

Safeguarding Policy - Adults & Children

Disclosure of Abuse

Children and Vulnerable Adults may suffer or disclose to have suffered physical, sexual, emotional, and other types of abuse as detailed below. This can occur at home, away from home or within the training centre or within their employment. It may be alleged that the abuse has been perpetrated by staff, other adults including parents, other children in their home locality, at previous placement or in the Training.

When any member of staff becomes aware of or receives a report of any young person or vulnerable adult suspected of having suffered or suffering abuse, or where there is a reason to believe a young person or vulnerable adult is subject to any degree of potential risk, the matter is brought to the immediate attention of the DSL.

The DSL may make immediate arrangements to inform the appropriate authorities where appropriate, who will implement their safeguarding procedures. The DSL or any other person contacting the Local Authority, Police or Clinical Commissioning Group for that area who is responsible for the young person or vulnerable adult, will ensure that the said professional/s is satisfied with the procedures that are being followed; and will seek guidance from the professional/s if they are in doubt.

Any young person or vulnerable adult who discloses sexual abuse by any person/child must be treated with the utmost sensitivity and all safeguarding procedures commenced without delay.

Under no circumstances should the identified perpetrator be interviewed or spoken to by our staff members or the victim.

Note:

Staff should be aware that children and adults who have been abused often act in a bizarre manner to either gain attention or to act out the difficulty which they have had with the parents, friend or stranger. Therefore, their disturbed or bizarre behaviour should be assessed and monitored closely, especially if it is not considered normality for the children and adults. Often this is a manifestation of a deeper-rooted underlying cause.

If it is suspected or alleged that a young person or vulnerable adult is the subject of abuse then it is the staff member, concerned, responsibility for reporting the matter at the first available opportunity. It is essential all staff must, always, be aware of the well being of learners and of the possibility of abuse occurring. This abuse may be verbal or physical by the service users peer group, staff and/or other adults, including the young person or vulnerable adult or their parents.

Initially this will be reported to the DSL, who will ensure that the safeguarding team, the duty officer of the local authority, who has responsibility for the young person or vulnerable adult, are informed immediately. This is, however, unless the Managing Director or Centre Manager are alleged to be, or

suspected of being involved in the abuse. In this case it is the individual member of staff's responsibility to inform to the next responsible DSL.

Our expectations are that this information will initially, be given verbally, but will be confirmed in writing within 24 hours.

Reference Guides

- **Working Together to Safeguard Children (2018);**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf
- **Keeping Children Safe in Education (2021);**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf

Confidentiality

It is important not to make promises that you are unable to keep. Do not say that you will keep what the young person or vulnerable adult is about to tell you as confidential, before the young person or vulnerable adult has confided in you as you may have a duty to share it with others. Facilitate and encourage but under no circumstances must you cross-question. You must strike a balance between gathering enough information to establish whether there is a real cause for concern.

All the staff are required to pass on information regarding any abuse. A full and accurate record of the disclosure must be made at the earliest opportunity.

Disclosure against staff

In the event of an allegation being made against a member of staff, he or she will be immediately suspended pending an investigation and referred to the relevant Authority. Throughout the investigation procedures, colleagues will be encouraged to share any concerns they may have. Staff must not place themselves in the untenable position of being in possession of information that a crime has been committed or alleged, having guaranteed confidentiality to the referrer or the young person or vulnerable adult, staff are expected to fully co-operate during any proceedings. An investigation is not to be hampered in any way.

All decisions affecting the young person or vulnerable adult must immediately ensure:

- The young person or vulnerable adult is safe.
- The young person or vulnerable adult receives care, treatment, and continued protection
- Until such times as both the young person or vulnerable adult and the professional network are satisfied that there is no further danger.
- No other young people/children/vulnerable adults are not at risk.
- The young person or vulnerable adult receives care and treatment under the designated physician.

- Where the allegation is about another learner, the local authorities are informed and asked for guidance and an arrangement is made immediately to ensure safety.
- The local area office will be pressed by us to respond quickly for the situation can be effective and managed with sensitivity about the safety of both learners.

Where the nature of the disclosure of abuse is against a member of the staff or management team then the member of staff must inform the DSL immediately. After this the staff member against whom the allegation is made will be suspended from duty pending urgent investigation.

All allegations against staff will be viewed very seriously. The DSL will take immediate action to ensure the safety of the young people or vulnerable adults concerned. Bearing in mind that:

- The young person or vulnerable adult's safety is of paramount importance.
- Any disclosure is dealt with sensitively.
- Any disclosure is dealt with in line with the Local Authority Safeguarding procedures.

This will usually mean that the staff member concerned will be suspended and will not be able to return to work until an investigation has taken place and the conclusions are made known. However, should the allegation be substantiated against the staff member this may result in police prosecution.

Disclosure against another learner

An allegation may also be made against another learner. If this does occur then the safety of the young person or vulnerable adult remains of paramount importance however, the guidelines in these circumstances remain the same. However, it is important to differentiate between allegations of abuse and normal adolescent behaviour.

As soon as the reporting staff member becomes aware of alleged, or suspects they, or another staff member/manager/director or consultant not involved, must always accompany the abused learner discreetly. They must be supportive to the learner(s) until members of the safeguarding team or police arrive; during any interviews that they are asked to attend with the young person or vulnerable adults concerned.

The alleged abuser(s) must not be allowed contact with the young person or vulnerable adult disclosing or those who have been allegedly abused. This will need to be handled with discretion and sensitivity.

When an allegation of abuse has been made by a client, against anybody, it is imperative that objective notes are taken, but information/questioning must not be sought or undertaken. Notes taken should be relevant to the disclosure, freely given and not as a result of questioning.

Protection procedure

Once the safeguarding team and/or police have been informed of the allegation it is their responsibility to interview and/or take statements from those involved.

Excell for Training Ltd is not equipped to operate a formal investigation into an allegation of abuse. This is the domain of the Social Services Department Safeguarding Team. Excell for Training Ltd will follow and co-operate with any Local Authority, Police and/or child protection investigation procedures.

Child Protection is a specialist field requiring training. Although staffs at Excell for Training Ltd receive training on the subject and issues surrounding safeguarding this training does not, on its own, qualify any staff member to practise. Staff members do have a role which does centre around supporting the young person or vulnerable adult by making themselves available and listening to them.

The nature of the allegation will determine whether or not it is appropriate for a child to be removed, i.e. if the allegation is of child to child. When any allegation of abuse is made the following chain of events will take place.

- The Local Authority who has responsibility for the young person or vulnerable adult will be notified. The name of whoever you are reporting to, will be logged together with their job title.
- Notes made of the disclosure, persons involved events leading up to and your actions as a result.
- The DSL of the company will be notified if not already done so. This is also to be logged. Regardless of time of day or night.
- Responsible Individual

If you are telephoning to report an alleged incident of abuse, this must be classed as an emergency. Therefore if you do not get a reply, do not hesitate to phone the police immediately.

Prevent Duty and Radicalisation

There are now duties imposed on schools and other agencies in relation to The Prevent Duty which came into force on 1 July 2015.

Further advice in relation to this is within KCSiE and also the DfE non-statutory guidance for schools and early years' providers.

We are proactive in our approach and have ensured staff have accessed training to help identify risk and support other colleagues where there are specific concerns. We will work with key partners to ensure that we are aware of any tensions within our local community and nationally and internationally, so that we can create safe spaces for our learners to discuss their experiences and concerns. Where we are concerned about individual learners there is a referral pathway which all staff will be familiar with. Initial advice and support can be obtained and more serious concerns

should be referred to the Police Prevent Team or the MASH where there is a concern that a young person is at immediate risk.

In exercising our specific duty under Prevent we seek to protect service users from being drawn into, and against, the messages of all violent extremism. This includes and is not restricted to Daesh, AQ, Far Right, Neo Nazi, White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

The use of social media and the internet as tools to radicalise young people and adults cannot be underestimated. We recognise that those that seek to recruit both adults and young people to follow extremist ideology often target those who are already vulnerable in some way and that exposure to extreme views can make people vulnerable to further manipulation and exploitation. We will therefore ensure that we build on critical thinking skills and resilience through both our curriculum and pastoral provision/systems.

We are clear that we have a duty to safeguard clients from such dangers and we will actively promote resilience to such risks through our curriculum, our OneFile courses and reviews.

Female Genital Mutilation

Female Genital Mutilation is a safeguarding issue; it is abuse and a form of violence against girls.

FGM is a procedure that includes the partial or total removal of the external female genital organs for non-medical reasons. It is illegal in the UK to subject a child to female genital mutilation (FGM); to assist or facilitate the practice; or to take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. The majority of girls have the procedure between the ages of 5-8 years. It is estimated that 24,000 girls in the UK are at risk and 66,000 women living with the physical and psychological consequences.

Although prevalence of FGM within our local area is not likely to be high, no local authority area is likely to be free from FGM entirely. Our staff have an awareness of the signs that a girl may have undergone FGM or be at risk of the practice. The Female Genital Mutilation Act 2003 was amended by the Serious Crime Act 2015 which strengthened protection to women and girls through the introduction of FGM Protection Orders and placed new mandatory duties on professionals to report known cases of FGM on girls under the age of 18 to the police. The duty only applies in cases where the victim discloses. If someone else, such as a parent or guardian, discloses that a girl under 18 has had FGM, a report to the police is not mandatory. However, in these circumstances disclosures should still be handled in line with wider safeguarding responsibilities. Certain times of year present a greater risk to girls from practicing communities. The 'cutting season' during the summer months is often the riskiest time for girls as the healing time required following the procedure, often necessitates it being carried out during the long summer holiday. The main indicators and risk factors are highlighted below but all staff and the nominated governor for safeguarding will need to have undergone at least basic awareness raising training to ensure they can identify when a girl may be at risk.

Staff should be alert to the following indicators:

- The family comes from a community that is known to practise FGM or is less integrated within the community.
- A child may talk about a long holiday to a country where the practice is prevalent.
- A child may talk about 'special female visitors' who are staying with the family, especially during the 'cutting season'.
- A child may confide that she is to have a 'special procedure' or to attend a special occasion.
- A child may request help, directly or indirectly, from a teacher or another adult.
- Any female child born to a woman or has a sister who has been subjected to FGM must be potentially at risk, as must other female children in the extended family.
- A girl is withdrawn from PSHE/SRE without any specific reason being given.

In brief the signs that FGM may have occurred are:

- Difficulty walking, sitting, or standing.
- Spending longer in the bathroom.
- Urinary or menstrual problems.
- Prolonged absence and then noticeable behaviour changes.
- Reluctance to undergo normal medical examinations.
- May confide in a professional but may not be explicit or may be embarrassed.

Where it is suspected that a girl may have undergone or is likely to undergo FGM staff must share concerns with the DSL who in turn should consult the MASH.

Where you suspect that FGM has occurred:

- Be sensitive to the child, and family, be gender sensitive, make no assumptions, be non-judgemental, use simple language, record clearly.
- You have a duty to protect, safeguard and share information.
- Refer to Children's Social Care for coordination of careful assessment (not necessarily with consent).
- There will be potential enquiries under Section 47.
- Potential police enquiries.
- Possible use of police protection or legal orders such as FGM PO, prohibitive steps but not necessarily the removal of the child.

Where you know that FGM has taken place:

You must report this direct to the DSL and police in accordance with the mandatory duty.

Physical abuse

Most people suffer accidents from time to time, which result in physical injury. This presents difficulty in diagnosing abuse. We must also accept that some people believe an adult must never be hit, whereas others feel physical chastisement is acceptable. The professional when faced with an injured young person or vulnerable adult must consider whether the injury is of an accidental origin or not. Some injuries may seem insignificant by themselves, but repeated injuries, even of a very minor nature, especially younger children, may be symptomatic of child abuse, and if no action is taken, they may be injured more seriously. It must be emphasised that if child abuse is suspected thorough medical assessment must be taken without delay. This can be best achieved by either presenting the young person or vulnerable adult to the accident and emergency department at the Local Hospital.

Physical Injury of a person can take many forms and may include:

- Bruises.
- Fractures.
- Scalds.
- Burns.
- Welt's and scars.
- Facial or head injury.
- Bites.
- Grip marks.

This list is not exhaustive.

Neglect

Neglect is often difficult to detect, as it is usually a slow ongoing process. Professionals may, out of familiarity start to unknowingly tolerate lessening standards of childcare/adult care, and each one of us has different parameters of what is acceptable and unacceptable. It is therefore essential that a regular, objective appraisal of the young person or vulnerable adult's presentation and condition is made.

Measuring neglect is always difficult and may require close co-operation between health and social service professionals. Standards and expectations of childcare vary greatly throughout society. Care must be taken not to impose personal standards of acceptability and judgement will always be required in considering the possibility of physical neglect. When in doubt professional advice, must be sought.

Neglect may occur in many ways. Clear examples may be:

- Injuries caused by lack of reasonable supervision and control
- Failure to ensure the safety of young people/vulnerable adults in public places
- Failure to provide a reasonable standard of care such as adequate clothing, food or seeking medical attention for illness

Sexual Abuse

Sexual abuse is defined as the “involvement of dependent, develop mentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles” (Kempe and Kempe 1978).

Sexual abuse covers both sexual intercourse and other forms of sexual activity, including fondling, mutual masturbation and pornographic activity. It may be committed not only by an adult but also, in exceptional circumstances, by another child.

The suggestion of sexual abuse must always be taken seriously and reported. Sexual abuse is now recognised as being widely prevalent. It occurs at all ages and in all economic and social groups. The way in which sexual abuse may become apparent will vary in accordance with the age and understanding of the young person or vulnerable adult. Sometimes there will be a clear and direct statement but some young person or vulnerable adults prefer to tell a friend or hint rather than describe the abuse. Some young people will be unable to express the abuse verbally but their behaviour will indicate inappropriate sexual knowledge or preoccupation with sexual matters. It is also possible that other behavioural changes or physical symptoms, which are not in themselves sexual, will be indicators of the need for further investigation. Sometimes youngsters may reveal sexual abuse without necessarily understanding or responding to its significance.

Sometimes there are psychological or behavioural signs or symptoms, which may indicate sexual abuse these are:

- Sexualised behaviour.
- Sexualised drawings or play.
- Sudden decline in academic performance.
- Regression.
- Low self-esteem.
- Psychosomatic disorders.
- Suicidal acts or threats.
- Promiscuity or precocious behaviour.
- Eating disorders.
- Sleep disturbance and nightmares.
- Depression.
- Absconding or running away.

Emotional abuse

Emotional abuse can exist on its own. Emotionally abused young people and vulnerable adults are not necessarily physically abused as well. It is found in young people or adults where behaviour and emotional development have been severely affected.

Emotionally abused people find their needs met with indifference, hostility or in an inconsistent manner. This may include verbal hostility, ridicule, sarcasm, shaming, belittling, frightening, threatening or tantalising. This may lead to cruel treatment, like locking young people in their bedrooms, or making unrealistic domestic demands on them. Sometimes basic needs like food, warmth or clothing are withheld as punishment.

Cyber abuse

Cyberbullying may be defined as ‘the use of electronic communication, particularly mobile phones and the internet, to bully young people or a vulnerable adult, typically by sending messages of an intimidating or threatening nature: young people or a vulnerable adult may be reluctant to admit to being the victims of cyberbullying’. It can take a number of different forms: threats and intimidation, harassment or ‘cyber-stalking’ (e.g. repeatedly sending unwanted texts or instant messages), sexting (e.g. sending and receiving sexually explicit messages, primarily between mobile phones) vilification/defamation, exclusion/peer rejection, impersonation, unauthorised publication of private information/images and ‘trolling’ (abusing the internet to provoke or offend others online). It can be an extension of face-to-face bullying, with technology providing the bully with another route to harass their target.

Financial/Material abuse

Financial abuse is: “The unauthorised and improper use of funds, property or any resources belonging to another individual”. Financial/Material abuse can occur in isolation; however, where there are other forms of abuse suspected there is likely to be financial abuse occurring as well. Although this is not always the case, all staff should be aware of this possibility.

It includes:

- Theft, fraud and exploitation
- Pressure in connection with money
- Unexplained withdrawals from an account
- Lack of heating, clothing, or food
- Misuse or misappropriation of possessions, savings, capital or benefits.

Other forms of abuse can include:

- County Lines
- Homophobic or transphobic abuse
- Gender based violence

- Honour based violence
- Modern day slavery
- Peer on peer or child on child abuse
- Gang activity or violence
- Domestic violence
- Cuckooing
- Child Sexual Exploitation (CSE)
- Forced Marriage

Recognition of Abuse

As child/adult abuse is so widespread all staff working at the site of Excell for Training must be alerted to the possibility of abuse and should know the procedures for reporting their suspicions. An apparently minor injury or series of minor injuries or non-specific illness over a period of time may indicate a more serious situation and further investigation must be considered.

When a child/adult attempts or threatens suicide, or inflicts any form of self-harm by injury, refusal of food or self-neglect, the underlying cause must always be carefully investigated and the possibility of some form of abuse by another person should be borne in mind, even when there is no immediate evidence of this. Where abuse by another person is suspected it must be reported at once.

Some injuries will not be the result of abuse, however, action must be taken when the nature of the injury is not consistent with the account of how it occurred or where there is a definite knowledge or reasonable suspicion that the injury is inflicted (or knowingly not prevented) by any person having care of the young person or vulnerable adult.

Procedure

Specific procedures for management and staff in the event:

1. A learner tells you they have been abused
2. You are aware of or suspect that a learner has been abused
3. Someone other than the accused reported abuse or suspected of use of a service user.

A learner tells you they have been abused

Listen and observe carefully making an accurate record of what they said using the person's own words. This should not be in the form of an interrogation. It is to ensure that learners feel confident that they will be listened to and any allegation will be taken seriously. It is important to remember

that police may require the statement at a later stage. You should advise the person making the allegation that you are required to report what they say to the DSL.

You are aware of, or suspect, that a learner has been abused

In the first instance you should report your suspicions verbally to your line manager at the first available opportunity. If the Manager is not available, you should report your suspicions to the DSL. You will then be required to write down your suspicions giving the precise and detailed grounds on which your suspicions are based. It will be necessary to explain what you think has happened and give any other evidence you have to support your suspicion.

Someone, other than the abused, reports abuse or suspected abuse of the learner

You must write down exactly what the people say in their own words. All allegations of abuse must be taken seriously, regardless of the source of information. This includes those made anonymously.

Written records

All written records are strictly confidential and should not be disclosed except to others to whom a report of the allegation is made.

Reporting allegations

The reporting of the allegation of abuse should be done immediately following the disclosure; initial action should be taken to make sure the person is safe and at no further risk from the alleged perpetrator. Where an allegation or suspicion of abuse is in connection with a member of staff, then that person is to be suspended from duty without prejudice pending further investigation.

The reporting form can be found at the end of this document or on the server under the following location: Server-Company, Data-Excell for Training, Documents, 2013-Alleged Abuse Form

Further action

Following an allegation of abuse the DSL of the company must be informed and notify the registration authority no later than 24 hours from that time of the occurrence of any event in the centre which affects the well being of any service user.

Informing the police and photographic evidence

Abuse of any person by another person is a criminal offence. The decision to consider involving the police immediately should be taken at this stage in collaboration with the social services department. All local authority social service departments operate an "out" of hour's emergency duty service. Contact should be made through their service for reporting outside of normal office hours.

Recording

Clear, precise and accurate notes or reports should be made of all decisions taken outlining the reasons behind the decisions, and subsequent action. This must include times, dates, person's present/ contacted and their job title. It should be signed as a true record of events.

Do's and don'ts

Do's:

- Believe the person.
- Stay calm.
- Listen patiently
- Reassure the person that they are doing at the right thing in telling you.
- Explain what you are going to do so, if necessary, you'll get emergency medical treatment, you would treat the information seriously, you will report to the appropriate manager and you and the manager will take steps to protect the individual.
- Report to the DSL as soon as you can.
- Write a factual account of the conversation you had with that the individual as soon as you can. Try as far as possible to write down the person's own words. This report should be given to your manager; it may later be used as part of a legal action.

Don'ts:

- Do not appear shocked, horrified, disgusted or angry.
- Do not press the individual for details (it is not your job to launch into investigation).
- Do not make comments or judgments, other than to show sympathy and concern.
- Do not contaminate or remove possible forensic evidence. If the reported incident has happened very recently it may still be possible for the police to obtain forensic evidence. Do not allow the person to have a wash, a bath/shower, or food or drink until after the medical examination.
- Do not promise to keep secrets - you have a duty to pass on the information to the appropriate person.
- Do not give sweeping reassurances such as, " now you have told someone this will never happen to you again " - no one can give such a guarantee.
- Do not confront the alleged abuser



Drafted by: Rachel Priest

18/04/2022

Agreed & Signed by: Steven Boyd

18/04/2022



Alleged Concern Form

Name of Person Completing the Form: _____

Name of Alerter: _____

Date Reported: _____

Date alleged concern took place: _____

Time: _____

Nature of Alleged Concern.

Where there any other people present? Yes No

Action taken by the referrer.

Date closed: _____

By (Name): _____ ***Signature:*** _____