



Safeguarding and Prevent Policy

Effective from 1.6.21

Approved: Board of Directors

Responsible officer: Cordelia Singh

Next renew due: June 2020

1 Introduction

SKILLS4 is a Pharmacy Apprenticeship Training Provider dedicated to initiating and furthering the careers of Pharmacy Technicians and Pharmacy Support Workers. We take pride in delivering high-quality training programmes to learners and have a team of tutors who guide and support learners on their journey to success.

We ensure that our core values take priority when conducting quality assurance activities. This policy aims to develop, support and achieve high quality teaching and learning form part of the overall self-assessment and quality improvement processes. The data and information extracted from the observation of teaching, learning and assessment, feedback from learners and reviews of documentation will be used to inform the annual self- assessment report and to shape development priorities.

We believe that it is always unacceptable for a child or adult to experience abuse or discrimination of any kind, and recognizes its responsibility to safeguard the welfare of all children and adults at risk will be treated less favourably than others in being able to access services which meet their specific individual needs, and this is linked to our Equality and Diversity Policy and Social Inclusion Strategies.

This policy has been developed to describe the responsibilities of everyone for the recognition and prevention of abuse and to clarify the actions to take when abuse is suspected or identified.

Therefore, the aim of this policy is to ensure that we fulfil its responsibilities towards the protection, welfare and safety of children and vulnerable adults.

Applies to:

All staff, learners and stakeholders

III. Policy

This policy has been agreed, sponsored and approved by the Managing Director

Name	Role
Amerjit Singh	Managing Director– Overall accountability for Safeguarding and Prevent.
Bev Harland	Non -Exec Director and trained Safeguarding Officer

Lead Safeguarding Officers.

Name	Role	Contact Details
Cordelia Singh	Lead Designated Safeguarding Officer	
Jamie Crinigan	Designated Safeguarding Officer (in training)	

Safeguarding support

Name	Role	Contact Details
Sarah Jevons	Office Manager	

If you have any concerns, contact the officers or use the email below. Learners should be made aware of this email address.

The Safeguarding E-mail address is welfare@skills4pharmacy.org.uk or sarah@skills4pharmacy.org.uk

The Safeguarding and Prevent Policy Statement.

We are fully committed to safeguarding the welfare of all stakeholders by taking all reasonable steps to protect them from harm and accepts its corporate responsibility for the well-being and safety of its stakeholders, including children and vulnerable adults.

We recognise our responsibility and acknowledge that it is the duty of our workforce in its entirety to uphold British Values and Safeguard the welfare of all stakeholders by creating an environment that protects them from harm and reduces any potential risks of being exposed to violence, extremism, exploitation or victimisation. Therefore, employees, volunteers and contractors will show respect and understanding at all times for the rights, safety and welfare of all parties and conduct themselves in a way that reflects the principles, values and cultures of our organization. They will also be aware of and follow current legislation regarding the safeguarding of all stakeholders. Our policy sets out, in detail, the roles and responsibilities of All parties in providing a safe working and learning environment whereby everyone is protected from abuse of any kind.

It is our intention to:

- Ensure that all stakeholders are protected from abuse, regardless of sex, race, disability, age, sexual orientation, religion or belief, gender reassignment, maternity, or because someone is married or in a civil partnership.
- Ensure that staff are appropriately trained in safeguarding and to understand the risk of radicalisation, challenging extremism, their role in implementing the Prevent Duty and the impact this has on their job role, and how to refer an individual who they feel is at risk.
- Ensure that appropriate supervision is given, where required.
- Take the necessary steps to inform all stakeholders of relevant policies and procedures and Code of Conduct
- Regularly review and monitor our policies and procedures to ensure our legal, moral and social responsibilities are met.
- Take all suspicions and allegations of abuse and risks of radicalization extremely seriously and to respond to concerns with due speed and consideration.
- Work in Partnership and in accordance with organisations’ procedures, where required, including Designated Person in Local Authority, Safeguarding Partners, Safeguarding Adults Boards and the Channel multi-agency panel.
- To comply with and maintain knowledge of all relevant legislation, codes of practice and appropriate guidance and any amendments
- Have Designated Safeguarding Officers (DSOs) in place to advise on and manage any concerns and referrals made.
- Ensure that relevant employment and security checks are undertaken, as required.
- Ensure that all personal information is confidential and should only be shared with the permission of the individual concerned (and/or those with parental responsibility), unless the disclosure of confidential information is necessary in order to protect a child or adult at risk from serious harm or to promote their welfare. In circumstances, information must be confined to those people directly involved in the professional work of each individual child or adult at risk and on a strict “need to know” basis.

The links below have been taken from the Working Together to Safeguarding Children 2018 guidance document.

For Children and Young People

Childline	0800 11 11
Child Exploitation and Online Protection Centre (MDP)	http://www.thinkuknow.co.uk/ 0870 000 3344
NSPCC Helpline	https://www.nspcc.org.uk 0800 800 5000
NSPCC Whistleblowing Helpline	help@nspcc.org.uk 0800 028 0285
Internet Watch Foundation	https://www.iwf.org.uk/
Social Care Link for Safeguarding Concerns	https://www.gov.uk/report-child-abuse-to-local-council

For further useful links turn to

The need to refer allegations or concerns about possible risk posed by staff, volunteers, SPCs or contractors to the Designated Local Authority Person (formerly LADO) is a requirement, as detailed in the government guidance Working Together to Safeguard Children (2018)

Note: =If you suspect child trafficking is taking place, the Lead must be informed immediately, and they will contact MDP to implement urgent steps to protect the child/children in question.

ESFA has included new safeguarding clauses in the funding agreements and contracts . Whilst the local authority and institution have primary duties in respect of safeguarding, the Secretary of State (SoS) has a general duty to promote the wellbeing of children in England under section 7 of the Children and Young Persons Act 2008. ESFA’s role, therefore, is to provide assurance to the SoS, in meeting her general duty, that the right organisations are taking action to keep all pupils and students safe.

We must inform ESFA if we are subject of an investigation by the local authority or the police relating to funded learners, in such circumstances the Chief Executive (or senior designated safeguarding lead) to email enquiries.EFA@education.gov.uk

ESFA will need to know the name of the institution, the nature of the incident and confirmation that it is, or is scheduled to be, investigated by the local authority and/or the police. If a referral has been made to the Disclosure and Barring Service, we are required to inform the ESFA.

Duties

Role of the Designated Safeguarding Officer (DSO)

We have appointed a Lead and Deputy DSO who to have overall responsibility for issues related to safeguarding children and vulnerable adults and are supported by a team of DSOs. The DSO is responsible for acting as a source of advice on child and adult at risk safeguarding matters, for coordinating action within the organization and for liaising with health, children’s service, adult services and other agencies about suspected or actual causes of abuse. The Lead DSO will be assisted by other designated members of staff drawn from senior management and suitably experienced staff. Designated members of staff have a key responsibility for raising awareness, within the staff, of issues relating to the welfare of children and adults at risk and the promotion of a safe environment for children and adults at risk.

Designated members of staff receive training in safeguarding children and adults at risk and interagency working as required by the LSCB. The team are required to keep up-to-date with developments in safeguarding children and adults at risk.

The Lead DSO has governance over safeguarding and Prevent matters across business, and the has overall responsibility for safeguarding and Prevent at Board level. The MD will ensure that resources, support and all relevant training are available and in place for staff. The MD will support the

Safeguarding and Prevent Team in meeting their responsibilities and will ensure that we meet the commitments.

There is clear accountability for the DSO role within the business which can be assessed on the system, the Lead DSO is responsible for reviewing the child and adult at risk Safeguarding and Prevent Policy annually, or more frequently if there is a change to current legislation, along with any policies linked to the Safeguarding and Prevent Policy and processes and procedures that support the embedding and working practices of this policy.

- The Lead DSO is responsible for ensuring the policy is available publicly that parents and carers are aware that suspected abuse referrals may be made, and our role in this.
- The Lead DSO will alert the DBS when a person has been dismissed or left due to risk to or harm that they presented, or may have presented, to a child or vulnerable adult.
- The Lead DSOs will alert the police when a crime may have been committed.
- All DSOs foster strong links with the LSCB and Designated Local Authority Person.
- Lead DSOs refer all cases of suspected abuse to the local authority, children's social care agency or, in the case of a vulnerable adult, to the local authority adult's social care.
- Lead DSO will refer to the ESFA should we be subject to an investigation regarding our safeguarding practices.
- Lead DSO will refer all reportable safeguarding matters to the funding partner, where we are not the funder.
- All DSOs liaise with senior management to inform them of issues, especially on-going enquiries and police investigations.
- All DSOs maintain a proper record of any safeguarding referral, complaint or concern, even when that concern does not lead to a referral.
- All DSOs act as a source of advice, support and expertise to staff on matters of safety and safeguarding.
- All DSOs liaise with relevant agencies following a referral to ensure it has been dealt with effectively and identify whether or not a resolution has been achieved. DSOs ensure that we work with employers and other training organisations that provide apprenticeships and / or work placements for children or adults at risk, to ensure that appropriate safeguarding's are in place.
- The MD ensures that all staff, associates, volunteers receive training in safeguarding children and vulnerable adults, are aware of procedures for protecting children and adults at risk and that refresher training takes place annually.
- The Lead DSO provides information on a monthly basis to the Board setting about how we have discharged our duties. The Lead DSO is also responsible for reporting deficiencies in procedure or policy identified by the LSCB at the earliest opportunity.

Under no circumstances should a member of staff, volunteer or contractor undertake any investigative activities of alleged or actual abuse, nor should they contact any of the external agencies that will deal with a referral. It is the responsibility of the DSOs, with support from the senior management team, to decide whether a referral should be made and to which agency or agencies. It is the role of the relevant Safeguarding and Police Services agencies to decide if abuse has taken place.

If our staff are working on external sites, then they would need to be aware of the safeguarding process for that external specific site/company. The DSO would liaise with the corresponding DSO during the process as necessary. For example, if there was a concern about a staff member of the external site, then our DSO would speak with the DSO of the external site. If there was a

safeguarding concern about a child learner or staff member, then our DSO would deal with this but may, depending on the circumstances, need to inform the DSO of the external site.

If we are working in schools, then any concerns about pupils or school staff must be reported to the designated safeguarding lead in the school. Our DSO also needs to be informed.

Safeguarding Code of Conduct

We follow the Equality and Human Rights Commission Statutory Code of Practice 2010. this safeguarding Code of Conduct also details how Individuals can protect themselves against allegations of abuse.

Avoid personal and social contact with children or adults at risk and seek to minimise the risk of any situation arising in which misunderstandings can occur.

You should **NOT**:

- Engage in flirting or innuendo, make suggestive terms or gestures, or indicate favoritism for a child or vulnerable adult
- Issue or threaten any form of physical punishment
- Initiate or engage in sexually provocative games, conversations or activity involving or observed by young people, whether based on talking or touching
- Make sexually suggestive remarks or discriminatory comments to or in front of a young person or discuss staff's own sexual relationships in front of them
- Engage in any sort of sexual relationship with a young person, even when the young person is aged 16 or over and therefore legally able to consent
- Use any type of physical punishment in order to discipline. Shouting at young people should be avoided whenever possible and only used if alternative forms of discipline have failed
- Photograph or film young people for which no prior consent has been sought
- Broadcast or view any audio and / or visual material (CDS, DVDs, videos, computer or games etc)
- That has inappropriate content for young children.
- Invite or allow a young person or adult at risk who you have met through your work to your home or another location where the purpose is one of friendship or an intimate relationship
- Engage in or tolerate any inappropriate physical activity involving young people
- Allow the use of inappropriate language to go unchallenged
- Do things of a personal nature for children or adults at risk that they can do for themselves
- Dismiss an allegation of any sort relating to a learner's or adults at risk's welfare or delay the reporting of an allegation
- Discourage anyone from reporting concerns or ask individuals to keep secrets
- Make promises to keep secrets, keep any disclosure confidential, overreact or be judgmental, should you suspect abuse
- Spend excessive amounts of time alone with children or vulnerable adults, away from others
- Make unnecessary physical contact with children or vulnerable adults. However, there may be occasions where physical contact is unavoidable, such as providing comfort at times of distress or physical support in contact sports, etc. in all cases, contact should only take place with consent of the child or the vulnerable adult.
- Arrange to meet a child, adult at risk or their families, with whom you work outside of working hours, unless it is with consent of the parents/carers and person in charge of the activity

- Give or receive gifts and / or substances such as drugs, alcohol, cigarettes or e-cigarettes to / from a young person or their families.
- Consume alcohol, take illegal drugs or legal highs during the working day / evening or at events, including during any breaks or when in the presence of young people
- Smoke / vape with, or in front of, young people
- Steal, or condone someone else's stealing, regardless of the value of the stolen item.

You SHOULD:

- Work in a room where you can be visibly seen, leave the door open and make sure other adults visit the room regularly whilst respecting children and vulnerable adult's rights to privacy, encouraging children and adults to feel comfortable enough to report attitudes or behaviours they do not like.
- Plan activities that involve more than one other person being present, or at least within sight and hearing of others. If this is unavoidable, always ensure your line manager knows where you are, with whom and why.
- Act with discretion with regard to personal relationships at organized activities, ensuring your personal relationships do not affect your leadership role within the organization. All pre-existing relationships do between staff, volunteers, delivery partners, contractors and / or participants of the organized activities must be declared.
- Avoid working in isolation with children and adults at risk, follow the recommended adult to young people ratios for meetings and activities and ensure there is separate sleeping accommodation for young people, adults and group leaders
- Never give out a personal mobile number or private e-mail address and ensure working hours of contact ability are stated
- Be aware of the procedures for reporting concerns or incidents and be familiar with the contact details of the DSO's
- Treat all young people and adults equally and listen to them, avoiding favoritism and gossiping ensure allegations or disclosures by a young person or another adult are taken seriously and reported, including any made against you. Follow the procedures for reporting concerns
- Never befriend or chat to children or adults at risk on social media / network sites. Always use professional language when writing, phoning, emailing or using social media / network to communicate with young people or vulnerable adults.
- Be aware that young people can develop heterosexual and homosexual infatuations (crushes) towards adults working with them. If this happens, tell your line manager and then respond to the situation in a way that maintains the dignity of all concerned.
- Immediately report concerns relating to the welfare of a child or adult at risk in your care, whether these concerns are about actions / behaviours of another colleague or based on any conversation with the child or vulnerable adult, particularly when they make an allegation
- Act as a role model
- Set and monitor appropriate boundaries and relationships when working with children and adults at risk, based on openness, honesty and respect for the child or vulnerable adults.
- Ensure that the focus of your relationship with a young person that you have met through any programmes remains professional at all times. The aim should never be to develop the relationship into a friendship or intimate relationship
- Respect a young person or vulnerable adult's right to personal privacy but never agree to keep any information relating to the harm or a young person or adult at risk confidential. Provide support to a child, young person or adult at risk making a complaint
- Remain calm and ensure that no one is in immediate danger if they suspect abuse. Report any concerns to the DSOs without delay and record all the facts

- Ensure that if a distressed young person needs comfort, that this is done in a way that is both age appropriate and respectful of their personal space. Never act in a way which may be perceived as threatening or intrusive. Always ask a young person before you act. Hugging should be limited and never initiated by staff / volunteers. Any hugging should be done by the side of the young person with an arm placed around the shoulders, side by side.
- Ensure that if any kind of physical support is required during any activities, it is provided only when necessary in relation to the activity and that this is done in a way that other colleagues can observe you.

Upon induction to the programme, the child, young person or adult at risk will be given a copy of the Code of Conduct and our staff will go through this document with them to ensure they understand their responsibilities.

If a child, young person or adult at risk feels that there has been a breach of the Code of Conduct, they should report this breach by utilizing the complaints process. The complaint will be fully investigated as per the policy / process and actions will be taken to ensure the individual making the complaint is fully supported. If the complaint is in regard to another child, young person or vulnerable adult, there may be a need for immediate actions to be implemented to ensure the safety of both the individual making the complaint and the person the complaint has been made against. The breach of Code of Conduct may need the intervention of the DSO team and the Safeguarding procedures should be followed.

All complaints are recorded and followed up to a satisfactory conclusion. The manager for the relevant contract would conduct the investigation with support from the complaints manager.

Staff who breach this code of behaviour may be subject to our disciplinary procedures, whilst volunteers who do so may not be able to continue in their volunteering role. Serious breaches may result in a referral being made to a statutory authority.

All children, young people and adults at risk should be treated with respect and the Code of Conduct has been written with respect, dignity and safety for every individual in mind. However, staff understand that children and young people are capable of abusing their peers. Peer abuse can take many forms, such as sexting, bullying, physical and emotional abuse, and inappropriate banter.

Procedure

Responding to concerns

We ensure and emphasise that everyone in the organization understands and knows how to share any concerns immediately with a member of the safeguarding team. The referrals are logged, acted on and monitored until the case can be closed.

When an allegation of abuse is made to a member of staff, the member of staff who receives it should:

- Reassure the individual making the allegation (child or vulnerable adult) that they have done the right thing
- Listen and not interrupt
- Not promise that the matter will be kept confidential. Explain to him /her that the matter must be reported to a member of the designated safeguarding team as part of the legal duty. If there is any doubt as to whether the matter is a safeguarding issue, check with one of the designated safeguarding team members

- Let the individual finish speaking and then only ask questions if you are still unsure whether this is a safeguarding issue
- Note that this is not an investigation and simply establish the key facts: remember **TED -Tell, Explain, Describe**
- Only ask simple, open, non-leading questions, e.g. if a child or adult at risk tells you they have been hurt, ask “Can you describe how that happened?” rather than, “Did someone hit you?”
- Accept what the individual is saying and do not offer an alternative interpretation of the alleged event.
- Raise the concern with a DSO and not ask any more questions.
- Write down what has been said immediately afterwards, to the best of your memory, in the words used by the individual, ensuring that you make clear which is fact and what is opinion or hearsay in any given piece of information
- Not ask the individual to sign anything at this stage
- Note anything about the individual which may be connected, e.g. any visible injuries, including the position and description
- Report the matter to a DSO immediately within the same working day.
- Complete the relevant documentation (the DSO Referral Form located on the system) and submit to the designated safeguarding team via welfare@skills4pharmacy.org.uk

Remember, if a child or adult at risk tells you about abuse that happened a long time ago or some time has lapsed since it last occurred, it doesn't make it any less real and distressing for the child or vulnerable adult. Abuse can be historic and relate to incidents that happened a long time ago. They must still be referred on to the DSO as per this procedure.

Staff should be mindful that an allegation may involve another child/children/young person(s) and if a child has been involved, the Lead DSO should be contacted immediately as the welfare of the child being accused is equally paramount at this time.

The DSO will ensure that the member of staff reporting the incident/concern is reassured that their concerns are being appropriately address and that they have access to staff support, if needed.

If a child or adult at risk chooses to disclose, you should never:

- Take photographs of injuries
- Examine marks or injuries solely to assess whether they may have been caused by abuse (there may be a need to give appropriate First Aid)
- Investigate or probe, aiming to probe or disprove possible abuse
- Make promises to the individual about confidentiality or keeping secrets
- Assume that someone else will take necessary action
- Jump to conclusions or react in any way to what the individual is disclosing
- Speculate or accuse anybody
- Confront another person (adult or child) allegedly involved
- Offer opinions about what is being said or about the persons allegedly involved
- Forget to record what you have been told – what may seem insignificant to you could be extremely important in supporting external agencies to decide whether abuse has occurred or is indeed likely to occur. **Remember: IF ANY STEP IN THE PROCESS IS NOT RECORDED, THEN IT IS ASSUMED THAT IT DID NOT HAPPEN**
- Fail to pass the information on to the designated safeguarding team.
- Ask the individual to sign a written copy of the disclosure or a statement

Where a child or adult at risk has communication difficulties or uses alternative / augmented communication systems, you may need to take extra care to ensure that signs of abuse and neglect are identified and interpreted correctly, but concerns should be reported in exactly the same manner as for other children or vulnerable adults.

If young person or adult has personal needs, their requirements should be discussed prior to commencement of programme and additional support plan implemented. We will respect personal privacy and dignity, ensuring that young people and adults are supported in meeting their own physical care needs, wherever this is possible.

If it is determined by the DSO that the concern is not a safeguarding one but rather the child is in need of support services, then this should be discussed with the child and with the parents. A referral for child in need of local authority services requires parental consent.

The DSO is responsible for following up any referrals made to social care to ensure that action has been taken. This should be done within 3 working days of having made the referral, if social care has not been back to the DSO to confirm their actions. A record of actions being taken must be made by the DSO.

If there is concern that the action is not sufficient to safeguard the child or adult, then the DSO must discuss with the Lead DSO and escalate, if necessary, with social care or the police. The LSCB will have procedures to follow in this instance.

Talking to Parents / Carers

In most cases, it is good practice to be open and honest from the outset with parents/carers about concerns and any action that we intend to take. A parents' handbook will be distributed to all parents and will contain information and guidance on Safeguarding, including a link to our policy. When a referral is to be made, the lead DSO will make all reasonable efforts to ensure parents/carers are informed. However, an inability to inform parents/carers should not prevent a referral being made. Consideration will be given with regards to not informing parents/carers when a child or adult at risk expresses a wish that they are not informed at this stage.

There are cases where it would not be good practice for the Lead DSO to discuss concerns with parents/carers before referral.

In these cases, arrangements for discussing concerns with parents/carers should be agreed in advance with social care and / or the police.

- Discussion would put a child or adult at risk of significant harm
- Discussion would impede a police investigation or social work enquiry. E.g. FGM or Forced Marriage
- Sexual Abuse is expected
- Organised multiple abuse is suspected
- The fabrication of an illness is suspected
- Contacting parents / carers would place you or others at risk
- It is not possible to contact parents / carers without causing undue delay in making the referral

In each case the lead DSO must make a reasoned judgement and record the decision they reach. Where further guidance is needed, contact should be made with the Designated Local Authority Person, relevant social care department or police.

Abuse Requiring Immediate Response

If medical attention or police emergency action is required, then:

- The emergency services should be contacted on 999 immediately. The DSO team should be informed without delay
- The DSO team should contact the relevant social care and / or police
- The DSO must consider if it is safe for the child or adult at risk to return home or to a potential abusive situation, seeking advice from social care or police, as required.
- Managers in the police or social care agencies will then advise about how to proceed to ensure immediate wellbeing of the child or vulnerable adult
- The child or adult at risk should remain with staff, volunteers or contractors, if they are in immediate danger or in need of medical attention.

If no action has been taken after 48 hours, the Lead DSO or DSO team member should utilize the escalation process with the LSCB.

Staff must also be aware that if they feel the referral has not been dealt with, no action has been taken, or that senior management is trying to disregard the referral, they should follow the procedures as set out in the Whistleblowing Policy.

Allegations against Staff, Associates, Volunteers, Delivery Partners or Contractors

All allegations of abuse made against a member or members of staff, associates, volunteers or contractors will be managed in line with Safeguarding and employment policies and procedures.

These procedures apply to a wide range of allegations, including those that indicate a person may be unsuitable to work with children or adults at risk in their present position or in any capacity. It is essential that any concerns for the welfare of a child or adult at risk arising from abuse or harassment by a member of staff, volunteer or contractor should be reported. Immediately to the Lead DSO, who will contact the Designated Local Authority Person (formerly known as LADO).

The procedures apply to a wide range of allegations, including those that indicate a person may be unsuitable to work with children or adults at risk in their present position or in any capacity. It is essential that any concerns for the welfare of a child or adult at risk arising from abuse or harassment by a member of staff, volunteer or contractor should be reported immediately to the Lead DSO, who will contact the Designated Local Authority Person (formerly known as LADO).

The procedures are, therefore, to be followed in respect of allegations that a member of staff, volunteer or contractor has:

- Behaved in a way that has harmed, or may harm, a child or vulnerable adult
- Possibly committed a criminal offense against, or related to, a child or vulnerable adult
- Behaved towards a child or adult at risk in a way that indicates they are unsuitable to work with children or adults at risk.

Where you have concerns about a colleague, volunteer or contractor, you should report these concerns to the DSO team immediately, detailing your concerns on the Safeguarding and Prevent referral form, and they will manage the allegations in line with agreed policy.

The Lead DSO will discuss allegations against staff, volunteers or contractors with the Designated Local Authority Person. The purpose of this discussion is to consider the nature, content and context of the allegation and to agree what further action, if any, is necessary. They will notify parents/carers that the person the allegation has been made against will be suspended, partly to protect them during any investigation. They will also consider risks to other children and communication with relevant organisations / bodies and will support the person the allegation has been made against, ensuring they are treated fairly and with impartiality as detailed in our disciplinary policy and procedures. They will include any support from the other agencies involved and manage possible media interest. Disciplinary or Capability procedures will not be initiated until the investigation by police or social care has been concluded. We will take the lead from these bodies at all stages of the process and involve the relevant DSO and Senior Managers. These may include:

- Child Protection or Adult at risk Safeguarding Investigation – this will assess whether the child / adult is in need of protection or in need of services – led by social care
- Criminal investigation – led by the relevant police force
- A Disciplinary Investigation – in line with our disciplinary procedures

In the first two instances, social care and / or the police will lead on investigations.

Our Lead DSO will notify the Disclosure and Barring Service (DBS) where:

- We have permanently removed a member of staff, volunteer, delivery partner or contractor from regulated activity.

We think that the person has either:

- Engaged in relevant conduct, satisfied the harm test or
- Received a caution for, or been convicted of, a relevant offence

For most cases, the DBS only has the power to bar a person who is, has been, or might in the future engage in regulated activity.

The MD will act as the Named Senior Manager to provide high level support to the Lead DSO in handling allegations of abuse made against a member of staff, volunteer or contractor, in line with current our policy.

If the concern raised is related to a DSO, the MD will follow the safeguarding process.

Where the allegation is found to be of a malicious nature, unfounded and with no further action to be taken, the individual the allegation was made against will be supported back into work and their team environment by the Head of Quality and Operations, with an agreed support plan put in place.

Support for the Referrer

We will fully support and protect staff, volunteers and contractors who, in good faith (without malicious intent), make a referral about a colleague who may be abusing a child or adult at risk and reports his or her concern about a colleague's practice.

This support may take the form of counselling or moving the person reporting the abuse/potential abuse to another workplace temporarily whilst the incident is investigated. Our Whistleblowing procedures can be followed if they feel their concerns are not being acted upon appropriately. However, all staff, volunteers and contractors have a duty to safeguard and promote the welfare of children and vulnerable adults. In order to investigate concern as robustly, it may not be possible to

maintain complete anonymity, but interests of the referrer will be protected when concerns are raised.

Following a referral, staff, volunteers and contractors may be involved in the assessment and management process led by the relevant social care team, may be invited to take part in any strategy meeting or may attend an initial Case Conference. Where there is a criminal investigation, they may be required to co-operate with the police. In all these circumstances, they will be offered sufficient time to prepare and attend meetings with the support of their line manager and the DSO Team.

They will also receive appropriate senior management support and the DSO will continue to provide support and guidance as required/appropriate.

Record will be kept of every concern raised and they will be detailed in terms of what actions have been taken, whether an external agency has been involved and is leading on any investigation, and what the outcome has been, so that the file can be closed and then stored for legal purposes on the secure system.

Record Keeping and Information Security

Well-kept records are essential in situations where it is suspected or believed that a child or adult at risk may be at risk from harm.

Records should state who was present, the time, date and place. Records should be factual, state exactly what was said, observed or alleged, be written in ink and signed by the recorder.

Records must also be stored, retrieved and destroyed within current Data Protection laws and our robust Data and Information Security requirements.

The use of a standard Safeguarding and Prevent Referral Form for all staff, irrespective of their role or which delivery contract they currently work with, is available on the system.

Staff, volunteers and contractors are guided in recording, so that they are mindful of the possibility that this may be shared with others at some stage and in exceptional circumstances, the possibility that records may become evidence in court proceedings.

Details of allegations that are found to be malicious will be removed from personnel files. However, for all other allegations, it is important that a clear and comprehensive summary of the allegation, detail of how the allegation was followed up, resolution to the allegation, and notes of action/s taken, and any decisions reached, is kept on the confidential personnel file of the accused and a copy provided to the person concerned.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference, where appropriate. It will provide clarification in cases where future DBS checks reveal information from the police about an allegation that did not result in a criminal conviction, and it will help to prevent unnecessary re-investigation if an allegation re-surfaces at a later date. In respect of safeguarding allegations against an adult, the record should be retained at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation; if that is longer.

Records in relation to a safeguarding concern about a child should be kept for 7 years, unless a minimum time is specified contracts held by us.

Where a request for information sharing is made, the Lead DSO and senior management would make a decision as to whether they are able to share the information and, if necessary, would seek relevant legal advice and advice from other bodies such as the NSPCC and ChildLine. All decisions taken about information sharing are expected to keep the safety of the young person or adult at risk of central and paramount importance. Once the decision has been made, regardless of whether it has to be shared or not, this is still not recorded, identifying the reasons for the decision. If the request has come from the LSCB, they will provide us with clear rationale as to why the information is needed and the request should be proportionate to the reason. We follow the 7 Golden Rules to Information Sharing as per the guidance document "Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers". July 18.

All learners undergo induction relevant to the business or contact area. Part of this process includes consent forms, as required, and collection of other personal details. This is recorded on our systems, and other documents directly relating to delivery all are stored securely.

Learners and their parents/carers are made aware of the need for us and/or delivery partners to hold information relating to them, what will be held, how it will be held, how long it may be held, who might have access to it and how it will be used.

The safeguarding form is sent to the safeguarding e-mail address and this is then uploaded by a member of the DSO team to the secure safeguarding folder within 24 hours. It can only be accessed by the DSO team. Once a copy has been uploaded to the system, any local records will be destroyed. All concerns and incidents are reported onto senior management level and lessons learnt in how these were dealt with are discussed. Where appropriate, procedures are revised.

Awareness sessions regarding data and information security are delivered to staff at all levels in the organisation, with reminders of new items sent through email. All information covering data protection and security are held on our system, which all staff, volunteers and, where applicable, contractors are made aware of through the awareness and induction sessions.

We also provide an online data security e-learning course with a related test at the end, which all staff are required to complete in their first two weeks of induction.

The definition of its staff's role and responsibilities to data security and protection are detailed in a number of documents on our system. The Business and all delivery partners have security plans which are reviewed annually for agreement.

Guidance

Abuse is the violation of an individual's human rights. It can be a single act or repeated acts. It can be physical, sexual or emotional. It also includes acts of neglect or an omission to act. Abuse can take many forms and is not acceptable in any way.

We endeavor to safeguard children and adults at risk by:

- Valuing, listening to and respecting them
- Adopting policies, guidelines, a Code of Conduct and behaviour for employees, volunteers and contractors
- Sharing information about concerns with agencies which need to know, and involving parents and children appropriately
- Ensuring that the DBS, in accordance with their guidelines, checks all staff, volunteers with responsibilities for children and adults at risk, including relevant non-delivery roles
- Recruiting staff, associates, volunteers and contractors aware of our Safeguarding and Prevent Policy and procedures
- Providing all staff, volunteers with safeguarding training
- Ensuring that all children, adults at risk, their parents and carers are aware of our Safeguarding and Prevent Policy and procedures
- Ensuring that all staff and stakeholders are aware of their role and responsibilities in relation to safeguarding.

We are committed to be alert to a young person who:

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- Is a young carer
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organized crime groups.
- Is frequently missing / goes missing from care or from home
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalized or exploited
- Is in family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child.

We are committed to reviewing its policies and good practice annually, unless there is a change to legislation or if there has been a significant change within the organization. The Lead DSO is responsible for updating the policy with support from the Board.

We operate a culture of openness and transparency and embeds the principles of the 4 R'S across all our services, ensuring that all staff, volunteers and contractors understand their responsibilities with regard to safeguarding.

The 4 Rs:

Recognise – the signs and indications of abuse

Respond – as soon as possible

Record – everything you have heard, what was said, or any actions seen

Refer – to the designated person

Definition

For the purpose of this policy and procedures, children are any persons up to the age of 18 years.

Adult at Risk

An adult at risk is a person who is over the age of 18 years who is, or may be, in need of advisory services by reason of mental or other disability, age or illness, and may be unable to take care of him or herself or unable to protect him or herself from significant harm or serious exploitation. An adult at risk may be a person who:

- Has a physical or sensory disability
- Is physically frail or has a chronic illness
- Has a mental illness or dementia
- Has a learning difficulty
- Misuses drugs and / or alcohol
- Has social and / or emotional issues
- Exhibits challenging behaviours

Statutory guidance and legislation differ in relation to working with these two groups (children and adults at risk). Practitioners are familiar with the differences if they are working across the age groups and take advice from the DSO, when appropriate.

Under the Care Act 2014, local authorities have new functions. This is to make sure that people who live in their areas:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
- can get the information and advice they need to make good decisions about care and support
- have a range of provision of high quality, appropriate services to choose from

The Care Act helps to improve people's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

Local authorities have to consider various factors:

- what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people
- identifying people in the local area who might have care and support needs that are not being met
- identifying carers in the area who might have support needs that are not being met

Local authorities should also provide or arrange a range of services which are aimed at reducing needs and helping people regain skills, for instance after a spell in hospital. They should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.

The Act says clearly that a person will be entitled to have their needs met when:

- the adult has 'eligible' needs
- the adult is 'ordinarily resident' in the local area (which means their established home is there)
- any of 5 situations apply to them

These are the 5 situations:

- the type of care and support they need is provided free of charge
- the person cannot afford to pay the full cost of their care and support
- the person asks the local authority to meet their needs
- the person does not have mental capacity, and has no one else to arrange care for them
- when the cap on care costs comes into force, their total care and support costs have exceeded the cap.

Legislation and Guidance

- The Children Act 2016.
- Un Convention on the Rights of the Child 1991
- Data Protection Act 2018 and General Data Protection Regulations (GDPR)
- Sexual Offences Act 2003
- Protection of Freedoms Act 2012
- Education Act 2005
- Human Right Act 1998
- Health and Social Care Act 2008
- Domestic Violence, Crime and Victims Act 2012
- Statutory guidance Working Together to Safeguard Children 2018 (previous versions: 1999, 2006, 2010, 2013,2014 and 2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- Keep Children Safe in Education 2020 and the Safeguarding Children and Safer Recruitment in Education 2006).
- **All staff must read part 1**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912593/Keeping_children_safe_in_education_part_1_Sep_2020.pdf

- Information Sharing Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2018.
- The Care Act 2014
- The Mental Capacity Act 2005
- The “No Secrets” guidance, which sets out a code of practice for the protection of vulnerable adults
- Counter Terrorism and Boarder security Act 2019
- Contest 2018
- Workbased learners and Prevent Statutory Duty guidance for providers updated 2021.
<https://www.gov.uk/government/publications/work-based-learners-and-the-prevent-statutory-duty/guidance-for-providers-on-work-based-learners-and-the-prevent-statutory-duty>
- Equality Act 2010
- Revised Guidance (England and Wales)
- What to do if you’re worried a child is being abused 2015?
- Mandatory reporting of FGM (Nov 16)
- Prevent Duty 2019 update
- Coronavirus (COVID-19) – Safeguarding in schools, colleges and other providers 2020

How does Channel work?

Channel works in a similar way to existing safeguarding partnerships aimed at protecting vulnerable people.

Channel is designed to work with individuals of any age, is shaped around the circumstance of each individual and can provide support for any form of radicalization or personal vulnerabilities.

Each Channel panel is chaired by a local authority and brings together a range of multi-agency partners to collectively assess the risk and decide whether a support package is needed. The group may include statutory and non-statutory partners, as well as lead safeguarding professionals. If the group feels the person would be suitable for Channel, it will look to develop a package of support that is bespoke to the person. The partnership approach ensures that those with specific knowledge and expertise around the vulnerabilities of those at risk are able to work together to provide the best support. Useful links are below for more information:

<https://www.gov.uk/government/organisations/national-counter-terrorism-security-office>
www.counterterrorism.police.uk

What does Channel support look like?

Channel Interventions are delivered through local partners and specialist agencies. the support may focus on a person's vulnerabilities around health, education, employment or housing, as well as specialist mentoring or faith guidance and broader diversionary activities such as sport. each support package is tailored to the person and their particular circumstances.

A person will always be Informed first if its felt that they would benefit from Channel support. The process is voluntary, and their consent would be needed before taking part in the process. This process is managed carefully by the Channel Panel.

Who can make a referral?

Anyone can make a referral. Referrals come from a wide range of partners, including education, health, youth offending teams, police and social services.

What happens with the referral?

Referrals are first screened for suitability through a preliminary assessment by the Channel Coordinator and the local authority. If suitable, the case is then discussed at a Channel panel of relevant partners to decide if support is necessary.

Raising concern

If you believe that someone is vulnerable to being exploited or radicalized, please use the established safeguarding procedures to escalate your concerns to the DSO, who can raise concerns to Channel if appropriate.

Monitoring

We use a specialist web filtering tool and use this to monitor and report any unusual activity of learners and staff.

Learner Recruitment

When joining a programme a detailed record of learner needs will be kept and an Individual Learning Plan (ILP) prepared to ensure all the needs are planned for. All learners receive a learner handbook, detailing our support policies and key contacts. There is also follow up review points to capture their journey and do their needs are being met. Delivery staff will work closely with the Designated Employer contact ensuring a tri-party support system is in place.

The safety of all of our learners is paramount and where a learner wishes to join a course from a referral agent or has disclosed behaviors that may be as a concern a risk assessment will be complete to assess course suitability and if the required support plan can be put in place prior to a course offer.

Channel Risk Assessment

Risk is a theme that runs through the entire Channel process, i.e. risk to the individual, risk to the public and risk to partners or organisations providing support to the individual, including any intervention providers. The panel is responsible for managing the risk in relation to the vulnerable individual. We completed a Prevent Risk Assessment, and this can be viewed on request.

We will:

- Undertake risk assessments to address the physical management of the institution's estate, including policies and procedures for events held by staff, learners or visitors, and relationships with external bodies and community groups who may use premises, and/or work in partnerships with the institution.
- Have clear and visible policies and procedures for managing whistleblowing and complaints

- Consider notifying the Prevent coordinator and others as necessary and develop a Prevent action plan, if a risk is identified.

Wellbeing and Learners in Safety Centre

We will abide by Government guidance relating to learners safety and measures that need to be taken to minimize the risk of infection during pandemics. We will be vigilant to the mental health and wellbeing of learners during the time of any isolation and provide a support plan for regular contact where attendance is not a normal indicator of engagement. Learners will also be provided with guidance on safe home working. See our 'Planning for and Management during a Pandemic Policy'.

Abuse of position of Trust

We recognize that our staff, volunteers, delivery partners and contractors are in a position of trust with the learners in our care, whether they are children, young people or adults at risk, and acknowledge that it could be considered a criminal offence to abuse that trust. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all of those in positions of trust to understand the power this can give them over those they care for and to understand their responsibility.

We acknowledge that the principle of equality embedded into the legislation of the Sexual Offenders Act 2003 applies irrespective of sexual orientation, and neither homosexual non heterosexual relationships are acceptable within a position of trust.

We recognize that the legislation is intended to protect young people who are over the age of consent but under the age of 18 years.

We recognize the importance that its staff, volunteers, delivery partners and contractors protect the rights and needs of all children, young people and adults at risk on our programmes and in our care.

Anti-Bullying and Harassment

It is our policy on bullying and harassment is set out in a separate policy and acknowledges that allowing or condoning bullying or harassment may lead to consideration under safeguarding children or vulnerable adult's procedures. All incidents of bullying and harassment, including cyber-bullying, racist, homophobic and gender-related bullying, will be dealt with in accordance with our anti-bullying policy. We recognize that children and young adults at risk with special needs and/or disabilities are more susceptible to being bullied.

We maintain a log of bullying incidents in our programmes. Our policy on bullying and harassment is explained at the induction process for new learners and their parents and carers.

Communications

- When communicating with young people / vulnerable adults online, observe the same rules of behaviour as if speaking with them in person by being professional: polite, respectful, not

swearing or saying anything (using the written word, images or icons) that could be regarded as sexual innuendo, bullying or discrimination.

- Ask yourself whether the content of any online communication has a clear work purpose.
- Do not use any text speak abbreviations or symbols / emoticons, even if you ordinarily use these in your personal life
- Never disclose non-public and confidential information about us, our staff, associates, volunteers or the young people with whom we are working
- Do not say anything or re tweet any posts that could be deemed offensive, controversial or socially inappropriate in any way.
- Contact with young people or adults at risk online should only be a recognized element of your work and done strictly for business purposes.
- Do not send any illegal or inappropriate content (written, images or icons), including sexting via mobile phones.

Openness and scrutiny

- Always communicate with young people in a way that is open for others to see, if necessary
- Do not use private messaging facilities on social networks or apps; if it needs to be private, then do this by email exchange or phone and note the conversation afterwards
- Ensure there is always a record of such communication that would be open for others to check, to check, if necessary
- It should always be clear who the communication is from when we are communicating with a young person or a vulnerable adult
- There should be no use of anonymous apps, where the sender can remain anonymous

Recording

Only use social media and apps where there is a permanent record of what's been said and sent, thereby being open to scrutiny, e.g. the use of Snapchat is not appropriate.

Use of Equipment

Our IT equipment (including computers, laptops, mobile phones, PDAs, etc) must not be used to view, download, create or share (with colleagues or children) illegal content, including abusive images of children or young people.

Safer Recruitment and Training for Staff

When recruiting new members of staff, we follow the government guidance "Safeguarding Children: Safer Recruitment in Education" and Safer Recruitment principles and pays due regard to the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedom Act 2012. We adapt the guidelines within the Baseline Security Standard (BPSS) for all appointments and ensures that the relevant staff member uses the DBS checking service to assess applicants' sustainability for positions trust. The company also compiles fully with the Code of Practice and aims to treat all applicants for positions fairly. DBS checks are undertaken in line with government guidance and current legislation, alongside appropriate references being obtained and ensuring qualifications are verified. Safer Recruitment training has been undertaken by senior members of staff who conduct recruitment activities in accordance with statutory guidance. Applicants will also have to complete a Declaration Form in line with our recruitment policy.

Newly appointed staff will have a robust induction into the safeguarding of children, young people and adults at risk procedures is provided when they join the organization, this includes mandatory reading of the internal and external policies and training modules.

We ensure that all employees are made aware of the standards expected of them and implements the appropriate support, training feedback to achieve these standards.

DSO undertake training at level 2 , level 3 and undertake a range of broader training to build up their specialisms. DSPO refresh training will take place every 2 years.

Staff in contact with learning will receive training on safeguarding and Prevent and have refresh training and emerging themes updates.

III. Definations

Definitions and Indicators of Abuse:

Abuse, including neglect, is a form of maltreatment of a child or vulnerable adult. In relation to adults, the terminology ‘serious harm’ is frequently used within the guidance rather than ‘significant harm’, which is a term from the Children Act 1989. Someone may abuse a child or an adult at risk by inflicting harm, or by failing to act to prevent harm. Children and adults at risk may be abused in a family or in an institutional or community setting by those known to them, or, more rarely, a stranger, for example via the Internet. They may also be abused by an adult or adults, or by another child or children.

Working Together to Safeguard Children 2018 defines four types of abuse: physical, emotional, sexual and neglect. Adults at risk may also be subjected to these forms of abuse (see No Secrets guidance link). Therefore, the wording from Working Together to Safeguard Children 2018 has been slightly altered to reflect this. Children and adults at risk may be subjected to financial, discriminatory and institutional abuse, and staff should be familiar with indicators of all forms of abuse.

Physical Abuse	
Physical Abuse may involve	Signs may include
<ul style="list-style-type: none"> • Hitting • Shaking • Throwing • Poisoning • Burning or scalding • Drowning • Suffocating or otherwise causing physical harm 	<ul style="list-style-type: none"> • Unexplained bruises, marks or injuries to any part of the body • Frequent visits to the GP or A & E • A n injury inconsistent with the explanation offered • Fear of parents or carers being approached for an explanation • Aggressive behaviour or severe temper outbursts • Flinching when approached • Reluctance to get changed, or wearing long sleeves in hot weather • Depression • Withdrawal behaviour, or other behaviour change

	<ul style="list-style-type: none"> • Distrust of adults, particularly those with whom a close relationship would normally be expected.
Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately indicates, illness in a child, young person or vulnerable adult.	

Emotional Abuse: is the persistent maltreatment of a child or adult at risk which causes severe and persistent adverse effects on the child or vulnerable adult's emotional development.	
Emotional Abuse may involve:	Signs may include:
<ul style="list-style-type: none"> • Conveying to the child or adult at risk that they are worthless and unloved. • Conveying that they are inadequate or valued only insofar as they meet the needs of another person. • Not giving the child or vulnerable adult opportunities to express their views • Deliberately silencing them • Making fun of what they say or how they communicate • Age or developmentally inappropriate expectations being imposed on the child or vulnerable adult • Demanding interactions that are beyond their developmental capability • Overprotection and limitation of exploration and learning • Preventing the child or vulnerable adult participating in normal social interactions • Seeing or hearing the ill-treatment of another child or vulnerable adult • Serious bullying (including cyber bullying) • Causing children or adults at risk to frequently feel frightened or in danger • Exploitation or corruption of children or vulnerable adults 	<ul style="list-style-type: none"> • A failure to thrive or grow • Sudden speech disorders • Developmental delay, either in terms of physical or emotional progresses • Behavioural changes • Being unable to play or socialise with others • Fear of making mistakes • Self-harm • Fear of parents or carers being approached regarding their behaviour • Confusion • Use of inappropriate language, possession of violent, extremist literature, behavioural changes, the expression of extremist views, advocating violent actions and means, association with known extremist or seeking to recruit others.
Some level of emotional abuse is involved in all types, of maltreatment of a child or vulnerable adult, though it may occur alone	

Sexual Abuse	
Sexual Abuse may involve:	Signs may include:
<ul style="list-style-type: none"> • Forcing or enticing the child or adult at risk to take part in sexual activities, not necessarily involving at a high level of violence, whether or not the child or 	<ul style="list-style-type: none"> • Pain or itching in the genital/anal areas • Bruising or bleeding near the genital/anal areas • Sexually transmitted diseases

<p>adult at risk is aware of what is happening</p> <ul style="list-style-type: none"> • Physical contact, including assault by penetration (for example, rape or oral sex) • Non penetrative acts, such as masturbation • Kissing • Rubbing and touching outside of clothing • Non-contact activities, such as involving children or adults at risk in looking at, or in the production of, pornographic material or watching sexual activities • Encouraging children to behave in sexually inappropriate ways • Grooming a child in preparation for abuse (including via the internet) 	<ul style="list-style-type: none"> • Vaginal discharge or infection • Stomach pains • Discomfort when walking or sitting down • Pregnancy • Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn • Fear of being left with a specific person or group of people • Nightmares • Leaving home • Sexual knowledge which is beyond their age or developmental stage • Sexual drawings or language • Bedwetting • Saying they have secrets they cannot tell anyone about • Self-harm or mutilation, sometimes leading to suicide attempts • Eating problems, such as overeating or anorexia.
<p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	

<p>Neglect: this is the persistent failure to meet the basic physical and/or psychological needs of a child or adult at risk, likely to result in the serious impairment of the child or vulnerable adult's health or development.</p>	
<p>Abuse by neglect may involve:</p>	<p>Signs may include:</p>
<ul style="list-style-type: none"> • Neglect may occur during pregnancy as a result of material substance abuse • A parent or carer failing to provide adequate food, clothing and shelter 	<ul style="list-style-type: none"> • A constant hunger, sometimes stealing food from others • Dirty or smelly

<ul style="list-style-type: none"> • Exclusion from home or abonnement • Failure to ensure adequate supervision • Failure to protect a child or adult at risk from physical harm or danger • Failure to ensure adequate care takers • Failure to ensure access to appropriate medical care or treatment • Neglect of, our unresponsiveness to, a child or vulnerable adult's basic emotional needs. 	<ul style="list-style-type: none"> • Loss of weight, or being constantly underweight • Inappropriate dress for the weather • Complaining of being tired all the time • Not requesting medical assistance and/or failing to attend appointments • Having few friends • Worsening health conditions • Pressure sores • Mentioning that they are being left alone or unsupervised • Sore or extreme nappy rash • Lack of response to stimuli or contact • Poor skin contact, or skin infections • Frozen watchfulness • Anxiety • Distress • Child moves away from parent under stress • Little or no distress when separated from primary carer • Inappropriate emotional responses • Language delay
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Financial Abuse	
Financial Abuse may involve:	Signs may include:
<ul style="list-style-type: none"> • Being overcharged for services • Being tricked into receiving goods or services that they do not want or need 	<ul style="list-style-type: none"> • Lack of basic requirements, e.g. food, clothes or shelter • Inability to pay bills

<ul style="list-style-type: none"> • Inappropriate use, exploitation, or misappropriation or property and/or utilities • Theft • Deception • Fraud • Explanation or pressure in connection with wills. 	<ul style="list-style-type: none"> • Unexplained withdrawals from accounts • Inconsistency between standard of living and income • Reluctance to take up assistance which is needed • Unusual interest by family or other people in the person's assets • Recent changes in deeds • Power of Attorney obtained when the person lacks capability to make the decision.
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Institutional Abuse	
Institutional Abuse may involve:	Signs may include:
<ul style="list-style-type: none"> • Service users required to fit in excessively to the routine of the service • More than one individual is being neglected • Everyone is treated in the same way • Other forms of an abuse on an institutional scale 	<ul style="list-style-type: none"> • Inflexible daily routines, e.g. set bedtimes and / or deliberate waking • Dirty clothing and bed linen • Lack of personal clothing and possessions • Inappropriate use of nursing and medical procedures • Lack of individualised care plans and failure to comply with care plans • Inappropriate use of power, control, restriction and confinement • Failure to access health care, dentistry services etc • Inappropriate use of medication • Misuse of resident's finances or communal finances • Dangerous moving or handling practices • Failure to record incidents or concerns

Sexual Exploitation and Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purpose of sexual abuse or exploitation. Children and young people can be groomed online or in the

real world, by a stranger or by someone they know – for example, a family member, friend or professional. Groomers may be male or female. They could be any age.

Child sex exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship. They may be also groomed online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Child on Child Sexual Violence and Sexual Harassment

This exists in many forms, from calling someone sexualised names, flicking bra straps, lifting up skirts, grabbing bottoms, genitalia etc.

Mate Crime

Mate crime happens when people with learning difficulties are befriended by someone who uses the relationship to exploit or abuse them. For more information – www.safernet.org.uk

Online Safety and Social Media

All staff, volunteers and contractors, if relevant, are trained in and receive regular updates in e-safety and recognizing and reporting concerns. Our policies recognize that Internet Safety is a whole team/organization responsibility which includes learners and their parents and carers.

Children, young people and adults at risk may expose themselves to danger, whether knowingly or unknowingly, when using the Internet and other technologies. Additionally, some children, young children and adults at risk may find themselves involved in activities which are inappropriate or possibly illegal.

We therefore recognize our responsibility to educate our learners, teaching them the appropriate behaviours and critical thinking skills to enable them to remain both safe and legal when using the Internet and related technologies. These issues are addressed within the learner journey, within relevant policies and procedures and with parents and carers.

We will ensure filters are in place to prevent access to unsuitable sites and we will monitor and report monthly on the use of the network and internet to ensure that any learner, staff, associate, volunteer or contractor attempting to access inappropriate, harmful or indecent images are found, then the police will be informed immediately and we will fully support their investigation. If involving a staff member/volunteer, immediate suspension, in line with the disciplinary process, will immediately take effect and the managing safeguarding and prevent allegations procedure may need to be instigated by the lead DSO. We will take the police advice when learners are involved as to whether the relevant commissioner should be informed.

The welfare and protection of our children and adults at risk is paramount and consideration should always be given as to whether the use of photography will place them at risk. Images may be used to harm children or adults at risk, for example as a preliminary to grooming or by displaying them inappropriately on the internet, particularly social networking sites. For this reason, consent must be sought from those with parental responsibilities (this may include the Local Authority in the case of looked after children)

Online safety also involves being aware of the risks to young people, our staff/volunteers and adults at risk when communicating via the Internet, digital and mobile devices and using social media. Social media includes blogs, Wikis, online communities, and social networking sites such as Facebook and Twitter.

As an organization working with young people, we acknowledge the impact and involvement that social networking sites such as Facebook and Twitter have on the lives of young people, and their role in the ways which they interact with each other. These tools are used by us to encourage young people in their projects and involvement with gratitude activities. At the same time, we recognize the dangers and potential risks that these sites can pose to both young people and staff/volunteers, and that they have the potential to be abused as a means of interacting with young people.

There is a wide range of ways to communicate with young people and this is a rapidly changing environment as new technologies, applications and social media sites merge. No Code of Conduct for e-safety can cover all of these separately. However, there are broad principles that we expect all staff/volunteers to adhere to in order to safeguard young people and themselves in respect of using all these forms of media, devices, apps and social networking sites.

Sexting

Sexting means sending sexually explicit messages and/or suggestive images, such as nudes. While the name suggests that this is only done via text message, these types of messages can be via any messaging service, including emails and social media.

This also means that sexts can be sent or received via a number of electronic devices, such as smart phones, computers and tablets.

If a child is under the age of 18, it is illegal for them to take a nude photo of themselves or a friend, as well as distributing them. Even though the age of sexual content is 16, the Protection of Children Act means it is against the law for a child to share a sexual image, even if it is with someone who is also under the age of 18.

Images covered under the law include, but are not limited to, naked pictures, topless photos of girls, any sex acts and sexual images in underwear. If it is found that a child under the age of 18 is in possession of any of these, has been sending them or taking these types of photos, the police can record it as a crime.

Modern Slavery

Modern Slavery examples include forced labour, debt bondage, sexual or criminal exploitation, domestic servitude and trafficking.

Under the Modern Slavery Act 2015, we are required to ensure we do not have any aspect of modern slavery within our own organisation and within our supply chain, as such; as such, we have to issue a statement, published on our website, which clearly reflects the actions we have taken to prevent and ensure this.

Modern Slavery (s.1 of the Act) comprises of the following:

1. Slavery, servitude and forced or compulsory labour

2. Human Trafficking (s.2) – this is the movement of a person for the purposes of being exploited. There is no minimum distance (i.e. it can be from one room to another).

Exploitation can include (in addition to above):

- Sexual exploitation (regardless of age of the individual being exploited)
- Removal of organs
- Securing services by force, threats or deception (in particular, if the individual being exploited is a child or an adult at risk).

Child Trafficking is child abuse; children are recruited, moved or transported and then exploited, forced to work or sold. They are often subject to multiple forms of exploitation.

Suicide and Mental Health Matters

Mental health and mental ill health can be defined in very different ways. Mental health influences how we think and feel about ourselves and other and how we interpret life events. Whereas mental ill health is a term that is used for a person whose thinking, emotions and behaviours negatively affect their ability to go about day to day activities such as work, and home life and it disrupts their abilities. This can be particularly prevalent during times of isolation from others. There are several different types of mental illnesses including:

1. Depression
2. Anxiety disorders
3. Self-harm
4. Suicide
5. Substance misuse

Suicide is a major public health issue in England. Suicide and suicidal thoughts need to be given the highest priority when dealing with an individual presenting these feelings. That said, not all people expressing suicidal thoughts want to die, they often don't want to feel the way they currently are which results in the thoughts turning to suicidal. The most important action to take when speaking to a person showing signs of suicide is to ask them directly 'are you having thoughts of suicide?' This will be able to guide the best possible action depending upon the answer you receive.

Eating Disorders

Characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour (www.nhs.co.uk/eating-disorders). [Anorexia nervosa; when a person tries to keep their weight as low as possible e.g. by starving themselves or exercising excessively. Bulimia: when a person goes through periods of binge eating and is then deliberately sick or uses laxatives to try to control their weight. Binge eating disorder: When a person feels compelled to overeat large amounts of food in a short period of time.

Self-Harm

The idea of self-harm is tied up in stereotypical actions. It is a behaviour not an illness, people self-harm to cope with emotional distress or to communicate that they are distressed. It can present itself in many different ways, for example:

1. Cutting, scratching the skin with sharp objects such as knives or razor blades

2. Burning oneself with heated wax or cigarettes
3. Hitting or banging arms, legs or head on walls or other objects
4. Compulsory action of pulling hair out of the head
5. Abusing drugs and alcohol for risk rather than enjoyment
6. Eating Disorders

It is generally seen as a physical reaction to emotional pain and can be extremely addictive. This means that it is often more productive to focus on why an individual feels compelled to harm themselves, rather than the means by which they are doing so. Self-harm should not be misunderstood for being suicidal.

Violence

Gun and Knife Crime

Gun and knife crime is not as common as some people think, but it does happen. Guns and knives can affect everyone, not just people in gangs. Gun and knife crime include stabbing or shooting someone. But it's also illegal to:

- carry a knife
- threaten someone with a knife or gun
- commit a crime with the use of a weapon - like a robbery
- commit a crime by pretending you have a real knife or gun

Some people carry weapons like knives and guns to feel protected, because of peer pressure or to feel powerful. If a person has a weapon they might not always plan to use it – whether it is used as a weapon or not, it is still illegal.

Police have the power to stop and search if they think someone has a weapon. This could result with an arrest or the person going to prison for carrying, buying or selling a weapon.

Situations involving weapons can get out of control very easily and there might not have time to think about actions.

If carrying a weapon, a person is more likely to:

- be attacked or threatened by other gangs who use weapons
- be arrested by the police
- kill or injure yourself badly with your weapon
- hurt or kill others with your weapon
- hurt innocent people if a fight happens
- be charged with murder through joint enterprise if you're at a place where someone is killed, even if you weren't carrying the weapon.

Gangs

Being in a gang can make a person feel part of something or that they belong but being part of a gang like this can be dangerous. Sometimes a person can be forced to commit a crime or do things that are

unsafe. If a gang carries knives or other weapons, they might get them out to show off or intimidate people. This can be very scary for other people, especially if they think the gang will use them.

Why do people join Gangs?

Young people join gangs for lots of different reasons. Some of these include:

- fitting in with friends and other gang members
- having the same interests as other people, like sports or music
- feeling respected and important
- to be protected from bullying or from other gangs
- making money from crime or drugs
- gaining status and feeling powerful.

Being in a gang is not against the law but being involved with illegal activities (that some gangs do) could be an offence. A person could go to prison or end up with a criminal record if involved with:

- gun and knife crime
- violence or harassment
- turf wars or postcode wars
- carrying, using or selling drugs
- theft or other illegal activities
- rape and sexual assault.

If a learner has a criminal record you might not be:

- accepted into a university, college or higher education
- able to get a job, internship or do work experience
- allowed to travel to some countries, like the USA.

Domestic Violence Abuse

Domestic violence and abuse is any incident, or pattern of incidents, of controlling, coercive or threatening behaviour, and violence or abuse between those aged 16 years or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and or emotional.

Identifying cases of Female Genital Mutilation (FGM) and Forced Marriage

There are many different types of abuse but there are some that staff may be less aware of. Female Genital Mutilation (FGM) and Forced Marriage fall into this category. Any indications that children or adults at risk may be subject to FGM or Forced Marriage, or that this may have already taken place, will be dealt with under the procedures outlined in this policy. In support of this provision, we will do everything that it can to ensure that:

- The DSO's are aware of the issues surrounding FGM, Forced Marriage and current legislation.
- Advice and signposts are available for accessing additional support, e.g. the NSPCC's helpline, ChildLine services, Forced Marriage Unit

- Awareness raising about FGM and Forced Marriage is incorporated in the safeguarding training

Where there are concerns about FGM or Forced Marriage, a referral must be made as a matter of urgency. It is also extremely important that if a child or adult at risk has disclosed that they are at risk of FGM or Forced Marriage, the case is referred to Social Care, even if it is against that person's wishes. Our staff must NOT consult or discuss these concerns with the child or vulnerable adult's parents or family, or others within the community, if there is an imminent risk, e.g. the child or adult at risk being taken out of the country, police must be informed (999) and the safety of the child or adult at risk must be the prime consideration whilst awaiting the police response. It was made a legal requirement in October 2015 to report known cases to FGM in under 18's.

Prevent Duty

Prevent is about safeguarding and supporting those vulnerable to radicalisation. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism

What does PREVENT do?

1. Responds to the ideological challenge we face from terrorism and aspects of extremism, and the threat we face from those who promote these views.
2. Provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support.
3. Works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that we need to deal with.

The main aim of Prevent is to stop people from becoming terrorists or supporting terrorism

At the heart of Prevent is safeguarding children and adults and providing early intervention to protect and divert people away from being drawn into terrorist activity.

Prevent addresses all forms of terrorism but continues to ensure resources and effort are allocated on the basis of threats to our national security.

The Counter Terrorism and Security Act 2015 places a duty on certain bodies to have 'due regard to the need to prevent people from being drawn into terrorism'.

The government have defined extremism in the Prevent Strategy as vocal opposition to fundamental British Values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

The Prevent Team will, in partnership with other professionals including those involved in Safeguarding, investigate further to assess the nature and **extent** of the risk. The relevant local police prevent teams will complete an initial assessment, which will be used to inform the decision as to whether an individual should be referred to Channel.

Terms and Definition	
Radicalisation and/or Extremism may involved	Signs may include
<ul style="list-style-type: none"> • An ideology is a set of beliefs 	<ul style="list-style-type: none"> • Isolation and identity crisis • Personal crisis and / or circumstances

<ul style="list-style-type: none"> • Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism. • Safeguarding is the process of protecting vulnerable people, whether from crime, other forms of abuse or from being drawn into terrorism-related activity. • Terrorism is an action that endangers or causes serious violence, damage or disruption, is intended to influence the government or intimidate the public and is made with the intention of advancing a political, religious or ideological cause. • Vulnerability describes factors and characteristics associated with being susceptible to radicalisation. • Extremism is vocal or active opposition to fundamental British Values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Calls for the death of British Armed Forces is also included. 	<ul style="list-style-type: none"> • A misconception and / or rejection of UK foreign policy • A disrupt of Western media reporting • Perceptions that UK government policy is discriminatory • Perception that their aspirations for career and lifestyle are undermined by limited employment prospects • Thinks that the 'world owes them a favour' <p>Other factors:</p> <ul style="list-style-type: none"> • Ideology, politics and / or youth rebellion • Provocation and anger (grievance) • Need for protection • Seeking excitement and action • Fascination with, or a morbid interest in, violence, weapons and uniforms • Seeking family and father substitutions • Seeking friends and community, status and identity.
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List of relevant Agencies and Contact Details

The DSO will be responsible for contacting the Police Prevent Teams, who will assess whether the child or young person may be at risk of radicalization, and where relevant, the Police Prevent Team will refer them to the Local Authority Channel Panel.

Amerjit Singh 07530203122 amerjit@skills4pharmacy.org.uk

Cordelia Singh 07970520150 cordelia@skills4pharmacy.org.uk

PREVENT contact details for Manchester

Telephone: 0161 234 1489. Coordinator: Samiya Butt

Email: s.butt@manchester.gov.uk

Channel team: channel.project@gmp.police.uk or call 0161 856636

FE / HE Regional Prevent Coordinators

East Midlands: Sam Slack

Sam.slack@derby.gov.uk

01332 643054

East of England: Peter Martin

peter.martin@luton.gcsx.gov.uk

01582 546231 / 07860 593 636

North West: Nigel Lund

N.lund@manchester.gov.uk

0161 945 5533/ 07507 269830

South East: Jo Ferris

jo.ferris@thamesvalley.pnn.police.uk

07876 131 411

South West: Salam Arabi-Katbi

Salam.katbi@avonandsomerset.pnn.police.uk

0117 945533

Wales: Barrie Phillips

barrie.phillips@cardiff.gov.uk

02920 873281 / 07800 711318

North East: Christopher Sybenga

chris.sybenga@education.gov.uk

07384456640

West Midlands: Hifsa Haroon-Iqbal

h.h.iqbal@staffs.ac.uk

0121 3033642

Safeguarding Teams

Safeguarding Team – Manchester safeguarding boards

General email: Manchestersafeguardingboards@manchester.gov.uk

Telephone:01612343330

Safeguarding adults team

0161 2345001

Rethink advocacy

03005000927

Helplines and reporting

Children can talk to a ChildLine counsellor 24 hour a day about anything that is worrying them by calling 0800 11 11 or in an online chat at <http://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx>.

If parents or carers are concerned that their child is being contacted by adults as a result of sharing sexual imagery they should report to NCA-MDP at www.MDp.police.uk/safety-centre

ChildLine and the Internet Watch Foundation have partnered to help children get sexual or naked images removed from the internet. Young person can get their photo removed by talking to a ChildLine counsellor. More information is available at: <http://www.childline.org.uk/explore/onlinesafety/pages/sexting.aspx>

If parents and carers are concerned about their child, they can contact the NSPCC Helpline by ringing 0808 800 5000, by emailing help@nspcc.org.uk, or by texting 88858. They can also ring the Online Safety Helpline by calling 0808 800 5002.

[NSPCC | The UK children's charity | NSPCC](#)

Helplines

Help for adults concerned about a child

Call us on 0808 800 5000

Help for children and young people

Call Childline on 0800 1111

For supporter, donation and fundraising queries

Call us on 020 7825 2505

The NSPCC has information and advice about sexting available on its website: [NSPCC Sexting](#)

The National Crime Agency/MDP has produced a film resource for parents and carers to help them prevent their children coming to harm through sharing sexual imagery: [THINKUKNOW Nude-selfies-a-parents-guide](#)

Childnet have information and advice about sexting available on its website:

<http://www.childnet.com/young-people/secondary/hot-topics/sexting>

Children can talk to a ChildLine counsellor 24 hour a day about anything that is worrying them by ringing 0800 11 11 or in an online chat at:

<http://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx>

If parents or carers are concerned that their child is being contacted by adults as a result of having sharing sexual imagery they should report to NCA-MDP at www.MDp.police.uk/safety-centre

ChildLine have created Zip-It, an app that provides witty comebacks in order to help young person say no to requests for naked images [Childline Zipit Ap](#)

There is information on the ChildLine website for young people about sexting:

[Childline information for young people](#)

The Safer Internet Centre has produced resources called '[Childnet So you got naked online](#)' which help young people to handle incidents of sexting

The NSPCC adult's helpline: 0808 800 5002 The NSPCC has partnered with O2 to offer direct support to parents and other adults on issues relating to online safety.

ChildLine: www.childline.org.uk ChildLine offers direct support to children and young people including issues relating to the sharing of sexual imagery.

The Professionals Online Safety Helpline (POSH): <http://www.saferinternet.org.uk/about/helpline>
Tel: 0844 381 4772. This helpline supports professionals with an online safety concern or an online safety concern for children in their care. Professionals are able to contact the helpline to resolve issues.

REFERENCES

OFSTED- safeguarding policy

<https://www.gov.uk/government/publications/ofsted-safeguarding-policy>

Inspecting Safeguarding in early years education and training:

<https://www.gov.uk/government/publications/inspecting-Safeguarding-in-early-years-education-and-skills>

Keeping Children Safe in Education September 2020

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

UpSkirting:

<https://www.gov.uk/government/news/upskirting-know-your-rights>

Online abuse

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/online-abuse/>

Sexting:

<https://www.gov.uk/government/publications/sexting-in-schools-and-LHAAs>

Working together to Safeguard Children:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Knife crime:

<https://www.gov.uk/government/publications/knife-crime-safeguarding-children-and-young-people-in-education>

Sexual violence and sexual harassment between children in schools and LHAAs:

<https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-LHAAs>

Information sharing:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Work base learners and the Prevent Strategy:

<https://www.gov.uk/government/publications/work-based-learners-and-the-prevent-statutory-duty>

Safeguarding Vulnerable Adults:

<https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults>

NSPCC:

<https://www.nspcc.org.uk/preventing-abuse/safeguarding/>

Safeguarding and protecting people for charities and trustees:

<https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people>

London Children Safeguarding Board:

<http://www.londonscb.gov.uk/resources/>

FGM Safeguarding pathway:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542650/FGM_Flowchart.pdf

Safeguarding women and girls at risk of FGM:

<https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>

MASH

<https://www.gov.uk/government/news/working-together-to-safeguard-children-multi-agency-safeguarding-hubs>

CASPER Safeguarding child Protection:

<https://learning.nspcc.org.uk/newsletter/caspar/>

Child exploitation:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/>
<https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

Teaching online safety in schools:

<https://www.gov.uk/government/publications/teaching-online-safety-in-schools>

Channel guidance:

<https://www.gov.uk/government/publications/channel-guidance>

Prevent Duty guidance:

<https://www.gov.uk/government/publications/Prevent-duty-guidance>

Ripley

- Derbyshire County Council Duty Social Team- 01629 533190- this is for both adult and young children under 18 referrals to social care. This is the first port of call if you had a concern for

a learner in the Derbyshire area and they will refer you to Call Derbyshire/ Duty Social Team/ Starting Point.

- Sam Slack- East Midlands Regional Prevent Coordinator HE/FE
(G7)sam.slack@education.gov.uk 07384452156
- Ripley Police- 101