**Safeguarding & Prevent for Children and Vulnerable Adults Policy**

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1. **General Policy Statement**

We want all our students to be safe and feel protected. Skills Consultants are committed to safeguarding, the Prevent strategy and promoting the wellbeing of children, young people and vulnerable adults giving the highest priority to their safety and welfare in order to enable them to maximise their ability to ‘enjoy and achieve’. All our staff have a responsibility to recognise, identify and respond to signs of abuse, neglect, extremism and other safeguarding concerns, including those associated with our due regard to prevent people from being drawn into terrorism, relating to all our students, ensuring that we are protecting our young people from maltreatment and preventing impairment of their health or development and that they are growing up in circumstances consistent with the provision of safe and effective care.

**1.1 Staff member: how to respond if a student discloses an alleged incident:**

Make a record of the event:

* PLEASE DO NOT PROMISE CONFIDENTIALITY
* Listen carefully to what they say and how they say it
* Allow the student to explain in their own words
* Complete the Safeguarding Disclosure Form

Please record the following  
- Your name, Date & Time  
- Student Name, ID, DOB, Postcode  
- Referral Type  
- Facts of the incident i.e. place, day, time, other named individuals  
- Description of injuries observed

- Detail of action taken and signed by the person completing the report

- Report emailed to the Designated Safeguarding Lead

**1.2 Safeguarding students aged under 16**

* If pre-16 students attend any session delivered by Skills Consultants all allegations or suspicions of abuse must be reported in line with our safeguarding procedures and the Designated Safeguarding Lead should also be notified. The student must be informed that the information will be passed to someone else within Skills Consultants and possibly also to Children’s Services.
* A member of the Safeguarding team will liaise with the authorities, as appropriate, ensuring that the matter is reported to the appropriate investigating agency. A written record of any discussions/referrals will be made.

**2. Detecting Safeguarding & Prevent concerns**

Safeguarding is everyone’s responsibility and all Skills Consultants staff should make sure that that they stay alert to the signs and indications and question the behaviour of young people and parents/carers and don’t necessarily take what you are told at face value. You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting young people.

|  |  |
| --- | --- |
| **Safeguarding incl. Prevent examples** | ***Signs to look out for*** |
| Neglect, including acts of omission | *Drop in attendance* |
| Grooming | *Troubling or changes in behaviour* |
| Physical abuse | *Excessively withdrawn* |
| Sexual abuse | *Fearful or anxious about doing something wrong* |
| Emotional abuse | *Frequent, unexplained injuries* |
| Psychological abuse | *Clothes that are dirty/ill-fitting* |
| Being drawn into radicalisation and/or terrorism | *Arrives without adequate clothing such as no winter coat* |
| Bullying, including on-line and prejudice-based bullying | *Being angry or aggressive* |
| Racist, disability and homophobic or transphobic abuse | *Evidence of self-harm* |
| Gender-based violence/violence against women and girls | *Dismissive/non-responsive to your concerns* |
| Child sexual exploitation and trafficking | *A reluctance to go home* |
| The impact of new technologies on sexual behaviour | *Talk of running away* |
| Teenage relationship abuse | *Unexplained new possessions* |
| Substance misuse | *Misuse of drugs and alcohol* |
| Issues that may be specific to a local area or population | *Failure to seek basic healthcare* |
| Domestic violence | *Making efforts to avoid specific family members or friends* |
| Female genital mutilation (FGM) | *Having older sexual partners* |
| Forced marriage | *It is important that a warning sign doesn’t automatically mean abuse is taking place* |
| Fabricated or induced illness | *Strange or inconsistent patterns of illness* |
| Poor parenting, particularly in relation to babies and young children | *Conversations relating to poor parent/ guardianship of children* |
| Ignoring medical or physical care needs | *Poor hygiene, physical conditions untreated or worsening* |
| Private fostering | *Conversations surrounding any arrangements* |
| Withholding of medication or adequate nutrition | *Poor physical condition, illness and behaviours consistent with being malnourished* |
| Other issues not listed here but that pose an ongoing or potential risk to our young people and vulnerable adults |  |

**3. Introduction**

We require all our staff to demonstrate high standards in their management of risk, and in the active protection of children, young people and vulnerable adults from discrimination and avoidable harm by fulfilling our duties for young people under 18 in accordance with *Safeguarding Children in Education (DfE), as well as* our duties towards vulnerable adults in accordance with the *National framework of standards for safeguarding adults (*Association of Directors of Social Services), and the *No Secrets: Guidance on protecting vulnerable adults in care* (Department of Health).

This policy also fully supports the promotion of effective multi-agency working in light of the Children Act 2004 and Working Together to Safeguard Children (DfE 2013) and the guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act (2015) to have due regard to the need to prevent people from being drawn into terrorism.

Prevent is a term known to describe part of the Home Office counter-terrorism strategy and aims to stop people moving from extremism into terrorist related activity as young people are potentially vulnerable to engagement with extremist ideologies or by targeting via extremist organisations.

This policy and procedure for responding to concerns regarding the protection of vulnerable adults are incorporated within this document as although the legislative and policy base is different when responding to the safeguarding needs for adults, most of the principles and procedures for staff are the same as those for children and young people.

We will also respond appropriately to disclosers of abuse and to allegations against our staff or other adult(s). Skills Consultants view these statements as part of our core business and expects all staff, volunteers and those contracted to provide services, to share this commitment and ensure that they are aware of their own responsibilities in this regard by acting to enable the best future outcomes for all our students. We work within our local Safeguarding and Prevent multi-agencies to ensure that arrangements are in place to identify, assess and support those who are suffering or potentially suffering from harm. In doing so, we are guided by the following key principles:

* young people have a right to be safe and should be protected from all forms of abuse and neglect;
* safeguarding young people is everyone’s responsibility;
* it is better to help young people as early as possible, before issues escalate and become more damaging; and
* young people and families are best supported and protected when there is a co-ordinated response from all relevant agencies.

**4. The definition of Safeguarding including Prevent as part of the national CONTEST POLICY**

We recognise that Safeguarding actions may be needed to protect our students from harm or potential harm including actions to prevent impairment of their health and it is our intention to reduce significantly or eliminate, the potential of harm to the student’s overall wellbeing.

We are aware that responsibilities around Safeguarding and Child Protection sit alongside each other. What is raised as a Safeguarding issue may or may not become a Child Protection issue.

This policy is also intended to incorporate the Government’s strategy ’Prevent’ which forms part of the overall national counter-terrorism strategy, CONTEST.

The aim of the Prevent strategy published by the Government in 2011, is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism and it has three specific strategic objectives:

* respond to the ideological challenge of terrorism and the threat we face from those who promote it
* prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
* work with sectors and institutions where there are risks of radicalisation that we need to address

Prevent, put simply has been expressed as the need to stop people becoming involved in violent extremism or supporting terrorism, in all its forms. Prevent works within the non-criminal space, using early engagement to encourage individuals and communities to challenge violent extremist ideologies and behaviours.

Skills Consultants is not an investigating agency. Any allegation or suspicion of abuse or significant harm will normally be carried out by local Social Care Services or other agencies with statutory powers, such as the Metropolitan Police Service (MPS).

Safeguarding is not just about protecting our students from deliberate harm, neglect, failure and from being drawn in to terrorism, it also relates to broader aspects of care and education, including:

* Children, young people and vulnerable adult’s own health and safety and well-being
* meeting the needs of Children, young people and vulnerable adults with medical conditions
* providing first aid
* educational visits
* the use of reasonable force
* intimate care and emotional well-being
* online safety and associated issues
* appropriate arrangements to ensure children, young people and vulnerable adults security, taking into account the local context.

**5. The purpose of this Policy document**

The purpose is to provide a framework that informs procedures relating to our legal obligation to safeguard (including the Prevent Strategy) and protect children, young people and vulnerable adults who are suffering forms of abuse as defined in the Children Act 1989, through the application of principles outlined in the Children Act 2004 and Safeguarding Vulnerable Groups Act 2006.

This policy provides clear direction to all members of our community to ensure and Safeguarding concerns, referrals and monitoring of actions are handled sensitively, professionally and in ways that promote the welfare of our students and support their needs. The policy also makes commitment to the development of good practice and sound procedures.

We recognise that the welfare of the children, young people and vulnerable adults is paramount and that all students regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to protection from all types of harm or abuse. Working in partnership with children, vulnerable adults, their parents, carers and other agencies is essential in promoting the welfare of individuals. We know that young people want to be respected, their views to be heard, to have stable relationships with professional built on trust and to have consistent support provided for their individual needs.

Information gathered by the NSPCC indicates that young people have also said that they need:

* *Vigilance* – to have adults notice when things are troubling them.
* *Understanding and action* – to understand what is happening; to be heard and understood; and to have that understanding acted upon.
* *Stability* – to be able to develop an on-going stable relationship of trust with those helping them.
* *Respect* – to be treated with the expectation that they are competent rather than not.
* *Information and engagement* – to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
* *Support* – to be provided with support in their own right as well as a member of their family.
* *Advocacy* – to be provided with advocacy to assist them in putting forward their views.

**6. Review timing and access to this Policy**

The policy will be subject to annual review. The review will be initiated by our Designated Safeguarding lead. The policy will be published on the Skills Consultants website and will be available for all staff via our portal.

**7. Detecting Prevent concerns**

Some young people and adults may be vulnerable to radicalisation for the purpose of violent extremism. Concerns regarding radicalisation should be referred using the same procedure as for Safeguarding. Possible indicators that an individual is involved with an extremist group or cause could include:

* Changes in style of dress.
* Changes in appearance.
* Losing interest with friendship groups.
* Losing interest in activities not associated with a particular ideology.
* Behaviour becoming focused on an extreme idea or cause.
* Possession of material or symbols associated with an extremist cause
* Attempting to disseminate radicalising materials or images

**8. Detecting Safeguarding concerns (including Prevent)**

Safeguarding is everyone’s responsibility and all our staff should make sure that that they stay alert to the signs and indications and question the behaviour of young people and parents/carers and don’t necessarily take what you are told at face value.

You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting young people.

Information and advice on what to do if you’re worried a child is being abused, in the form of an extract taken from the Government publication of the same name, has been included in this policy and is also available from skills consultants directly.

**9. Responding appropriately and promptly to Student Disclosures**

Skills Consultants believe that it has a robust system to respond to disclosure or reporting of suspected and actual abuse. Our first priority should always be to ensure the safety and protection of the child or vulnerable adult. Staff Guidance is availableto ensure appropriate and timely responses to allegations of abuse or report an incident, with reporting action procedures summarised in a simple flow chart – shown on the inside cover of this document and is also available via our portal.

Key points to remember when managing a disclosure situation:

* Listen carefully.
* Do not make any judgements or communicate your personal views.
* Do not interview or question (have open dialogue).
* Inform the young person that this information is so important that it will be shared.
* Reassure.
* Keep notes.
* Remember disclosures are confidential and should only be discussed with a Designated Safeguarding Lead.
* Always contact a Designated Safeguarding Lead as soon as possible.
* Never promise to keep a secret.

Further detailed information, including the HM Government advice for practitioners *‘What to do if you’re worried about a child is being abused’* from March 2015 and the Department for Education document entitled *‘Keeping Children Safe in Education’* which includes the mandatory *“Safeguarding information for all staff”* located on the Bank together with *“Working together to safeguard children”* from March 2015.

* **If ANY member of staff recognises a concern, they have both the duty and responsibility to make their concerns known to a Director or the Designated Safeguarding Lead**.

All Students are introduced to Skills Consultants Safeguarding and Prevent procedures for disclosure during the tutorial programme as part of the induction processes.

**10. Main strands and scope of the Policy**

This Policy acknowledges the following four strands:

**10.1 Prevention**

* Providing an environment in which children, young people and adults feel safe, secure, valued and respected, feel confident and know how to approach adults if they are in difficulties
* Strategies and approaches that help develop resilience in young people through the tutorial programme
* Raising awareness of all staff of the need to safeguard children and vulnerable adults
* Ensuring that all adults within Skills Consultants who have access to children, young people and vulnerable adults have been rigorously checked as to their suitability using our safer recruitment procedures.

**10.2 Protection**

* Establishing a systematic means of monitoring children, young people and vulnerable adults, known or thought to be at risk of harm
* Establishing structured procedures to be followed by all members of our community in cases of suspected abuse or incident
* Developing effective working relationships with all other agencies involved in safeguarding students
* Accessing the most appropriate support for students who may have been abused

**10.3 Safer recruitment and training**

* Ensuring that Skills Consultants practices effective procedures for safe recruitment in checking the suitability of staff and volunteers to work with children, young people and vulnerable adults
* Ensuring recruitment information includes a child protection statement regarding Discloser and Barring Service **1** (DBS) checks
* Maintaining and reviewing a single central record of DBS checks.
* Complying with the duty of employers to inform the DBS of any individual (paid employee, volunteer or others (includes students on work placements) who poses a threat to children or vulnerable adults.
* Ensuring that all individuals (paid employee, volunteer or others) are included in the mandatory online training processes for Safeguarding and Prevent and this is reviewed/updated every year.

**1** <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

**10.4 Records and monitoring**

* Ensuring staff are aware of the need to record any concerns held about the student, the need to keep Child Protection records separate to tutorial records and other student data and in an internal online secured place when they can be passed on to other agencies if requested and required.

The policy applies to all students, staff (including agency workers) and volunteers working for Skills Consultants in all locations where education and training is delivered to children and vulnerable adults. It applies also to those situations where students are in a workplace setting undertaking vocational training or studying for vocational qualifications. The policy also covers collaborative provision and staff employed directly by contractors supplying services on behalf of Skills consultants*.*

For most purposes, a child may be defined as ‘a person who has not yet reached their 18th birthday (Working Together to Safeguard Children’ 2010). However, the Children Act 2004 defines a ‘child' as a person under the age of 18 years and covers vulnerable adults with a disability up to the age of 25. A vulnerable adult is defined as ‘a person aged 18 or over who is, or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him/herself, or unable to protect themselves against significant harm or exploitation’ (Safeguarding Vulnerable Groups Act 2006).

However, it is important to be aware that following amendments to the Safeguarding Vulnerable Groups Act 2006, by the Protection of Freedoms Act 2012, adults are no longer deemed vulnerable because of their personal attributes, characteristics or abilities. An adult is considered ‘vulnerable’ if they receive a health, personal or social care service from a professional. Personal services would include, for example, help with financial matters, feeding, washing or dressing.

We recognise the positive contribution we can make towards protecting its students from the immerging grooming issues surrounding radicalisation to violent extremism through the tutorial programme and by initiatives held within the curriculum and enrichment programmes. We will continue to empower its students to create communities that are resilient to extremism and protecting the wellbeing of particular students who may be vulnerable to being drawn into violent extremism or crime. It will also continue to promote the development of spaces for free debate where shared values can be reinforced.

No matter what an individual’s role is at Skills Consultants, each person is highly likely to encounter young people during the course of their normal working activities. Our staff are therefore in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a young person may be being abused or neglected.

Safeguarding encompasses issues such as student health and safety, bullying, arrangements to meet medical need, provision of first aid, college security, access to and use of information technology.

Our procedures for safeguarding mirror those of our Local Authority Safeguarding Children Board child protection procedures and are based upon the Local authorities Multi Agency Adult Protection Policy, Guidelines and procedures.

**Appendix 1 - Legal framework**

Skills Consultants has a statutory duty to create a safe learning environment for all, but specifically in relation to children and vulnerable adults under the Children Acts (1989, 2004 Report 2004 & 2005, DfES 2006), the Education Act 2002, The Further Education Regulations 2006 and the Safeguarding Vulnerable Groups Act 2006.

The [Counter-Terrorism and Security Act 2015](http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted) contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. Government issued guidance in March 2015 (under section 29 of the Act) for specified authorities, which they must have regard to when complying with the duty.

It is the intention of this policy, and supporting procedures, to ensure that appropriate action is taken to discharge these duties.

**A1.1 Safeguarding in relation to children and young people**

In relation to children and young people, we have adopted the definition used in the Children Act 2004 and the Department for Education (DfE) guidance document: *Working Together to Safeguard Children* 2013 (paragraph 2), which defines safeguarding and promoting children and young people’s welfare as:

* Protecting children from maltreatment.
* Preventing impairment of children’s health and development.
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
* Taking action to enable all children to have the best outcomes.

The above statutory guidance defines child protection as a part of safeguarding and the promotion of welfare. Child protection is the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**A1.2 Safeguarding in relation to vulnerable adults**

The legal and policy basis for responding to concerns regarding the safeguarding and welfare of vulnerable adults is different from that of children and young people under 18. *Working Together to Safeguard Children* 2013 only applies to children and young people until they reach the age of 18.

Government guidance in relation to adults is contained in the document *‘No Secrets’ Guidance on protecting vulnerable adults in care*, Department of Health (DoH) 2010 and the previous Protection of Vulnerable Adults (POVA) guidance (now Adult’s List guidance).Good practice guidance is also available through the Association of Directors of Social Services (ADSS) publication – Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work.

**A1.3 The definition of abuse of vulnerable adults**

The definition of abuse of adults is contained in paragraph 2.5 of *‘No Secrets’*. Abuse is a violation of an individual’s human and civil rights by another person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which she or he has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

**Appendix 2 - Allegations against staff**

All those working with students should take care not to place themselves in a vulnerable position in respect to dealing with students. All staff should be made aware of and familiarise themselves with the following documents: Staff Disciplinary Procedure and the Code of Conduct

If a student makes an allegation against a staff member, the member of staff receiving the allegation must immediately inform the Designated Lead Person for safeguarding or the CEO, who will inform the Human Resources Manager.

**Appendix 3 - Liaison with outside agencies and confidentiality**

We welcome inter-agency working to support the welfare of our students and we note that Data Protection Act and human rights law are not barriers to justified information sharing. We will share information with informed consent where appropriate but recognise that we may still share information without consent if, in our considered judgement of safety and well-being of the individual and others, there is good reason to do so.

Information sharing is mandatory through Children Act 1989 Section 47 Investigations or during Child Death Reviews or if required to do so by Court proceedings.

External agencies involved in the protection of young people or vulnerable adults should approach the College through the Senior Leads so that there is a central record and protocols for information sharing are followed. If staff are approached by a social worker, or other care professional about one of their students, they should inform the Lead staffing team as we need to check that they represent a recognised organisation.

**Appendix 4 - Including our training sub-contractors**

Although we do not subcontract, Providers covered by the Prevent duty together with subcontractors receiving more than £100,000 of SFA funding via lead providers.  Subcontractors must be aware of the Prevent duty and if we did enter sub-contracting agreements, we should ensure that any subcontractors engaged to support delivery in any way comply with the Prevent duty.  Providers must also ensure that they are not inadvertently funding extremist organisations through subcontracting arrangements.  This last requirement is a new addition to the SFA Funding Rules for 2015/16:

*‘We expect you to have robust procedures in place to ensure that subcontracting does not lead to the inadvertent funding of extremist organisations’*

(Skills Funding Agency Funding Rules 2015 to 2016 v.2, para. 17)

We will ensure that all our sub-contracting partners receiving over the above amount in annual funding, will submit prior to any funding agreement being put in place, a completed Channel Process to the satisfaction of the Safeguarding Senior Lead or their designate.

**Appendix 5 - Notifications of infectious diseases (NOIDs**)

*Concerns regarding NOIDs should be referred using the same procedure as for Safeguarding.*

Notification of infectious diseases is the term used to refer to the statutory duties for reporting notifiable diseases. This statutory notification of infectious diseases has been a crucial health protection measure in the UK for over one hundred years. The purpose of notification is to enable the prompt investigation, risk assessment and response to cases of infectious disease and contamination that present a significant risk to human health.

Health protection legislation in England has been updated from 6 April 2010 to give public authorities modernised powers and duties to prevent and control risks to human health from infection or contamination.

The main feature of the legislation is to: extend the long-standing requirement on registered medical practitioners (RMPs) to notify the proper officer of a local authority of individual cases of specified infectious diseases (notifiable diseases) by also requiring them to notify cases of other infections or of contamination which they believe present, or could present, a significant risk to human health.

The measures are contained in the Public Health (Control of Disease) Act 1984 (as amended) together with the Health Protection (Local Authority Powers) Regulations 2010 and the Health Protection (Part 2A Orders) Regulations 2010.

These powers enable a local authority to request or require action to be taken to prevent, protect against or control a significant risk to human health.

They allow local authorities to:

* require that a child or young person is kept away from school/college;
* require a Headteacher/Principal to provide a list of contact details of students
* disinfect/decontaminate premises or articles on request;

Following any reasonable grounds for suspecting or a disclosure from students/staff, the Head of Student Service and/or the Human Resources Manager should be informed.

**A5.1 List of notifiable diseases**

Examples of infections that should be notified under this provision are provided below for guidance.

* Acute meningitis.
* Diphtheria.
* Malaria.
* Measles**.**
* Meningococcal septicaemia.
* Tuberculosis (TB).

A full list available at:<https://www.gov.uk/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases>

**Appendix 6 - Roles and responsibilities**

**A6.1 Responsibilities of the SMT**

The SMT will:

* Ensure our Policy for safeguarding children, young people and vulnerable adults and associated procedures are in place and implemented to ensure the welfare of the student cohort.
* Delegate operational responsibility and implementation of procedures to a designated member of the executive team.
* Be responsible for receiving allegations against members of staff and volunteers and passing them on to the company directors.
* Receive immediate notification of any changes affecting the policy or procedures and ensure the policy is reviewed and amended as appropriate.
* If requested by the Local Authority Designated Officer, become the point of contact for communication regarding an individual safeguarding matter concerning an allegation against a member of staff unless the Principal has had the allegation made at themselves in which case the Chair of the Governing Body would be the point of contact.

**A6.2 Responsibilities of the Senior Designated Lead**

The Designated Lead will:

* Ensure that the safeguarding policies and procedures are fully implemented, and that staff fully understand their responsibilities and duties.
* Ensure that resources are allocated to enable the Designated Safeguarding Officers, and other staff as needed, to attend strategy discussion, interagency meetings and contribute to assessments.
* Ensure that there is an identified deputy to take on the above responsibilities in the absence of the Designated Lead Person for Safeguarding- normally this is the Operational Lead.
* Be responsible for receiving allegations against staff and volunteers and passing them on to the Company directors.
* Ensure that the Human Resource records details any allegations against staff and volunteers and consults with the Local Authority Designated Officer, as appropriate, in order to ensure that allegations are dealt with in an objective and transparent way.
* Ensure that the company director carries out any agreed actions with the Local Authority Designated Officer and reports on outcomes. This includes any contact and reporting to the Discloser and Barring Service.
* Collate and report on all training undertaken by the Designated Persons for Safeguarding, and all staff, together with the number of students for whom we have safeguarding concerns
* Ensure the Designated Safeguarding Officer links across the surrounding Boroughs to enable coverage of the whole student cohort.
* Chair the termly Safeguarding Operational Team meetings.

**A6.3 Responsibilities of the Designated Safeguarding Officer**

The Designated Safeguarding Officer

Ensure that child and vulnerable adult protection procedures are in place and are updated as appropriate and as advised and coordinate safeguarding practices across all sites.

* Oversee the referral of cases of suspected abuse or allegations to the relevant investigating agencies.
* Ensure that detailed and accurate written records are kept, even where that concern does not lead to a referral.
* Ensure that all such records are kept confidentially and securely.
* Maintain a centralised record of all safeguarding activity.
* Act as a focal point for staff concerns and liaison with other agencies and professionals.
* Lead a team of nominated Safeguarding and Prevent Duty Officers who act as points of contact for staff on child and vulnerable adult protection issues.
* Ensure that all staff and volunteers are aware of our policy for safeguarding children and vulnerable adults and referral procedures and know how to recognise any concerns.
* Ensure that staff receive appropriate training once every three years.
* Attend appropriate training as required to keep up to date with current knowledge and in fulfilling the role as the Safeguarding and Prevent Lead.
* Make known to every member of staff (including temporary and agency staff and volunteers) and every governor the names of the designated Safeguarding Duty Officers and their roles.
* Support the Senior Designated Lead person in the running and operation of the twice termly safeguarding operational team meetings.

**A6.4 Responsibilities of Nominated Duty Safeguarding Officers**

Nominated Safeguarding and Prevent Duty Officers have a responsibility to:

* Act as a point of contact for staff on child and vulnerable adult protection issues.
* Act as a point of contact for children, young people and vulnerable adults studying at Skills Consultants on issues relating to safeguarding.
* Know how to make an appropriate referral.
* Keep records of all contact and ensure these are passed on to the Designated Safeguarding Leads.
* Liaise with Social Services and Children’s Services in accordance with the Hounslow Safeguarding Children Board procedures if contact via the Leads is not available.

For the list of the Skills Consultants Nominated Safeguarding Officers see **Appendix 13**.

**A6.6 Responsibilities of the Management Team**

All managers have a responsibility to ensure that staff in their areas are informed of the policy and procedures and that their areas are managed with due regard to our commitment to safeguarding and promoting the welfare of children, young people and vulnerable adults. In the case of Curriculum Managers (CQTMs) this includes the delivery of a curriculum and contributing to tutorial arrangements that support ‘Every Child Matters’ outcomes.

**A6.7 Responsibility of all Staff Members**

All staff have a responsibility to:

* Ensure they are aware of and follow the procedures in cases of suspected abuse.
* Be alert to signs of abuse and report their concerns immediately to a Safeguarding Duty Officer. A Safeguarding Disclosure proforma should also be completed.
* Ensure they do not promise confidentiality regarding information which might compromise the individual’s safety or well-being or that of another.
* Undertake appropriate training in relation to safeguarding and promoting the welfare of children, young people and vulnerable adults **at least once** **every three years.**

**Appendix 7 - Linked policies and procedures**

The following policies are held on file and can also be viewed for reference:

* Recruitment and Selection policy
* Whistle blowing procedure
* E-safety Policy
* GDPR & Data Protection Policy
* ICT Acceptable Use Policy
* H&S Policy

**Appendix 8 - Categories of abuse – Children**

The following categories of abuse are recognised for the purposes of the child protection register physical abuse, emotional abuse, sexual abuse, neglect.

**A8.1 Physical abuse**

This may involve hitting, shaking, throwing, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

**A8.2 Emotional abuse**

This is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child’s emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed in children. These may include interactions which are beyond the child’s developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

**A8.3 Sexual abuse**

This involves forcing or enticing a child to take part in sexual activities, including prostitution whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**A8.4 Neglect**

This is the persistent failure to meet the child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failure to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

**Appendix 9 - Categories of abuse – Adults**

**A9.1 Physical abuse**

This includes hitting, slapping, pushing, kicking, rough handling or unnecessary physical force either deliberate or unintentional, misuse of medication, restraint or inappropriate sanctions.

**A9.2 Emotional abuse**

This includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent to, or was pressured into consenting. Sexual abuse can occur between people of the same sex and it can also occur within a marriage or any long-term relationship. A relationship of trust should exist between a member of staff or a volunteer and the person for whom they are caring, it would be seen as a betrayal of that trust, and therefore abusive, for that member of staff or volunteer to have a sexual relationship with the person they are caring for.

**A9.3 Psychological abuse**

This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**A9.4 Financial or material abuse**

This includes theft, fraud, exploitation, pressure in connection with wills, property, enduring power of attorney, or inheritance or financial transactions, or the inappropriate use, misuse or misappropriation of property, possessions or benefits.

**A9.5 Neglect and acts of omission**

This includes ignoring or withholding medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, clothing and heating.

**A9.6 Discriminatory abuse**

This includes racist, sexist, or other forms that are based on a person’s disability and other forms of harassment, or similar treatment.

**A9.7 Self neglect**

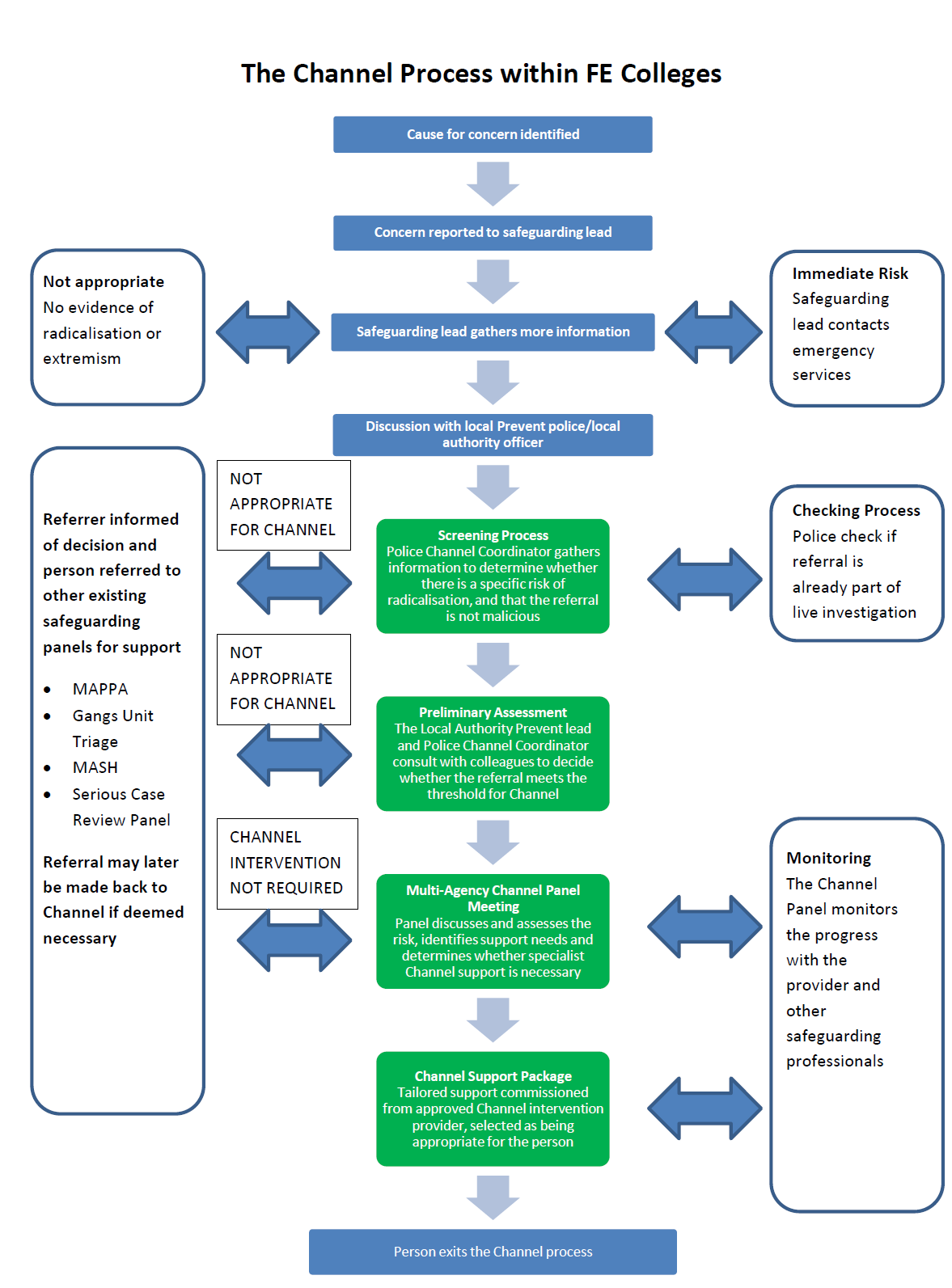
This is not a direct form of abuse, but staff need to be aware of it in the general context of risk assessment / risk management and to be aware that they may owe a duty of care to a vulnerable individual who places him/herself at risk in this way.

**Appendix 10 –** **Radicalisation**

This is the process by which individuals come to support terrorism or violent extremism. There is no typical profile for a person likely to become involved in extremism, or when they move to adopt violence in support of their particular ideology. Although a number of possible behavioural indicators are listed below, staff should use their professional judgement and discuss with other colleagues or external partners if they have any concerns.

* Use of inappropriate language & behavioural changes – angry, mood swings, a new-found arrogance
* The expression of extremist views which are at odds with generally shared values
* Advocating violent actions and means.
* Possession of violent extremist literature and association with known extremists.
* Seeking to recruit others to an extremist ideology.

**Appendix 11 – The Channel Process within Skills Consultants (Prevent) *also used with any sub-contractors.***



**Appendix 12 - Understanding and identifying abuse and neglect**

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Child and young person welfare concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. They may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, because they may have an impaired capacity to resist or avoid abuse.

They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours.

This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn’t automatically mean a child is being abused.

**A12.1 Some of the following signs might be indicators of abuse or neglect of a young person:**

* Behaviour changes – they may become aggressive, challenging, disruptive, withdrawn.
* Poor attendance and punctuality.
* Arriving with clothes which are ill-fitting and/or dirty.
* Consistently poor hygiene.
* Making strong efforts to avoid specific family members or friends, without an obvious reason.
* Not wanting to change clothes in front of others or participate in physical activities.
* Problems during lessons e.g. a sudden lack of concentration and learning or appearing to be tired and hungry.
* Talking about being left home alone, with inappropriate carers or with strangers.
* Those regularly missing.
* A reluctance to go home.
* Parents who are dismissive and non-responsive to practitioners’ concerns.
* Drinking alcohol regularly from an early age.
* Concerned for younger siblings without explaining why.
* Talk of running away.
* Those who flinch at sudden movements.

There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to. *Working Together to Safeguard Children* (2015) statutory guidance sets out full descriptions.

**A12.2 Physical abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

* Children with frequent injuries;
* Children with unexplained or unusual fractures or broken bones; and
* Children with unexplained, such as: bruises or cuts; burns or scalds; or bite marks.

**A12.3 Emotional abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child’s emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunity to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child’s peers.

**A12.4 Some of the following signs may be indicators of emotional abuse:**

* Children who are excessively withdrawn, fearful, or anxious about doing something wrong.
* Parents or carers who withdraw their attention from their child, giving the child the ‘cold shoulder’.
* Parents or carers blaming their problems on their child.
* Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

**A12.5 Child sexual exploitation** is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

**A12.6 Some of the following signs may be indicators of sexual exploitation of young people:**

* Appearing with unexplained gifts or new possessions.
* Associating with other young people involved in exploitation.
* Having older and/or numerous sexual partners.
* Suffering from sexually transmitted infections or become pregnant.
* Suffering from changes in emotional well-being.
* Misuse of drugs and alcohol.
* Going missing for periods of time or regularly come home late.
* Those who regularly miss school or education or don’t take part in education.

**A12.7 Neglect** is a pattern of failing to provide for a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child’s health or development. Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify. Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

**A12.8 Some of the following signs may be indicators of neglect in young people:**

* Living in a home that is indisputably dirty or unsafe.
* Arriving hungry or dirty.
* Arrive without adequate clothing, e.g. not having a winter coat.
* Living in dangerous conditions, i.e. around drugs, alcohol or violence.
* Being often angry, aggressive or self-harm.
* Not in receipt of basic health care.
* Parents who fail to seek medical treatment when their children are ill or are injured.

**Appendix 13 – Key staff**

**Safeguarding Operational Team**

The Skills Consultants Senior Management Team (SMT) meets once per quarter to review process

**Director and Out of Office Contact**

Brett Garrick

**Designated Safeguarding Lead (DSL)**

Emma Garrick

**Deputy DSL**

Jennifer Nunn

**Nominated safeguarding officers**

John Leslie, Brian Weir, Lee McCann

**Appendix 14 – Safeguarding Disclosure Proforma**

**Next page**

**Safeguarding Disclosure Proforma**

*To be completed in line with the* [*Safeguarding Quick Guide*](file:///Z:\Cross%20College%20Groups\Executive%20Groups\Safeguarding%20Commitee\2015%20-%202016\College%20Procedures%20&%20Policies\Safeguarding%20a%20Quick%20Guide.pdf) *found on the portal. Part 1 & 2 to be completed in full by* ***ALL*** *staff members.*

**Part 1 – Student Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name** |  | | **Student Mobile No:** |  | | |
| **Student ID** |  | | **Staff member** |  | Ext: | |
| **Student DOB** |  | Age: | **Safeguarding Officer on duty** |  | | |
| **Postcode** |  | | **Date of Disclosure** |  | | Time: |

|  |  |  |
| --- | --- | --- |
| **Reason for concern** *(Please tick box)* | | |
| **Disclosure by student**  *Concern of risk of harm* |  | **Summary of disclosure**  (Key information from student that triggered concern: time, date, place) |
| **Disclosure relates to** **student** or another student |  |
| **Disclosure is current** |  |
| **Disclosure is historic** |  |
| **Type of Concern**  Circle relevant concern(s) | | Sexual (Inc. CSE/abuse) Mental/Emotional/Physical/Neglect/  Domestic violence/FGM/Forced marriage/Honour-based violence/Drug and alcohol/Other. |
| **Attitude to concern** | | |
| **Students attitude towards our concern** | |  |
| **Attitude of parent/carer/other support networks as reported by student.** | |  |

**Part 2 – Information seeking and sharing** (To be completed by **All** staff members)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2nd staff member involved | | | | | Y/N | |
| Note name and any differences of opinion | | | | | | |
|
| Has information been sought / shared with Social Worker / Worker / another external agency? | | Y/N |  | Have you informed the student of the following statement below? | | Y/N |
| Name of agency |  | |  | “Student has agreed to the sharing of information with Skills Consultants Safeguarding Team and has been informed that, other external agencies may be contacted to ensure their safety is maintained”. | | |
| Named person |  | |  |
| Contact details |  | |
| Time/date of contact |  | |
| Summary of information / advice received | | | Does the client understand what will happen next? | | |
|  | | | Any comments?  ng person want to happen next?to happen next? | | |

**Part 3 – Decision and Action** (To be completed by Safeguarding Officer)

|  |  |  |
| --- | --- | --- |
| **Decision** (complete for all safeguarding concerns) | | |
| Internal referral *(complete 3a and 3d)* | Y/N | 3a - Rationale for decision *(including decisions not to refer).* ***This section must be completed.*** |
| External referral *(complete 3c and 3d)* | Y/N |
| No immediate referral *(complete 3d)* | Y/N |
| Decision clearly communicated to student | Y/N |
|  | | |

|  |  |  |
| --- | --- | --- |
|  | | |
|  | | |
| **Part 3b – Internal referral** (complete if applicable) | | |
| Referral to: | Person making referral: | |
| Date referral to be made by: | |
| Notes | | |
|  | | |
| **Part 3c – External referral action plan** (complete if applicable) | | |
| Referral to: | Person making referral: | |
| Date of referral: | |
| Information to be shared with agency/employer: | | |
| Response requested from agency/employer: | | Person responsible for following up |
| Follow up on (date) |

|  |  |  |
| --- | --- | --- |
| **Part 3d – Support and follow up communication with client/External agencies** (complete for all safeguarding concerns) | | |
| Contact date & time | Support and or follow up communication | Date action to be delivered by |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Signatures of internal staff involved in this referral:**

**Appendix 15 - Case studies for discussion**

**One** - Rebecca is 16. After a football camp lesson, she tells you that her mum has a new boyfriend. She says she is pleased for her mum but wishes she wasn’t left in charge so often.

Rebecca tells you that her mum works really long hours and that she must collect her younger brothers from school and look after them until she gets in from work. Most weekends her mum goes to see her boyfriend leaving Rebecca and her little brothers.

Sometimes she doesn’t get back till late or forgets to leave money to buy food and there is nothing in the house to eat. Rebecca tells you that last weekend the youngest child was sick all night and that she didn’t know what to so.

Rebecca says she is always getting into trouble for coming into school late and for not doing her coursework, but she feels tired and dizzy and cannot concentrate.

Primary type of abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Consult with safeguarding colleague

2. Make a referral to social services/Multi Agency Safeguarding Hub (MASH)

3. No action

4. Do not know

5. No abuse

**Two** - Tunde is 16. He is a cheeky outgoing young man who is popular with staff and students. He comes into school one day with a cut under his right eye along his cheek-bone. You make a point of finding him during the day and ask him what has happened to his face. He tells you that he has had a fight with his father because he has been stealing food out of the ‘fridge’. He tells you that his father came off much worse.

Primary type of abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Consult with safeguarding colleague

2. Make a referral to social services/MASH

3. No action

4. Do not know

5. No abuse

**Three** - Erica is single a parent who works as a teacher. She has to leave home at 7.30am to get a lift to school. As a result, she leaves her two boys in the house by themselves. Graham is nine and Brian is six. They are alone for an hour before they take themselves to school.

Primary type of abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Consult with safeguarding colleague

2. Make a referral to social services/MASH

3. No action

4. Do not know

5. No abuse

**Appendix 16**

**Mock Safeguarding Disclosure Proforma -** *To be completed in line with the* [*Safeguarding Quick Guide*](file:///Z:\Cross%20College%20Groups\Executive%20Groups\Safeguarding%20Commitee\2015%20-%202016\College%20Procedures%20&%20Policies\Safeguarding%20a%20Quick%20Guide.pdf) *found on the Bank. Part 1 & 2 to be completed in full by staff member raising the concern.*

**Part 1 – Student Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name** | Joanne Smith | | **Student Mobile No:** | 07912312123 | | |
| **Student ID** | 1234567 | | **Staff member** | Karen Clare | Ext:  1234 | |
| **Student DOB** | 04/05/99 | Age: 17 | **Safeguarding Officer on duty** | Samantha Louisy | | |
| **Postcode** | TW7 4HS | | **Date of Disclosure** | 21st Sept 2016 | | Time:  10:45 |

|  |  |  |
| --- | --- | --- |
| **Reason for concern** *(Please tick box)* | | |
| **Disclosure by student**  *Concern of risk of harm* |  | **Summary of disclosure**  (Key information from student that triggered concern: time, date, place)  Joanne had a discussion with parents at home last night, Sunday 20th  September. Her parents want her to marry a partner chosen by them  and are applying pressure for her to do so. Joanne has refused and as  she is 18 and has been made aware of all the support available to her.  She has also discussed the legal implications to her parents if they were  to try and force her. She does not think that this will happen now as she  made it very clear that she will not marry against her wishes. This  student has currently gone to Pakistan for a month, but she informed me  that her parents have now accepted her decision and have stopped  putting on pressure. |
| **Disclosure relates to** **student** or another student |  |
| **Disclosure is current** |  |
| **Disclosure is historic** |  |
| **Type of Concern**  Circle relevant concern(s) | | Sexual (Inc. CSE/abuse) Mental/Emotional/Physical/Neglect/  Domestic violence/FGM/Forced marriage/Honour-based violence/Drug and alcohol/Other. |
| **Attitude to concern** | | |
| **Students attitude towards our concern** | | Student was initially upset but is relieved that she has told someone.  She has a British Passport and the contact details of SLA. |
| **Attitude of parent/carer/other support networks as reported by student.** | | Joanne has informed her parents that she has discussed the issue with the Safeguarding Officer at college. |

**Part 2 – Information seeking and sharing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2nd staff member involved | | | | Y/N |
| Note name and any differences of opinion | | | | |
|
| Has information been sought / shared with Social Worker / Worker / another external agency? | | Y/N | Have you informed the student of the following statement below? | Y/N |
| Name of agency |  | | “Student has agreed to the sharing of information with Skills Consultants Safeguarding Team and has been informed that, other external agencies may be contacted to ensure their safety is maintained”. | |
| Named person |  | |  | |
| Contact details |  | |
| Time/date of contact |  | |
| Summary of information / advice received | | | Does the client understand what will happen next? | |
|  | | | Any comments?  ng person want to happen next?to happen next? | |

**Part 3 – Decision and Action** (To be completed by Safeguarding Officer)

|  |  |  |
| --- | --- | --- |
| **Decision** (complete for all safeguarding concerns) | | |
| Internal referral *(complete 3a and 3d)* | Y/N | 3a - Rationale for decision *(including decisions not to refer).* ***This section must be completed.*** |
| External referral *(complete 3c and 3d)* | Y/N |
| No immediate referral *(complete 3d)* | Y/N |
| Decision clearly communicated to student | Y/N |
|  | | |

|  |  |  |
| --- | --- | --- |
|  | | |
| **Part 3b – Internal referral** (complete if applicable) | | |
| Referral to: | Person making referral: | |
| Date referral to be made by: | |
| Notes | | |
|  | | |
| **Part 3c – External referral action plan** (complete if applicable) | | |
| Referral to: | Person making referral: | |
| Date of referral: | |
| Information to be shared with agency/employer: | | |
| Response requested from agency/employer: | | Person responsible for following up |
| Follow up on (date) |

|  |  |  |
| --- | --- | --- |
| **Part 3d – Support and follow up agreed with client** (complete for all safeguarding concerns) | | |
| Contact agreed | Person responsible for action | Date action to be delivered by |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Appendix 17 - Safeguarding in relation to Learner lateness or non-attendance**

Where an apprentice or other learner fails to attend a planned workshop or training session, without informing the centre, by 09:15, contact will be made with the learner to establish the reason for the non-attendance.

If Skills Consultants are unable to contact the learner, then the learner’s employer or guardian will be informed of the non-attendance. During this discussion, the reason for the absence will be discussed or investigated. If, during this exchange, Skills Consultants are in anyway concerned about the risk to the learner, this Safeguarding policy will be implemented using the pro-form in Appendix 14 above.