

## **Safeguarding Policy**

### **Statement and Protocol**

Derwen College has a statutory and moral duty to ensure that the college functions with a view to safeguarding and promoting the welfare of those receiving education and training at the college. Under the Children Act 1989 colleges have a duty to promote and safeguard the welfare of children and young people less than 18 years of age. Within our further education setting this duty of safeguarding extends to the adults with care and support needs in our care who are 18 and above, the legal framework being the Care Act 2014. Derwen College recognises its staff may have incidental contact with children and adults with care and support needs even when they are not students of the college and wishes to emphasise that safeguarding is everybody's business. The curriculum, with its strong emphasis on vocational, independent living and personal development extends students' skills and experiences to reduce their vulnerability in work and in the community. Derwen College expects all employees to be vigilant about child and adult safeguarding concerns and raise these concerns in line with this policy.

### **Safeguarding and promoting the welfare of children is defined as:**

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes (HM Government, 2015)

Under the Education Act 2002 governing bodies of FE providers have a statutory duty to make arrangements to safeguard and promote the welfare of children.

### **Safeguarding adults is defined as:**

"Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances" (Department of Health, 2016:14.7).

### **When to use Child or Adult Safeguarding Procedures**

Child safeguarding procedures should be followed when Derwen College has concerns about significant harm of a student (or other young person under 18 years of age).

Safeguarding adult duties apply to an adult (18 and over) who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
  - is experiencing, or at risk of, abuse or neglect
  - as a result of those care and support needs is unable to protect themselves from either the risk of,  
or the experience of abuse or neglect
- (Department of Health, 2016: 14.2)

### **A student is 18 or over but still receiving a Service from Children Services**

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In such cases it should be raised with adult safeguarding but local authority’s children’s safeguarding colleagues should be informed (and involved if appropriate). The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply, i.e. the conditions in the Care Act Statutory Guidance (14.2) are met see **Child and Adult with Care and Support Needs** above) (DoH, 2016:14.5).

**Abuse**

The Care Act does not provide a definition of abuse however it may be regarded as the misuse or exploitation of a student, through physical, psychological or emotional, financial or sexual abuse. It may involve neglect by a member of staff, parent, and other adult or community member or self-neglect. In addition, the Care Act outlines other areas of potential abuse such as domestic abuse, modern slavery, organisational abuse or discrimination.

Because of their physical and emotional problems many students are vulnerable to abuse from others. In the college environment this may include more dominant students or even members of staff. In the wider community this will include other adults including their own parents, step-parents or foster parents and community members.

<b>Categories of Abuse</b>	
<b>Children</b>	<b>Adults</b>
Neglect Physical – including fabricated and induced illness Emotional – including witnessing domestic abuse Sexual – including child sexual exploitation	Physical Psychological Sexual Neglect or acts of omission Financial or material Domestic Abuse Modern slavery Self-neglect Discriminatory Organisational
<b>Other areas of abuse</b>	
Peer on Peer Female Genital Mutilation	Radicalism / extremism Forced Marriage Trafficking

See appendix 1 for an overview of examples and indicators of abuse

**Risk Assessment**

The individual student risk assessments are held on the college database providing information to support the management of risk in delivering the student’s individual learning programme. The aim is to ensure that the balance of risk against achieving progression remains central to the work of the college, teaching students to become less vulnerable, more skilled and increasingly independent within the community.

Through admission and continuous individual student risk assessments the college identify students who may be considered more vulnerable due to their physical and emotional problems and levels of understanding of risks. The Student Services coordinators maintain these risk assessments in conjunction with various key staff including the Online Safety Officer who ensure that the documents, which are accessible on the college network, remain responsive to student progression and support requirements. These records include quantifying level of risks and college actions to address them. The college support all vulnerable students, the lead for looked after children in college is the Safeguarding Manager.

### **Learner Voice**

Students have a range of opportunities to express their views and opinions about issues relating to safeguarding. The Student Council is the most formal route available to them and many issues are raised through the termly meetings specifically around safeguarding issues (minutes available on the college database.)

On an individual basis, students have easy access to their personal tutors who along with student liaison will monitor and support students. Safeguarding issues may be discussed including any issues relating to online safety are addressed by the specialist staff support in the Bradbury Centre.

### **Roles and Responsibilities**

Safeguarding and promoting the welfare of adults and children is **everyone's** responsibility. In order to fulfil this responsibility effectively all professionals should make sure that their approach is considering the best interest of the child or adult with care and support needs. All employees at Derwen College have a role to play in safeguarding students and we work to make safeguarding personal. This means that it should be person led and outcome focused by engaging the person in conversation about how best to respond to their safeguarding situation and to engage and involve them throughout the process. This will enhance their involvement, choice and control as well as improving quality of life, well-being and safety.

### **Staff responsibility**

Every member of staff is responsible for reporting any suspected abuse or disclosure by any student to one of the nominated staff. By ensuring that all concerns or disclosures of abuse are recorded and reported in line with policies and records passed to safeguarding team, this can ensure that we are able to implement any early help that can reduce risks to all involved. Early help means that any issues are raised and looked at how support and those around can be proactive and help can be provided as early on in the victim's life. It is not the responsibility of college staff to decide whether a student is being abused, but all members of the college staff have a responsibility to act on their concerns if they suspect that abuse is taking place.

### **See Appendix 2 for flow charts a, b, c for referral process**

The following staff have **specific responsibilities** -

The **Designated Safeguarding Lead** (DSL) with lead responsibility for safeguarding issues is the Senior Safeguarding and Registered Manager – **Paul Bradshaw**.

The DSL has a key duty to take lead responsibility for raising awareness across all staff of issues relating to the welfare of young people and the promotion of a safe environment for the students within the college.

The DSL has received training in safeguarding issues and inter-agency working, and will receive refresher training at least every two years.

The designated senior member of staff is responsible for:

- Overseeing the referral of cases of suspected abuse or allegations to the relevant investigating agencies
- Providing advice and support to other staff on issues relating to safeguarding
- Maintaining a proper record of any protection of young people referral, complaint or concern (even where that concern does not lead to a referral)
- Ensuring that parents of young people within the college are aware of the college's safeguarding policy
- Liaising with the Local Authorities and other appropriate agencies

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- Ensuring that staff receive basic training in safeguarding issues appropriate to their roles and are aware of the college safeguarding procedures

**Other designated staff members**

In the absence of the Designated Safeguarding Lead, the following members of staff are also trained in this area and have responsibility for safeguarding issues:

Director Clinical & Therapy Services & Reg Man	Karen George
Safeguarding Manager	Charlotte Percival
Senior Safeguarding and Registered Manager	Paul Bradshaw
Online Safety Officer	Emma Dodd

There is a specific safeguarding poster “Be Safe in College” informing both students and staff who is part of the Safeguarding Team which includes a generic email contact for the Safeguarding Team.

**Safeguarding Manager**

The Safeguarding Manager is responsible for the following in relation to any safeguarding issue;

- overseeing the referral of cases of suspected abuse or allegations to all agreed relevant agencies
- providing advice and support to other staff on issues relating to protection of the students
- providing support and debrief for staff following disclosure.
- maintaining a proper record of any protection of young people referral, allegation, disclosure or concern (even where that concern does not lead to a referral)
- ensuring that parents of children, students within the college are aware of the college’s safeguarding policy & procedures
- liaising with the Local Authority, Shropshire Safeguarding Children’s Board, Keeping Adults Safe in Shropshire Board, CQC and other appropriate agencies

**Designated Governor(s)**

The designated governor(s) or co-opted members of the committees with responsibility for safeguarding issues are; Irene Gull, Peter Jones, Barbara Court and Helen Owens.

The designated governors / co-opted members are responsible for liaising with the Director Student Support and the senior designated staff with lead responsibility over matters regarding safeguarding including:

- ensuring the college has procedures and policies in place which are consistent with guidelines
- ensuring the governing body considers the college policy on safeguarding each year
- ensuring that each year the governing body is informed of how the college and its staff have complied with the policy, including but not limited to a report on the training that staff have undertaken

The designated governors / co-opted members are responsible for overseeing the liaison between agencies, e.g. police, social services in connection with allegations against the CEO/Dep. CEO and/or the senior designated staff member with lead responsibility.

This will not involve undertaking any form of investigation, but will ensure good communication between the parties and provide information to assist enquiries.

### **Safeguarding and Prevent Committee**

Purposes of the Committee:-

- monitor the promotion of the welfare of students and protect them from harm
- ensure that college provides a safe environment for all students to learn
- ensure that management, staff and college Governors/co-opted members of Governing committees are aware of their collective responsibilities in relation to safeguarding
- identify staff responsibilities in dealing with reports or suspicions of abuse and to provide clear and robust guidance on how to handle these concerns
- encourage good practice in all aspects of the promotion and protection of all students
- ensure that all College's safeguarding policies are reviewed but not necessarily to review them itself and impact assessed according to the review timetable
- policies which fall within the terms of reference of another group may be referred for review by that group.
- advise of changes that may be required to current policies
- recommend and draft new policy proposals

### **Young People and Adults with care and support needs protection procedures**

If a member of staff has a concern or a student tells a member of staff that he/she has been abused in any way, the staff should:

- stay calm, do not interrupt
- listen carefully to the student without any prompting or leading questions
- reassure the student that they are being taken very seriously
- only ask questions to identify what is being told, not ask for details
- ask only open questions – questions that cannot be answered “yes” or “no”
- **do not promise the student that what they disclose will be kept totally confidential.** Staff should explain that in order to help them this will need to be discussed with a member of the safeguarding team.
- take them seriously; it will have taken a lot of courage to tell someone. Reassure them that they have done the right thing in telling someone and thank the student for this
- not try to establish whether or not the student is telling the truth. It is their job to pass on the concerns
- not interview the young person, but question normally and without pressure, in order to ensure understanding of what is being told
- not investigate concerns or allegations
- record clearly what the student has said, this should be in the students own words and should not contain any opinions of staff.
- report them immediately to one of the college Safeguarding Team, passing on copy of written record made.

Information relating to actual, suspected or alleged abuse should be treated with the utmost care. The designated member of staff should ensure that information is shared only with those staff who need to be aware of it. No-one should be given more information than is necessary to support the young person or adult with care and support needs.

The legislation for safeguarding adults and children requires agencies to work co-operatively to protect the welfare of adults and children. Whilst local authorities and the Police the responsibility for carrying out enquiries (or causing others to carry them out) and investigations in relation to adult and child safeguarding matters, all those who come into contact with our students have a duty of promoting and safeguarding adults with care and support needs and children.

### **Reporting and dealing with allegations of abuse against a member of staff**

If the suspected / alleged abuse involves a staff member safeguarding will work with HR to address the situation in a proportionate manner, in some instances formal disciplinary processes may need to be instigated.

If it is agreed an internal HR investigation should take place, or Derwen College is asked to carry out a section 42 safeguarding adult's enquiry by the local authority, the Safeguarding Manager will inform the adult/young person/people or parent/carer making the allegation that the enquiry or other investigation will take place and what the likely process will involve. The HR investigation will be conducted in accordance with the existing staff disciplinary procedures including confidentiality. The disciplinary review panel will include governor representatives.

As a result of any disciplinary investigation or enquiry the DSP and nominated governor with lead responsibility will review the process and identify whether there are any matters arising from it that could lead to the improvement of the College's procedures including training needs of staff.

### **Referrals to the Disclosure and Barring Service (DBS):**

The Safeguarding Vulnerable Groups Act 2006 (SVGA) places a legal duty on Regulated Activity Providers (employers, volunteer managers and personnel suppliers) to refer any person who has:

- Harmed or poses a risk of harm to a child or vulnerable adult;
- Satisfied the harm test; or
- Received a caution or conviction for a relevant offence.

This process is in addition to local safeguarding processes and the importance of this process is underlined in the Care Act Statutory Guidance (2016). Derwen College takes its duty to refer individuals to the DBS for a barring decisions seriously as part of its wider safeguarding role and duty in addition to undertaking appropriate vetting and barring checks on staff.

### **Reporting Adult or Child Safeguarding Concerns to the Local Authority in Shropshire First Point of Contact (Shropshire) 0345 6789021**

**Emergency Duty Team** (Social Work Emergency out of hours)  
**Shropshire** 0345 678 9040

### **Whistleblowing**

Whistleblowing is the act of speaking out about wrongdoing in the workplace in order to enable the issue to be addressed. In some instances it may be necessary for staff to report the practice of a colleague including criminal activity or the abuse of students. All staff should be familiar with the Public Interest Disclosure Policy (Whistleblowing Policy).

In addition to the Derwen College policy the NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

### **Staff Training**

The college provides appropriate training that will allow staff working with students, in line with their role, to be fully aware of their responsibility to safeguard and promote the welfare of children and vulnerable adults.

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The college is committed to carrying out an annual update for all staff and college Governors through training events.

Training has included:

- Safeguarding ETF Level 1 online assessment
- Prevent ETF Level 1 online assessment
- Safeguarding Level 1 Awareness Raising
- MCA & DoLS awareness
- Online Safety
- SSCB Raising awareness in safeguarding
- Safeguarding & professional boundaries

As part of their induction, all new care staff have training on the student protection policies in line with the Codes of Practice of the General Social Care Council, a copy of Part one of Keeping Children Safe and complete safeguarding and prevent on line training. SSCB Training is delivered in house by SSCB approved staff trainers. Refer to training matrix at end of this section. All care staff receive update on safeguarding developments through emails.

**Governor awareness and training**

The Senior Safeguarding and Registered Manager has completed training on student protection issues at Governor's meetings ensuring that they are able to assess and monitor risk, with recent examples being:

- case study scenarios relating to Children & adults with care and support needs
- review and impact assessment of student policies
- Safeguarding level 1 introduction
- ETF Safeguarding Level 1 online Assessment
- Prevent

The College Governors receive an annual report from the Director Student Services which reviews how the duties have been discharged.

**Other Relevant Policy and Procedures**

This policy should be read in accordance with the following related College Policies and Procedures which are all available on SharePoint:

- Adult Safeguarding: Multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands
- Anti-bullying Policy
- Anti-Bribery and corruption
- College Trip Procedures
- Complaints Policy
- Confidentiality Policy
- CPD Programme – including Safeguarding Adults and Protection of Children training
- CQC Notifications Policy
- Data Protection Policy
- DBS Policy
- Duty Manager Procedures
- Duty of Candour Policy
- Disciplinary and Grievance Policy
- Equal Opportunities Policy
- Fit and proper persons
- Freedom of Speech Policy
- Health & Safety Policy (intranet)
- IT Policy

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- Managing Challenging Behaviour Policy
- Public Interest Disclosure Policy (Whistle Blowing)
- Prevent Policy
- Professional Boundaries Policy
- Race Equality Policy
- Reporting and recording serious incidents
- Risk Management Policy
- Sanctions Policy
- Self-assessment
- Sexual Health Policy
- Staff Appraisal and review
- Staff Induction Policy
- Staff Recruitment Policy
- Swimming Pool Procedures

What else in place at College to ensure the safeguarding of students?

- Safe recruitment of staff
- Individual student risk assessments, regularly reviewed and updated
- Visitor guidelines and procedures
- Health & Safety procedures including external audit
- RIDDOR referrals, accident reporting process
- Anti – bullying measures
- online safety procedures and student awareness training
- Personal Development programme
- Sport and enhancement programme
- Comprehensive work experience programme
- Teaching and learning strategy
- Counselling and pastoral support
- Personal tutorial support
- Regular Safeguarding training for all staff as part of CPD programme
- College Safeguarding & Prevent Committee
- Safeguarding Manager in Shropshire Colleges Safeguarding group
- College Governors with specific responsibility for Safeguarding issues
- Environment and Ethos – “Safe and Supportive”

**Key guidance and legislation for children and adults with care and support needs includes:**

- The Children Act (1989 and amendments)
- The National Health Service and Community Care Act 1990
- Care Act 1990
- Care Act (2014)
- Care and support statutory guidance
- Disability Discrimination Act 1995
- Carer’s (Recognition and Services) Act 1995
- The Education Act (2002) Section 175
- Sexual Offences Act 2003
- Domestic Violence, Crime and Victims Act (2004) amended (2012)
- Serious Crime Act (2015)
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act (2012)
- Mental Health Act 1983, 2007
- Human Rights Act 1998

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- Equality Act 2010
- Safeguarding Children and Safer Recruitment in Education DfCSF 2012
- Guidance for Safer Working Practice for Adults who Work with Children and Young People in Education Settings DfCSF 2015
- Working Together to Safeguard Children 2018
- Ofsted Handbook for Inspection of FE 2018
- Keeping children safe in Education 2018

**Policy References**

Care Act (2014) <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Department of Health (2016) *Care and Support Statutory Guidance Issued under the Care Act 2014*. London: Department of Health.

HM Government (2015) *Working together to safeguard children*

*A guide to inter-agency working to safeguard and promote the welfare of children*. London: HM Government.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

West Midlands Adult Safeguarding Editorial Group (2016) *Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands*. 1<sup>st</sup> September 2016. <https://new.shropshire.gov.uk/adult-social-care/where-can-i-get-help/concerned-about-someone/>

**Mandatory Safeguarding Training Matrix**

College role	Training Required	How often training is completed ?	Duration of training
Governor with Safeguarding responsibility	<ul style="list-style-type: none"> <li>• Bespoke Governor Child Protection training</li> <li>• Basic Awareness training update.</li> </ul>	3 years	2 hours 1-3 hours
Governors	<ul style="list-style-type: none"> <li>• Basic Awareness training update.</li> <li>• At least one member of the Governing Body (preferably the Chair) must undertake Safer Recruitment training</li> </ul>	3 years	1-3 hours 1 day
Designated Senior Person	<ul style="list-style-type: none"> <li>• Safeguarding Supervision training                             <ul style="list-style-type: none"> <li>◦ <i>The lead is responsible for ensuring that appropriate staff access supervision training</i></li> </ul> </li> <li>• Basic Awareness training update.</li> </ul>	3 years	1 day 1-3 hours
Designated Safeguarding staff	<ul style="list-style-type: none"> <li>• Designated Person training</li> <li>• Designated Person Refresher training update</li> <li>• Safeguarding Board Multi-Agency training</li> <li>• Basic Awareness training update.</li> </ul>	2 years 3 years	2 days 1 day 1 day 1-3 hours
Staff involved with Recruitment and Selection	<ul style="list-style-type: none"> <li>• Safer Recruitment training</li> </ul>		1 day
All other College staff	<ul style="list-style-type: none"> <li>• Raising Awareness training, update</li> <li>• Prevent</li> </ul>	3 years	1-3 hours

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	<ul style="list-style-type: none"> <li>• Safeguarding awareness online Level 1</li> <li>• MCA &amp; DoLs</li> </ul>		
Good Practice	Additional training may be accessed by staff who wish to update their own knowledge of specific Child Protection and Safeguarding issues.		

**Appendix 1 – Examples and Indicators of Abuse (Adults and Children’s)**

Examples	Indicators
<b>Physical Abuse</b>	
<p>Hitting, being locked in a room (incl. DoLS), slapping, force-feeding, pushing, kicking, shaking, throwing, poisoning, inappropriate methods of restraint, burning, misuse of medication, scalding, suffocating, biting, unnecessary use of invasive procedures, inappropriate physical sanctions, restraint; including removal of mobility aids, use of tables to keep people seated, tilting reclining chairs, inappropriate use of medication to restrain etc. or otherwise causing physical harm to a child or adult with care and support needs.</p> <p>In children’s cases a parent or carer may fabricate the symptoms of, or deliberately induce illness in a child.</p>	<p>Burns and scalds, cigarette burns, swelling and lack of normal use of limbs, human bite marks, untreated injuries, any serious injury with no explanation or conflicting explanations, ligature marks, unexplained/explained injuries, bruises in various stages of healing, bruises inconsistent with falls, moving between agencies e.g. GP &amp; A&amp;E, unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia, changes in pattern of self-harm, reluctance to undress, history of injury, sudden and unexplained urinary and/or faecal incontinence, evidence of over/under medication, adult or child flinches at physical contact, adult or child asks not to be hurt, individual appears frightened or subdued in the presence of particular people, death.</p>
<b>Psychological Abuse (Emotional for Children)</b>	
<p>Threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying or cyber bullying, isolation or. Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, rejection or blaming behaviours, controlling, verbal abuse (including shouting or swearing), coercion, indifference, harassment, isolation, removing choice, playing mind games, unreasonable and unjustified withdrawal from services or support networks, intimidation, being exposed to the ill-treatment of another.</p> <p>Developmentally inappropriate expectations being imposed on children, interactions beyond the child’s developmental capability, as well as overprotection and limitation of</p>	<p>Untypical lack of interest, passivity or resignation, anxious or withdrawn (possibly in the presence of the abuser), untypical changes in behaviour including loss of appetite or overeating, individual is not allowed visitors or phone calls, the individual is locked in a room or their home, depression, anxiety, low self-esteem, changes to sleep patterns, untypical behaviour including aggression, manipulation or bullying of others, physical, mental and emotional development lags, acceptance of punishment which appears excessive, over-reaction to mistakes, continual self-deprecation, sudden speech disorders/language delay, fear of new situations, inappropriate emotional responses to painful situations, neurotic behaviour (such as hair twisting, thumb sucking, rocking), self-harm, fear of parents being contacted, extremes of passivity or aggression, being the scapegoat in the family, coldness/hostility/constant criticism</p>

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<p>exploration and learning, or preventing the child participating in normal social interaction.</p>	
<b>Sexual Abuse</b>	
<p>Rape, being made to perform a sexual act, assault by penetration (penetration with an object), persuasion or coercion into sexual activity, un/wanted touching, exposed to pornographic material, verbal harassment, any sexual relationship that develops between adults where one is in a position of trust, power or authority, denial of a sexual life</p>	<p>Sexualised behaviour, urinary tract infections, sexually transmitted infections, pain, itching, bleeding, unexplained problems with catheters, subdued and withdrawn, poor concentration, disclosure, significant changes in behaviour, clothing is torn, stained or bloody, a woman who lacks capacity to consent becomes pregnant, untypical use of sexual language</p>
<b>Neglect or acts of omission</b>	
<p>Failure to provide access to appropriate health, social care or educational services, failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves, not providing enough staff to meet the needs of the client group, taking "shortcuts" that result in harm, e.g. when moving and handling, bathing, ignoring medical / personal care needs, inappropriate use of continence aids, leaving someone in soiled clothes, beds, pads, missing calls and appointments, withholding of the necessities of life such as medication, adequate nutrition, heating and social contact</p>	<p>Person has inadequate heating and/or lighting, physical condition deteriorates, confusion due to dehydration, infection, hypothermia, person is exposed to unacceptable risk, callers/visitors are refused access to the person, pressure areas developing or not healing, weight loss, no access to appropriate medication or medical care, no privacy or dignity, change in appearance, poor skin and hair, smell of urine, dried faeces in pubic hair or under fingernails</p>
<b>Financial / Material</b>	
<p>Theft, fraud , exploitation, pressure in connection with Wills or property, withholding of money, misappropriation of property or benefits, bribery, unauthorised use of a person's money or property, borrowing money from service users, use of utilities, accepting gifts, who keeps the "get one free" or the "points?", doing your own shopping on the service users time</p>	<p>Lack of money, especially after benefit day, inadequately explained withdrawals, disparity between assets/income and living conditions, recent changes of deeds/title of house, items missing, Enduring/Lasting Power of Attorney obtained when the person lacks the capacity to make this decision, recent acquaintances expressing sudden or disproportionate interest in the person and their money, Personal allowance not available, Service users paying for "top ups" , Lack of food in the house, "Red" bills or services disconnected, Change in appearance (becoming dishevelled)</p>
<b>Domestic Abuse</b>	
<p>Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:</p>	<p>Low self-esteem Feeling that the abuse is their fault when it is not</p>

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<p>psychological, physical, sexual, financial. Coercive or controlling behavior is a core part of domestic violence. Coercive behavior can include: acts of assault, threats, humiliation and intimidation, harming, punishing, or frightening the person, isolating the person from sources of support exploitation of resources or money, preventing the person from escaping abuse, regulating everyday behavior. It also includes so called 'honor' -based violence, female genital mutilation and forced marriage.</p>	<p>Physical evidence of violence such as bruising, cuts, broken bones                  Verbal abuse and humiliation in front of others                  Fear of outside intervention                  Damage to home or property                  Isolation – not seeing friends and family                  Limited access to money</p>
<b>Modern Slavery</b>	
<p>Slavery, Unpaid work, No human rights, human trafficking, forced and compulsory labour, Poor living conditions, access to amenities, domestic servitude, Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.</p>	<p>forced to work - through mental or physical threat; owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse; dehumanised, treated as a commodity or bought and sold as 'property'; Physically constrained or has restrictions placed on his/her freedom of movement.</p>
<b>Self Neglect</b>	
<p>Refusal of personal care, Refusal of medication, Refusal of other interventions, inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care, hoarding</p>	<p>poor self-care leading to a decline in personal hygiene; poor nutrition; poor healing/sores; poorly maintained clothing; long toenails; isolation; failure to take medication; hoarding large numbers of pets;</p>
<b>Discriminatory</b>	
<p>comments or jokes that are racist, sexist, homophobic, ageist or based on a person's disability, any other form of abuse based on prejudice, not providing for an individual's cultural or religious beliefs, not providing accessible services , ignoring sexual orientation of service users, intentional and/or unintentional withholding of information, e.g. information not being available in different formats/languages, name calling, belittling, no treatment because</p>	<p>Observation of oppressive practice, service user isolated from others, service user stops "practising" their beliefs, person stops asking for needs to be met, changes behaviour to fit in with group, physical health deteriorates, withdrawal</p>

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<p>“they’ve had a good innings”, not providing for people’s spiritual needs</p>	
<p><b>Organisational</b></p>	
<p>Discouraging visits or the involvement of relatives or friends                  Run-down or overcrowded establishment                  Authoritarian management or rigid regimes                  Lack of leadership and supervision                  Insufficient staff or high turnover resulting in poor quality care                  Abusive and disrespectful attitudes towards people using the service                  Inappropriate use of restraints                  Lack of respect for dignity and privacy                  Failure to manage residents with abusive behavior                  Not providing adequate food and drink, or assistance with eating                  Not offering choice or promoting independence                  Misuse of medication                  Failure to provide care with dentures, spectacles or hearing aids                  Not taking account of individuals’ cultural, religious or ethnic needs                  Failure to respond to abuse appropriately                  Interference with personal correspondence or communication                  Failure to respond to complaints</p>	<p>Lack of flexibility and choice for people using the service                  Inadequate staffing levels                  People being hungry or dehydrated                  Poor standards of care                  Lack of personal clothing and possessions and communal use of personal items                  Lack of adequate procedures                  Poor record-keeping and missing documents                  Absence of visitors                  Few social, recreational and educational activities                  Public discussion of personal matters                  Unnecessary exposure during bathing or using the toilet                  Absence of individual care plans                  Lack of management overview and support</p>

**Additional areas to consider**

**Forced Marriage**

There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the family of both spouses takes a leading role in arranging the marriage but the decision to accept the arrangement or not remains with the prospective spouses. In forced marriage, one or both spouses do not, or through lack of capacity cannot, consent to the marriage. The definition of forced marriage stipulates that duress, including physical, psychological, sexual, financial and emotional pressure, is a factor. If staff suspect that a

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student is being placed in a potential forced marriage situation, they should contact the DSP immediately. Source: Forced Marriage and Learning Disabilities: Multi-agency practice guidelines

**Peer on Peer**

This can be hard to detect as students have changeable in their relationships and with each other. If there is a large difference in power (for example age, size, ability, development) between the young people concerned; or the student has repeatedly tried to harm one or more other children; or there are concerns about the intention of the student. Peer on peer abuse can be across other forms of abuse and can be done through different mediums including cyber bullying, harassment and sexting. Peer on Peer abuse will be taken seriously and will not be accepted as “banter” or “messaging about”

**Female Genital Mutilation** Page 13 of 17

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.

**Radicalism / extremism**

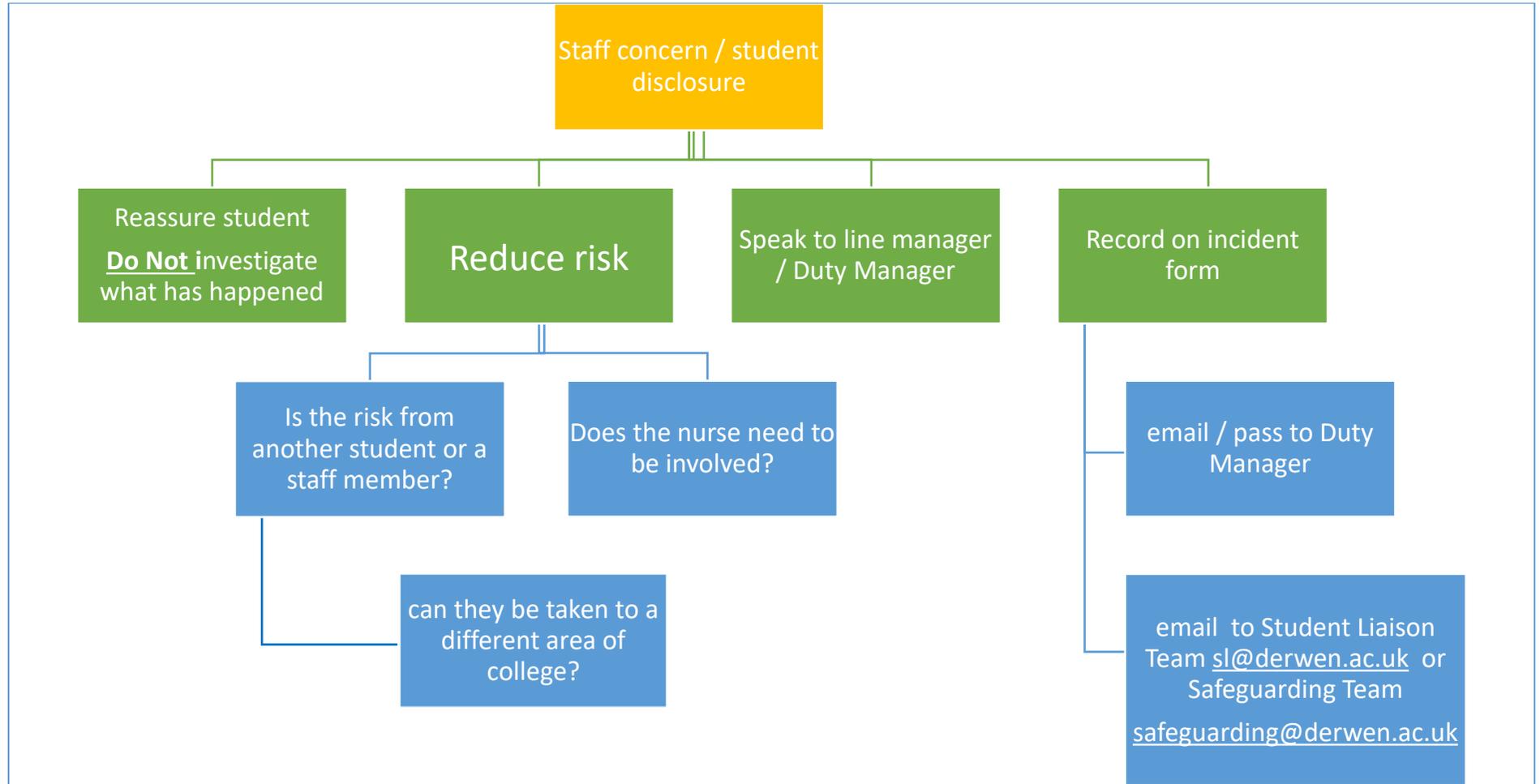
Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. (Further guidance in Prevent Policy)

**Honour-based violence**

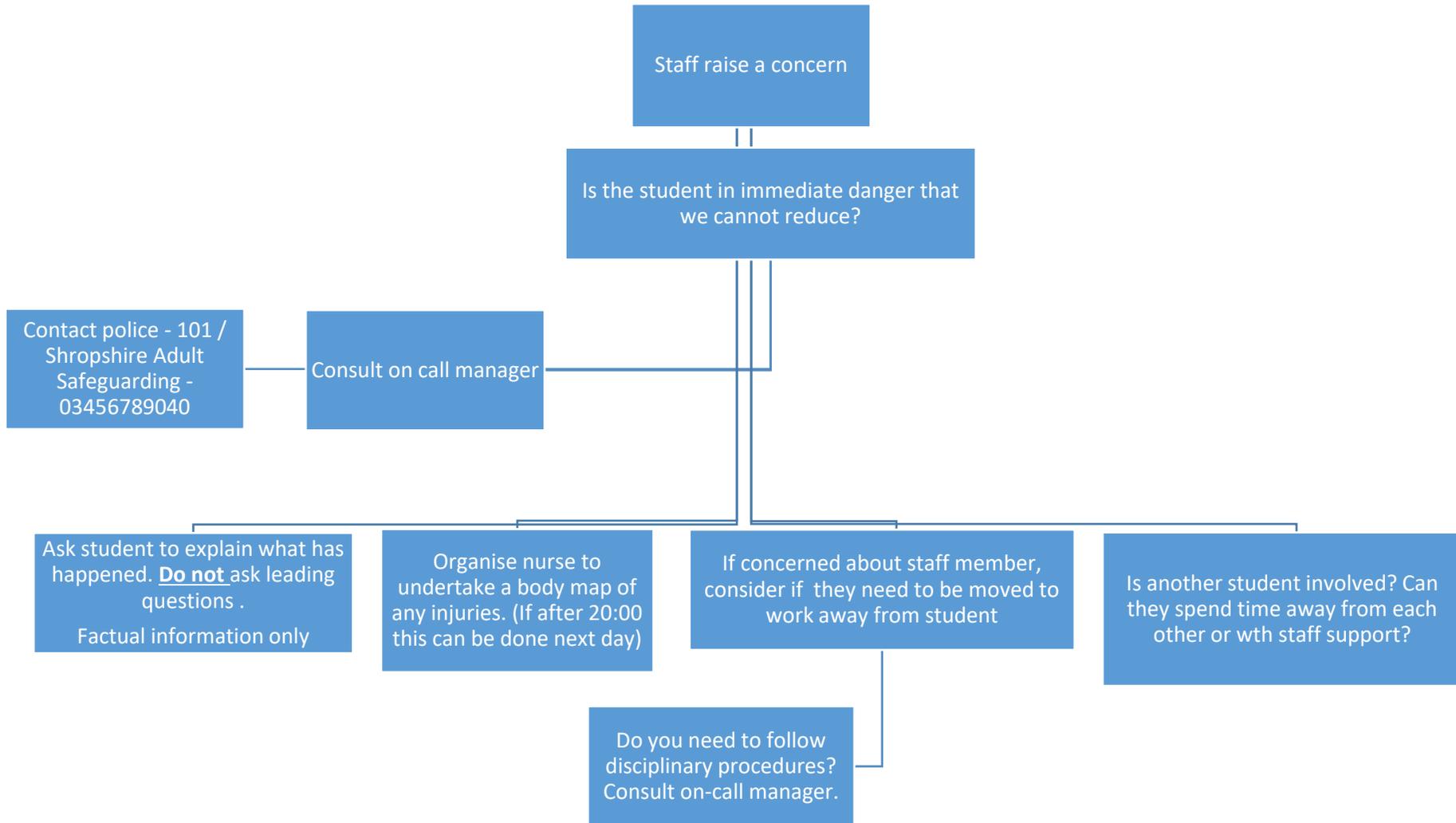
Is a crime, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Many of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help. Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person’s reports. If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

APPENDIX 2

Flow Chart (a) – Staff actions if they have a concern or receive a student disclosure



**Flow Chart (b) - Duty Manager actions to take if concern raised**



### Flow Chart (c) - Safeguarding Procedure

