not shared with other safeguarding partners, their decisions should be respected. However, there are several circumstances where these rights may be overridden\(^\text{17}\), and these include:

a. a person lacks capacity to make that decision; this must be explored and recorded in line with the principles of the Mental Capacity Act 2005; where the person lacks capacity to make a decision, a referral to the local authority must be made, with any requests for advocacy; where the person’s movement is restricted, referral must be immediate and accompanied by a request for support with Deprivation of Liberty.

b. other people are, or may be, at risk, including children.

c. sharing the information could prevent a crime.

d. the alleged abuser has care and support needs and may also be at risk.

e. a serious crime has been committed.

f. staff are implicated.

g. the person has capacity to make that decision, but they may be under duress or being coerced.

h. the risk is unreasonably high and meets the criteria for a Multi-Agency Risk Assessment Conference (MARAC); the local Safeguarding Adults team can advise on this threshold.

i. a court order or other legal authority has requested the information\(^\text{18}\).

12. If none of the above apply and the decision is taken not to share safeguarding information with other Safeguarding partners, steps are to be put in place to ensure that:

a. the person’s capacity for decision making has been established.

b. the person is supported to weigh up the level of risk and possible outcomes.

\(^{17}\) The NMC Code, GMC guidance on confidentiality, HCPC Standards.

\(^{18}\) The Care Act 2014.
c. support is offered as required and necessary.

d. the level of risk that the person is taking is agreed.

e. the level of risk that the person is taking is appropriately recorded.

f. the referral procedure is documented and reasons for not intervening or for sharing information explicitly is recorded in the person's record on the Defence Medical Information Capability Programme (DMICP) database or where Medical is not involved, appropriately in a person's Personnel Record.

g. the situation is reviewed regularly.
9 Training and Development

General

1. Defence personnel are required to undertake an appropriate level of safeguarding training. It is vital that all those who come into contact with children, adults and families are alert to their needs and know what action to take to ensure that children and adults are safe, in both the real and online worlds. The culture to be promoted is one of continuous learning and improvement. Current training packages are accessed through the Defence Learning Environment (DLE) and Civil Service Learning (CSL) portals and detailed training requirements, including the levels of required training, are laid out in the Training Matrix at Table 3 below. Further information can be accessed by contacting the AFFS Global Safeguarding Team.

2. Overseas Commands/Commanders/Heads of Establishment have the responsibility to ensure that resources are allocated to safeguarding and child protection training for the children’s workforce. This includes all voluntary staff with access to children regardless of level of access or frequency.

Induction and Supervision

3. The induction of all newly appointed personnel is to include:
   a. an introduction to safeguarding policies and procedures.
   b. signposting the identity and specific responsibilities of those staff with designated safeguarding responsibilities.
   c. an introduction to personnel procedures relating to disciplinary issues and the relevant whistleblowing policy.
   d. attendance at safeguarding training at a level appropriate to their role.

4. Senior managers should ensure that their staff are supervised appropriately and that they have ready access to advice, expertise and management support in all matters relating to safeguarding and child protection.

<table>
<thead>
<tr>
<th>DEFENCE SAFEGUARDING TRAINING LEVELS</th>
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</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td><strong>Awareness</strong></td>
</tr>
<tr>
<td>All staff and volunteers</td>
</tr>
<tr>
<td>This group of staff need a basic understanding and awareness of safeguarding issues, know how to recognise the signs and symptoms of child and adult abuse, and know what to do if they suspect a child or an adult is being abused.</td>
</tr>
<tr>
<td>Includes: All Defence personnel, military and civilian, paid or voluntary.</td>
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<tr>
<td><strong>Level 2</strong></td>
</tr>
<tr>
<td><strong>Basic</strong></td>
</tr>
<tr>
<td>Staff and volunteers who have regular contact, or have periods of intense but occasional contact, with children, parents, young people and/or adults at risk</td>
</tr>
<tr>
<td>In addition to the skills needed at Level 1 this group of staff need to understand how to advocate for children and adults, have an awareness</td>
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</tbody>
</table>
of the necessity of information sharing, consent, assessment, accurate recording, knowledge of how to escalate concerns and have an appreciation of their own roles and responsibilities to safeguard children and adults at risk.

Includes: Healthcare\(^{19}\) staff, Service Police/MDP, Phase 1 and Phase 2 Training Staff, Cadet Force Adult Volunteers and others in Regulated Activity (Regulated Work in Scotland).

<table>
<thead>
<tr>
<th>Level 3</th>
<th>Advanced</th>
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<tbody>
<tr>
<td>Staff and volunteers working predominately with children, young people, parents and/or adults at risk</td>
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<tr>
<td>In addition to the skills needed at Level 1 and 2 this group of staff need to be aware of the importance of family history, the impact of parenting issues and of working together to identify, assess and meet the needs of children and adults at risk where there are safeguarding issues.</td>
<td></td>
</tr>
<tr>
<td>Includes: Social care and healthcare staff, youth and community workers, those working in early years settings and schools, teachers, chaplains(^{20}), Service Police/MDP, single Service specialist welfare workers, unit welfare officers and DCMH clinical staff.</td>
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</table>

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<thead>
<tr>
<th>Level 4</th>
<th>Specialist</th>
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<tbody>
<tr>
<td>Members of the workforce who have responsibilities in relation to safeguarding, including named and designated lead professionals</td>
<td></td>
</tr>
<tr>
<td>This group of staff need to have the skills needed for the above groups and need to understand child and adult protection procedures, be able to exercise professional judgement, work with complexity, have a greater understanding of engagement with children, families and adults at risk and promote professional practice and give advice to others.</td>
<td></td>
</tr>
<tr>
<td>Includes: Designated safeguarding leads and named professionals from health, education (headteachers, deputy headteachers and managers of early years settings), Service Police/MDP and social care. Those involved in the recruitment(^{21}) of staff into posts working specifically with children and adults at risk.</td>
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Table 3: Safeguarding Training Matrix

\(^{19}\) Health staff should refer to the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff and the Adult Safeguarding: Roles and Competencies for Health Care Staff intercollegiate documents which provide a clear framework and identifies the competencies required for all healthcare staff.

\(^{20}\) Chaplains’ (including all Regular, Reserve, World-faith Civilian Chaplains to the Military, Cadet Force Chaplains and Officiating Chaplains to the Military) safeguarding level 3 training should be conducted within the context of the individual chaplain’s sending Church / endorsing authority and renewed every 3 years. If the endorsing authority is unable to facilitate training chaplains should undertake level 3 training with their local Safeguarding Partnership Board or other certified training provider.

\(^{21}\) Staff involved in the recruitment of posts working with children and adults at risks are required to undertake specific training in relation to safer recruitment.