



# Safeguarding Policy and Procedures

Monitoring and updating	
Date Policy was reviewed:	February 2026
Signed by: (printed name and signature)	Leah Collins
Date of next review:	February 2027



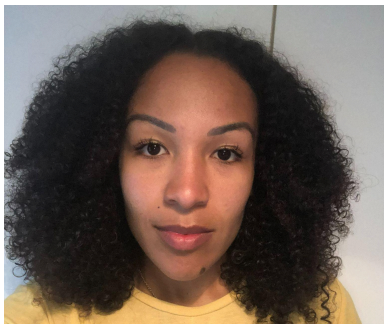
## Safeguarding procedure

### What to do if a service user makes a disclosure or you have concern over the safety of a child, young person or vulnerable adult (adult at risk):

1. Try to remain calm and reassure the child/service user they have done the right thing by telling you. You can clarify what they have said but do not further question the child/service user. Explain that you need to share what they've told you with someone who will be able to help keep them safe.
2. Write down what the child has told you.
3. Report this to Jazuela Wall (Safeguarding Lead).
4. Jazuela will log the concern and take appropriate action (this may include a first response referral).
5. If you feel the action Jazuela has taken is not sufficient, please raise this with a director (Jazuela Wall, Saskia Mead, Leah Collins). You can find their contact details in Appendix A of the Safeguarding Policy.
6. If you still feel the concerned has not been dealt with appropriately contact First Response for advice (details in appendix A of the Safeguarding Policy) or Family Front Door (North Somerset): 0300 123 3078

### What to do if you have a concern about conduct of a member of staff:

1. Report this immediately to Jazuela Wall (Designated Safeguarding Lead)  
*Jazuela@send senses.com*
2. Jazuela will log the concern and take appropriate action.
3. If you do not feel the DSL has taken appropriate action or you feel there is immediate risk of harm to a child, contact the LADDO (Local Authority Designated Officer): 07795 092692



**Jazuela Wall**  
Designated Safeguarding Lead



**Leah Collins**  
Deputy Safeguarding person



## 1. Policy Statement:

SENDsenses is committed to safeguarding every person of whatever age that engages with its services and activities. All children and adults have a right to protection and freedom from all types of harm and abuse or exploitation regardless of age, race, disability, gender reassignment, religion or belief, sex or sexual orientation. SENDsenses acknowledges the duty of care to safeguard and promote the welfare of children, young people and vulnerable adults (adults at risk) and is committed to ensuring safeguarding practice which reflects statutory responsibilities, government guidance and complies with best practice and regulatory requirements.

This policy and these procedures recognise that the welfare and interests of children, young people and vulnerable adults are paramount in all circumstances. For the purpose of this document a child - and the age range covered by this policy - is defined as a person under the age of 18. Vulnerable adults are individuals aged 18+ who may need community care services due to disability, illness, or age, and are unable to protect themselves from significant harm, abuse, or exploitation.

Throughout this document the term 'child/children' will also refer to vulnerable adults.

SENDsenses aims to ensure that all children, young people and vulnerable adults using its services or activities have a positive and enjoyable experience in a safe and child centred environment and are protected from abuse whilst participating in the activity or outside of the activity.

The purpose of this policy is;

- promote and prioritise the safety and wellbeing of children
- ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children.
- ensure appropriate action is taken in the event of incidents/concerns of abuse and support provided to the individual/s who raise or disclose the concern.
- ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- prevent the employment/deployment/engagement of unsuitable individuals
- ensure robust safeguarding arrangements and procedures are in operation
- This policy applies to anyone working on behalf of SENDsenses, including senior managers, paid staff, volunteers, sessional workers, agency staff and students.

We recognise that children and adults with special educational needs and disabilities (SEND) are more vulnerable to experiencing abuse and neglect for many reasons including; 1, interaction difficulties/communication difficulties that prevent a child from expressing concerns about what is happening to them. 2, not being aware that what is happening to them is wrong. 3, being more dependent on others to meet personal and intimate care needs. To fulfil this responsibility effectively, all professionals should make sure their approach is child centred, ensuring at all times the best interest of the child.

This policy and these procedures will be widely promoted and are mandatory for everyone involved in the organisation, including; staff, volunteers, visitors, families, community members and pupils. Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.



**The Designated Safeguarding Lead (DSL) for SENDsenses is Jazuela Wall.  
The deputy person responsible for safeguarding is Leah Collins.**

At SENDsenses, it is everyone's responsibility and duty of care in terms of safeguarding that any worries or concerns are to be reported straight away.

## **2. Awareness / What is child abuse?:**

**Safeguarding** - Safeguarding is the action that is taken to promote the welfare of children and vulnerable adults and protect them from harm.

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

**Child Abuse** - 'Child abuse happens when a person harms a child. It can be physical, sexual or emotional, but can also involve neglect.'

Child abuse is a difficult issue and presents challenges to all involved in providing services for children and young people. Disabled children are also at an increased risk of abuse.

It is not always easily recognisable but abuse is generally divided into four categories:

1. **Physical Abuse** - where adults physically hurt or injure children; hitting, shaking, squeezing, burning, biting, scalding, suffocating, drowning, or failing to prevent physical injury are all forms of physical abuse. Giving children alcohol, inappropriate drugs or poison and attempted suffocation or drowning are also physical abuse. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.
2. **Neglect** – the persistent failure to meet a child's basic needs, like food, warm clothing or medical attention, likely to result in the serious impairment of the child's health or development. Neglect may involve a parent/carer failing to provide adequate food, protect a child from physical and emotional harm or danger, ensure adequate supervision, or ensure access to appropriate medical care or treatment. It may also involve neglect of a child's basic emotional needs.
3. **Sexual Abuse** – this is where children are encouraged or forced to observe or participate in any form of sexual activity. This could occur through unnecessary or inappropriate physical contact or through suggestive comments or innuendo or include showing children pornographic materials. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse also includes grooming a child in preparation for abuse.
4. **Emotional Abuse** - persistent lack of love and affection damages children emotionally. Being constantly shouted at, threatened or taunted can make the child very nervous and withdrawn. The persistent emotional maltreatment of a child is to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may 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 a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.



### **Other safeguarding issues that should also be considered:**

**Historical Abuse** - There may be occasions when a child will disclose abuse (sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

**Domestic Abuse** - Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate family partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial and emotional.

Exposure to domestic abuse and/or violence can have a serious, long lasting impact on children. Children experiencing this may demonstrate many of the symptoms listed in Recognising Abuse (below). Staff will need to treat them sensitively, record their concerns and consider informing the relevant organisation.

**Female Genital Mutilation (FGM)** - FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation (Female Genital Mutilation Act 2003) Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs). An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under civil law.

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important that staff and volunteers are aware of what FGM is and the signs to look out for in girls at risk of the practice.

For more information please go to the BSCB FGM Safeguarding Guidance:  
<https://bristolsafeguarding.org/children-home/professionals/policies/#FGM>

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

If a girl is at immediate risk of FGM taking place, it is a significant child protection issue and must be reported to the police and/or First Response.

All staff and volunteers have a statutory duty to report if a girl under 18 informs you they have had FGM or if you see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to the relevant local organisation and/or the police.

**Prevent Duty / Radicalisation** - it is essential that staff and volunteers are able to identify children who may be vulnerable to radicalisation and to know what to do when they are identified. Staff will be trained to recognise possible signs.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist or extremist ideology. As with managing other safeguarding risks, staff and volunteers should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. It is important to take action if staff/volunteers observe behaviour of concern.



The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask for the Prevent team, explaining you are calling about extremism or radicalisation.

In addition, if you think a child is at risk of extremism, the Counter Extremism Group must be contacted via email: [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk) or Tel: 020 7340 7264

The DSL will take responsibility for making contact with the Police and relevant agencies, but all staff and volunteers have a responsibility for reporting any concerns to the DSL.

### 3. SENDsenses will seek to keep children and young people safe by:

- Valuing, listening to and respecting them
- Prioritising the safety and wellbeing of children
- Not taking sole responsibility - if a child needs care to alert/contact parent/caregiver
- Always behaving appropriately, including appropriate language
- Avoid favouritism, treating them fairly and without prejudice or discrimination
- Appointing a nominated deputy and a lead for safeguarding - all staff and volunteers are made aware that it is their responsibility to report any concerns to the DSL.
- Adopting child protection and safeguarding best practices through our policies, procedures and code of conduct for all staff and volunteers
- Providing effective management for staff and volunteers through supervision, support and training.
- Recruiting staff and volunteers safely, ensuring all necessary checks are made (including Disclosure and Barring Service) - all DBS are enhanced and cover child and adult workforce
- Recording and storing and using information professionally and securely, in line with data protection legislation and guidance
- Sharing information about safeguarding and good practice with children and their families, making sure that children, young people and their families know where to go for help if they have a concern
- Using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know and in solving children, young people, parents, families and carers appropriately
- Using our procedures to manage any allegations against staff and volunteers appropriately
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- Ensuring that we have effective complaints and whistleblowing measures in place
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- Building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns

**Mobile Phone, Electronic Devices, and Photography/ Film:** The use of mobile phones and electronic devices (including all devices with camera, video and recording technology) is taken seriously at SENDsenses for both safeguarding and GDPR reasons. This section sets out the steps we take to ensure everyone is safe:

Our staff and volunteers often have their own mobile phone/ device with them when attending our sessions and this is required for several reasons:

- Our work takes place in outdoor/external settings - it is not always possible for them to leave their device in a 'secure area'.
- It is important they have a means of communication should they need to contact someone in an Emergency.

All devices must be stored safely away in their bag and not used whilst on site at a setting (unless being used in an emergency or for capturing photo and film - see below).



#### Capturing photos and film:

- Photography and film are only permitted where written consent has been obtained from the child's parent/ carer. We endeavour to ensure consent forms are received by our management team in advance. In any case, photos/ videos must not be taken unless the forms have been received.
- We do not accept verbal consent, but may verbally ask the child's permission as good practice.
- SENDsenses core staff team or volunteers are able to take photographs/ video using their own device
- If a staff member or volunteer has been authorised to use their own device for photos/ videos they must follow these procedures: 1.Children who do not have written consent must never be photographed/ filmed. 2.Photos and videos must be sent to SENDsenses management team on the same day as the session - immediately after if possible. 3. All media must then be deleted from their device (including trash) immediately after sending and confirmed with the core team.
- If SENDsenses use professional photographers, they will be clearly briefed, ensuring they work with our staff and volunteers to know which children have written consent, and once they have sent the images/ video to SENDsenses they must confirm deletion and never use them on their own channels.
- The management team will store photos and videos on a password protected device or cloud.

**Recognising Abuse:** Recognising abuse is one of the first steps in protecting children and young people. There could be signs or behaviour that make you feel concerned. All staff should be alert to the following types of behaviour in children:

- Significant changes in a children's behaviour
- Deterioration in children's general wellbeing
- A child or young person may tell you about something that has upset or harmed them, or that has happened to another child or young person
- An adult might report that a child or young person has told them something concerning, or that they are worried a child or young person has experienced harm
- A child or young person might show signs of injury or neglect, for which there appears to be no satisfactory explanation
- A Child or young person's behaviour may suggest he or she is being abused
- Inappropriate behaviour displayed by other members of staff, or any other persons working with the children, for example, inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images
- The behaviour or attitude of one of the adults involved in your organisation may worry you or make you feel uncomfortable in some way
- Someone might make an allegation that a worker or volunteer has harmed a child or young person or behaved inappropriately towards them
- You may witness worrying behaviour from one child or young person to another

Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child and their circumstances.

#### **4. What to do if abuse is suspected or disclosed:**

If someone is concerned or suspects something about a child's welfare they should report to the DSL (Jazuela Wall) straight away.

If abuse is disclosed to a member of staff or volunteer, it's important to stay calm and to reassure the child that they've done the right thing in telling you. Do not ask leading questions. Make sure they know that abuse is never their fault. Never promise a child that you will keep the things they're telling you a secret. Explain that you need to share what they've told you with someone who will be able to help keep them safe. If a child asks what might happen next, it's ok to say you don't know but that you can support them if they want you to. Do not ask the child to repeat what they have told you to another member of staff or volunteer, this will be done by trained professionals should the



matter progress further. Take a written record as soon as possible using the child's **actual words**. All records should be factual – be aware of making assumptions or interpreting what the child told you. Report the disclosure to SENDsenses DSL (Jazuela Wall) straight away, who will then be able to take this further.

It is not the role of staff or volunteers to investigate an allegation of abuse. Any member of staff or volunteer who receives a disclosure of abuse or suspects that abuse may have occurred **must report it immediately to the Designated Safeguarding Lead** (DSL) at SENDsenses (Jazuela) or, if unavailable, to the deputy designated person (Leah).

As our activities take place within North Somerset and Bristol, our DSL will ensure they take the necessary action for the specific location, SENDsenses' DSL will then continue to liaise with them as appropriate.

In all situations, parents/carers will be informed unless doing so would present a risk to the child.

If abuse is disclosed, this may result in direct referral to a Social Work Team or to Early Help and/or advice and guidance being given about services to help families.

If abuse is suspected, the DSL will monitor the situation and make a decision about how to proceed. The DSL can discuss any concerns they have and seek guidance from the relevant local organisation before actually reporting any child protection issues.

Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.

### **Non-Mobile Babies**

Injuries in non-mobile babies are rare and must be further investigated by a paediatrician, even if an explanation seems plausible. The mark/injury **must be** recorded along with the explanation given. All non-mobile babies with an injury will be discussed with a Hospital or Community Paediatrician or the Children's Emergency Department who **will make a** decision on whether the baby needs to be examined by a medical professional. Early Years Settings and Childminders working with non-mobile babies need to follow the Keeping Bristol Safe Partnership, "Multi Agency Protocol for Injuries in Non-Mobile babies".

If settings need to use the procedure, it is important that as well as discussing this with and/or arranging for the baby to be examined by the Community Paediatrician, settings contact Social Care / First Response to request checks are made on the family. The referrer will request the check under the non-mobile baby protocol. This information will be made available to the Community Paediatrician to help in any risk assessment of the injury. This is not the same as making a safeguarding referral and parents should be reassured that this is the case, but it is important that they check to see if the baby/family is already known to Social Care/Police.

The setting will support the parent/carers in making arrangements to attend a medical examination appointment and will check with the hospital/medical examiners that the baby did attend the appointment.

If a parent/carer informs the setting that the baby has previously been medically examined for this injury/mark, then details need to be requested and this information double checked.

If a baby presents with a serious injury then seek medical attention immediately, usually by calling 999

If an injury is serious or suggests abuse, we will make a safeguarding referral to Social Care/First Response regardless of whether the child is a non-mobile infant.

### **5. Alleged Abuse by Staff or Volunteers**



SENDsenses is committed to maintaining the highest standards of honesty, openness and accountability and recognises that employees and volunteers have an important role to play in achieving this goal.

They may be the first to know when someone inside or connected with an organisation is doing something illegal or improper, but may feel apprehensive about voicing their concerns. This may be because they feel that speaking up would be disloyal to their colleagues or the organisation itself. Or it may be because they do not think that their concerns will be taken seriously or they are afraid that they will be bullied or dismissed.

SENDsenses does not believe that it is in anyone's interests for staff or volunteers with knowledge of wrongdoing to remain silent. It will take all malpractice very seriously, whether it is committed by staff, volunteers or any other person involved in the organisation. It will also aim to support staff or volunteers who make an allegation, and also those about whom an allegation has been made as appropriate.

An allegation or concern against a member of staff or volunteer must be passed to SENDsenses DSL or their deputy or, if the allegation concerns them both, direct to the Local Authority Designated Officer.

It may be clear in some cases, where a child has been injured and/or there is clear evidence or risk of significant harm, that an immediate referral must be made to the police, First Response or emergency services. In addition, either the DSL, or the person responsible must then contact the Local Authority Designated Officer (LADO) WITHIN 1 WORKING DAY of receiving the report of an allegation. The LADO's advice will then be followed.

## **6. Record Keeping**

Any member of staff or volunteer receiving a disclosure of abuse, or noticing possible abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event into context, and giving the date, time and location. All records must be dated and signed.

All hand-written records will be retained, even if they are subsequently typed up in a more formal report. Written records of concerns about children or young people should be kept, even where there is no need to make a referral immediately.

All records relating to child protection concerns will be kept in a secure place and will remain confidential.

## **7. Parental Involvement**

SENDsenses is committed to helping parents/carers understand its responsibility for the welfare of all children and young people.

Parents/carers will be given information about the organisation's child protection procedures.

In most situations it may be appropriate, after consultation with the designated officer, for a staff member to talk to parents/guardians/carers to help clarify any initial concerns (as opposed to investigating possible abuse). For example, if a child seems withdrawn, he/she may have experienced an upset in the family, such as a parental separation, divorce or bereavement.

However, there are circumstances in which a child might be placed at even greater risk if concerns are shared – and advice and guidance must be sought from First Response if there is any uncertainty about contacting parents or carers about initial concerns.

## **8. Training**

All staff and volunteers will be made aware of this policy and asked to confirm they have read and understood it.



All employed staff will be required to undertake child protection/safeguarding training every 2 years and will be signposted to further training materials related to Child Protection alongside this; including the expectation to refresh their safeguarding knowledge every year to familiarise themselves with any changes in legislation. Any volunteer who works with us for more than 3 days per 30 days will also undergo safeguarding training (we get this frequency from the enhanced DBS criteria).

Anyone else, e.g. volunteers who work with our children will also get a copy of this and other relevant policies.

Employed staff will be provided Child Protection training through BAND (Bristol Association for Neighbourhood Daycare) in association with Keeping Bristol Safe.

The recommended course we signpost staff and volunteers to is the NSPCC Child protection course: An online introductory safeguarding course for anyone who works with children.

The designated Child Protection representatives within SENDsenses are Jazuela Wall (Director) and Leah Collins (Director). Jazuela is the Designated Safeguarding Lead.

Attending these courses will ensure that SENDsenses meets the requirements documented in Working Together 2018: <https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

## 9. Review

The policy will be reviewed every year.

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## Appendix A - Useful Contacts

### **Designated Safeguarding Leads:**

Jazuela Wall / 07720532050 / [jazuela@sendsenses.com](mailto:jazuela@sendsenses.com)

Leah Collins / 07791147150 / [leah@sendsenses.com](mailto:leah@sendsenses.com)

### **Directors:**

Jazuela Wall / 07720532050 / [jazuela@sendsenses.com](mailto:jazuela@sendsenses.com)

Leah Collins / 07791147150 / [leah@sendsenses.com](mailto:leah@sendsenses.com)

Saskia Mead / 07511001051 / [saskia@sendsenses.com](mailto:saskia@sendsenses.com)

Below is information on how to make a referral/ escalate concerns in the locations that SENDsenses operates in. Bristol and North Somerset

### **SAFEGUARDING CONTACT INFORMATION:**



## BRISTOL

### Referral Agencies:

First Response – 0117 9036444

The place to call if you are concerned about a child or young person or think they need some help. Calls to First Response may result in direct referral to a Social Work Team or to Early Help and/or advice and guidance being given about services to help families.

Local Authority Designated Officer (LADO): 0117 9037795 or [LADO@bristol.gov.uk](mailto:LADO@bristol.gov.uk)

Disabled Children Team - Tel: 0117 9038250

Out of Office Hours Tel: 01454 615 165 (Emergency Duty Team) Email [childprotection@bristol.gov.uk](mailto:childprotection@bristol.gov.uk)

### Staff Allegations:

Local Area Designated Officer - Telephone 0117 903 7795, Work mobile: 07795 091020

### Support and advice:

South West Child Protection Procedures (online guidance) [www.swcpp.org.uk](http://www.swcpp.org.uk)

Bristol Safeguarding Children Board (training) -Tel: 0117 3532505

BAND Development and Support Worker –Tel: 0117 9542128.

### FGM Referral Risk Assessment

The Bristol Safeguarding Children Board has created an FGM referral risk assessment for professionals to consider the risks of girls from FGM. <https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>

If used, a record of the outcome must be kept.

## NORTH SOMERSET

### Essential Contact Numbers:

North Somerset Children's Service: Single Point of Access (SPA): 01275 888 808

North Somerset Out of Hours Service: 01454 615165

Designated Officer for Allegations (DOFA): 01275 888 808

Local Authority Designated Officer (LADO): 07795 092692 or email [lado@n-somerset.gov.uk](mailto:lado@n-somerset.gov.uk).

### For General Guidance only:

North Somerset Early Years Team: Early Years Advisor – Safeguarding 01275 884389 or 01275 888296 Email: [early.years@n-somerset.gov.uk](mailto:early.years@n-somerset.gov.uk)

<https://somensetsafeguardingchildren.org.uk/report-a-concern/>

## NATIONAL SUPPORT

- Police: Non emergency – Tel: 101 / Emergency – Tel: 999
- Childline -Tel: 0800 1111 (open 24 hours)
- National Association for the Prevention of Cruelty to Children (NSPCC) -Tel: 0800 800 500
- NSPCC FGM helpline: 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)
- NSPCC Whistleblowing hotline – 0800 0280 285
- Police Prevent Team: 01278 647466
- Channel info: [channelsw@avonandsomerset.pnn.police.uk](mailto:channelsw@avonandsomerset.pnn.police.uk)

