



Safeguarding Children and Vulnerable Adults at Risk Policy

Policy Number	New or Reviewed	Date of next Review	Responsibility
HCP010	December 2019	December 2020	Principal

Empowering learners to shape their future

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SAFEGUARDING CHILDREN AND VULNERABLE ADULTS AT RISK POLICY

1. Introduction

1.1 Child Protection:

- a. In September 2019, the Department of Education published an updated statutory guidance document 'Keeping Children Safe in Education', on safeguarding and promoting the welfare of children under Section 175 of The Education Act 2002, The Education Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015. For the purpose of this guidance children includes everyone under the age of 18.
- b. Section 175 places a duty of care on Local Education Authorities, and on governing committees of Further Education (FE) institutions to plan for carrying out their functions with a view to safeguarding and promoting the welfare of children and young people. *Keeping Children Safe in Education* recognises that 'where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child'.
- c. Horizons College recognises its duty in this area and seeks to meet and exceed the welfare and safeguarding needs of children and young people, as well as ensuring appropriate practices for staff recruitment and selection and providing a safe and secure environment in which to study.

1.2 Vulnerable Adults:

- a. All persons have the right to live their lives free from violence or other sorts of abuse, but in the 1980's and 90's several serious incidents came to light in which vulnerable adults had not received the protection and support they needed and had been subject to abuse. As a result, in 2000 the government published "No Secrets" which set out clear guidance for responsible agencies in local areas to work in partnership on arrangements to prevent abuse of vulnerable adults taking place and to deal robustly with any incidents that did occur. Local authorities (LAs) were given the responsibility for co-ordinating this work and the arrangements now in place, including the Safeguarding Adults Board, have developed from that guidance.
- b. "No Secrets" defined a vulnerable adult as "a person aged 18 years or over who is or may need community care services because of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation." Since that time, however, the thinking about keeping adults safe from abuse has changed substantially. The original concern with vulnerable adults in receipt of community care services has been broadened out to include adults in vulnerable situations arising from a whole range of causes and circumstances. The Association of Directors of Social Services (ADSS) recognised in 2005 that core safeguarding work has to be linked to a wider network of measures that enables "all citizens to live lives that are free from violence, harassment, humiliation and degradation.
- c. The Policy and Procedures for Safeguarding Adults at Risk in Swindon and Wiltshire applies to all residents of Swindon and Wiltshire including people who are funding

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their own care services, those whose service is funded by the local authority or Primary Care Trust / Clinical Commissioning Group, adults at risk who are not in receipt of care services or direct their own care and people living in Swindon and Wiltshire who are funded by local authorities and health authorities outside the area.

1.3 Prevent:

- a. National and regional awareness of the importance of safeguarding children, young people and vulnerable adults against radical extremism has grown, and Horizons College is actively engaging in the government's 'Prevent' agenda (See Appendix D).

2. Definitions

- 2.1 Children and young people – those aged under 18 years.
- 2.2 Vulnerable adults – those aged over 18 who may be considered vulnerable to abuse, for example those with learning difficulties or disability.

3. Scope

- 3.1 The Safeguarding Children and Vulnerable Adults at Risk Policy applies to all College staff, job applicants, learners and prospective learners, volunteers and governors whether they work or study in the main College campuses, outreach centres, or other designated areas.
- 3.2 The policy applies to learners on work experience placements and work-based and workplace learning programmes, and those engaged on any Horizons College-organised off site activity.
- 3.3 The policy applies to working arrangements with other agencies to support the Horizons College's Safeguarding Children and Vulnerable Adults at Risk Policy, including local education authorities, schools, support agencies, sub-contractors and employers.

4. Intent

- 4.1 The intent of the Safeguarding Children and Vulnerable Adults at Risk Policy is to ensure that:
 - a. A safe environment is provided at Horizons College for children, young people and vulnerable adults always, including support in ensuring children, young people and vulnerable adults are kept safe online.
 - b. Horizons College can take appropriate action to protect children, young people and vulnerable adults who are suffering or at risk of suffering harm, including emotional, physical, and sexual abuse; bullying in all its forms; neglect; radicalisation; female genital mutilation; forced marriage; sexual and financial exploitation (this list is not exhaustive – see Appendix A for definitions). Action will be taken whether the risk of harm occurs in the physical world or online.

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- c. Safe recruitment practices exist in checking the suitability of staff, governors and volunteers to work with or in proximity to children, young people and vulnerable adults.
- d. All staff and governors are trained to recognise the types of harm recognised above and take appropriate action in line with Horizons College procedures and with *Keeping Children Safe in Education*.
- e. Horizons College ensures that it regularly consults with learners about how safe they feel and about their general welfare, and action is taken where learners tell us they do not feel safe.
- f. Horizons College takes steps to support and protect the most vulnerable learners, including those under or formerly under the care of the LA, and will support other organisations such as the police in the case of Horizons College learners becoming missing children.
- g. Horizons College will refer concerns that a child or young person might be at risk of significant harm to the relevant Safeguarding Agency. In the case of vulnerable adults, Horizons College will refer such concerns to the relevant Adult Services Department and, where appropriate, to independent advocacy services.

5. Designated Staff and Procedures

5.1 Designated Safeguarding Lead (DSL):

- a. The DSL with lead responsibility at Horizons College, outreach centres, or other designated areas for Safeguarding Children and Vulnerable Adults at Risk is:

Name	Email	Telephone
Genti Mullaliu	gmullaliu@horizonscollege.ac.uk	07900 928301

- b. The DSL has a key duty to take lead responsibility for raising awareness amongst staff of issues relating to the welfare of children, young people and vulnerable adults, and the promotion of a safe environment for children, young people and vulnerable adults learning within Horizons College or engaged in Horizons College led activities.
- c. The DSL will receive training in children / young people / vulnerable adult protection issues and inter-agency working, and will receive refresher training at least every two years and continuous professional development as policy and good practice changes.
- d. The DSL is responsible for:
 - Overseeing the referral of suspected abuse or allegations to the relevant investigating agencies in line with the Children and Family Services of the relevant LA.
 - That Horizons College's Health & Safety and Safeguarding Committee meets at a minimum once per term;

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- Advice and support to staff on issues relating to child and vulnerable adult protection, including e-safety, is provided;
- Ensuring the maintenance of any records of any child protection or vulnerable adult protection referral, complaint or concern (even where that concern does not lead to a referral);
- Ensuring that all learners of Horizons College who may be vulnerable are aware of what to expect in the way of support from Horizons College and how to access this support;
- Ensuring that parents and carers of children, young people and vulnerable adults within the Horizons College are aware of Horizons College's Safeguarding Children and Vulnerable Adults at Risk Policy;
- Liaising with LA Services, and other appropriate agencies in line with statutory guidance 'Working Together to Safeguard Children';
- Ensuring appropriate liaison arrangements are in place with schools which send children, young people and vulnerable adults to Horizons College and to put in place individually focussed transition arrangements;
- Ensuring appropriate liaison arrangements with employers and training organisations that receive children, young people or vulnerable adults from Horizons College on work experience and placements to ensure that appropriate safeguards are put in place;
- Ensuring staff receive initial safeguarding training and are aware of Horizons College's safeguarding and child protection procedures, and of the principles of *Keeping Children Safe in Education*; Sept 2018.
- Ensuring a Safeguarding Action Plan is prepared and reviewed annually and is subject to Senior Management team scrutiny;
- Ensuring Horizons College responds appropriately to the Counter Terrorism duty (PREVENT) and gives due regard to the need to safeguard young people and adults at risk against potential radicalisation;
- Provide an annual report to the Governing Committee of Horizons College setting out how Horizons College has discharged its duties through strategic and operational activities.

5.2 Deputy Designated Safeguarding Lead:

Name	Email	Telephone
Catherine Long	clong@horizonscollege.ac.uk	07766 576499

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a. The Deputy DSL will:

- Report to the DSL;
- Will know how to make an appropriate referral;
- Will ensure that children, young people and vulnerable adult procedures are promoted to learners and that ways to gain support are made obvious and accessible to all who may need this;
- Will be available to provide advice and support to other staff on issues relating to safeguarding;
- Have responsibility to be available to listen to children, young people and vulnerable adults studying at the College;
- Will manage individual cases, including attending case conferences and review meetings as appropriate;
- Have received training in child and vulnerable adult protection issues and inter-agency working and will receive refresher training at least every two years and attend appropriate continuous professional development in relevant issues.

5.3 If the DSL or Deputy DSL is not available refer to the Chief Executive Officer (CEO):

Name	Email	Telephone
Jackie Smith MBE	jsmith@brunelsenmat.org.uk	07827 296667

5.4 Safeguarding Officer:

Name	Email	Telephone
Marie Beeden	mbeeden@horizonscollege.ac.uk	01793 481493

a. The Safeguarding Officer will:

- Ensure good safeguarding practice and following up, through liaison with members of the Safeguarding Team, any potential safeguarding issues;
- Administration of the Safeguarding records.

5.5 Designated Safeguarding Governor:

Name	Email	Telephone
Alec Hunt	ahunt@horizonscollege.ac.uk	07808204295

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- a. The designated Safeguarding Governor is responsible for liaising with the Principal and named Safeguarding staff members over matters regarding child and vulnerable adult protection, including:
 - Ensuring that Horizons College has procedures and policies which are consistent with the Local Area Safeguarding Boards and Children / Adult Services' procedures;
 - Ensuring that the Governing Committee reviews the Horizons College Protection Policies each year;
 - Ensuring that each year the Governing Committee is informed of how Horizons College and its staff have complied with the policy, including, but not limited to, a report on the training that staff have undertaken.
- b. The designated Safeguarding Governor is responsible for overseeing the liaison between the Children and Families Services Department, the Police and any other relevant bodies about allegations against the Principal or nominated Safeguarding staff. This will not involve undertaking any form of investigation, but will ensure good communication between the parties and provide information to assist enquiries.
- c. To assist in these duties, the designated Safeguarding Governor shall receive appropriate training. All Governors will receive regular updates and training on Safeguarding issues.

5.6 *Note: While there are designated staff with specific responsibilities, everyone who meets children, young people and vulnerable adults has a role to play in safeguarding children. If, at any point, there is a risk of immediate serious harm a referral should be made to social care immediately. **Anybody can make a referral.***

6. Horizons College Local Governing Committee

- 6.1 The Local Governing Committee (LGC) must ensure that it complies with its duties under legislation. The LGC is committed to ensuring that Horizons College:
 - a. Promotes and provides a safe environment for all children, young people and vulnerable adults.
 - b. Identifies children, young people and vulnerable adults who are suffering, or likely to suffer, significant harm.
 - c. Takes reasonable action to see that such children, young people and vulnerable adults are kept safe, both in their home environment and at Horizons College.
- 6.2 In pursuit of these aims, the LGC will approve and review policies and procedures with the aim of:
 - a. Raising awareness of issues relating to the welfare of children, young people and vulnerable adults and the promotion of a safe environment for them on Horizons College sites.

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- b. Aiding the identification of children, young people and vulnerable adults at risk of significant harm, and providing procedures for reporting concerns.
- c. Establishing procedures for reporting and dealing with allegations of abuse made against members of staff.
- d. The safe recruitment of staff suitable to work with children, young people and vulnerable adults.

7. Dealing with Disclosure of Abuse - Procedure for Reporting Concerns

7.1 If a child, young person or vulnerable adult tells a member of staff about possible abuse:

- a. Inform the individual that you must pass the information on, but that only those that need to know about it will be told. Inform them who you will report the matter to.
- b. Listen carefully and stay calm.
- c. Do not interview the individual, but question normally and without pressure, to be sure that you understand what they are telling you.
- d. Do not put words into the individual's mouth or ask leading questions.
- e. Reassure the individual that by telling you, they have done the right thing.
- f. Note the main points carefully.
- g. Make a detailed note of the date, time, place, what the individual said, did and your questions etc.
- h. Report the issue as a matter of urgency to a Safeguarding Team Member (contact details are provided for out of normal working hours support), providing them with a copy of any notes you have made.

7.2 Designated members of staff dealing with reports should consider the following:

- a. In the case of a vulnerable adult who has difficulty in communicating, an experienced and appropriate member of staff could be asked to support or advocate for the individual.
- b. Staff should not investigate concerns or allegations themselves as this could contaminate evidence in any future criminal case, but should report them immediately to the DSL or a Deputy DSL. In an urgent situation when Safeguarding Team Members are unavailable, consideration should also be given to contacting the police or the relevant social services team direct, if the member of staff to whom the concerns are reported considers the circumstances to constitute an emergency.
- c. In the case of a vulnerable adult or a child living in care, it should be recognised that their home or day care provider may be implicated in an allegation of abuse. In view of

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this, the consent of the individual should be requested to inform Swindon Safeguarding Partnership or any independent key worker or carer, as appropriate. If it is judged that there is significant risk to the immediate safety of the individual, the Designated Person should inform the relevant authorities, including the Police, even if consent has been withheld. They should explain to the individual that their “duty of care” responsibilities require this course of action.

- d. Once a report has been made to one of the Safeguarding Team Members, they will take on responsibility for ensuring that the case is handled in line with policy, procedures and good practice. Any further information that comes to light, or any further incidents, should be reported to the team member concerned without delay.

7.3 Acting on Safeguarding Concerns:

- a. Where concerns are identified about the safety and well-being of a child, young person or vulnerable adult are identified but there is no disclosure from the individual, seek to discuss your concerns with the individual, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to Swindon Safeguarding Partnership unless you consider such a discussion would place the individual at an increased risk of harm.

7.4 Communication with Parents / Guardians / Carers

- a. Where possible safeguarding concerns will be shared with parents / guardians or carers unless:
 - It is judged that it would increase the risk of harm to the individual concerned;
 - The individual is aged of 16 years and judged to be ‘competent in requesting that information is not shared with their parents / guardians / carers.

7.5 Safeguarding Within a Work-Based Learning Environment:

- a. Increasingly individuals are accessing their learning / training from Horizons College within a working environment. This could be via an Apprenticeship programme or an employer funded course such as first aid or manual handling. In these cases, their main point of contact with Horizons College will be via their Assessor or Trainer. These staff should be vigilant with regards to any safeguarding issues that may be raised by candidates / trainees, while being aware that such disclosures on an employer’s premises may raise additional complexities. Staff should follow these procedures:
 - In the case of a young person under the age of 18 years or a “vulnerable adult with a learning disability or long term health issue” who makes a disclosure of abuse of any kind, the Assessor / Tutor should note the key facts of the disclosure and follow the guidelines given above re disclosures, explaining that they will have to seek advice from Horizons College Safeguarding Team. They should then seek this advice as a matter of urgency and together it will be agreed which, if any, of the following should be notified: Swindon Safeguarding Partnership, parents / guardians, their employer;

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- In the case of an **adult** making a disclosure of abuse of any kind, the Assessor / Tutor should **strongly encourage** the individual to seek appropriate professional support (e.g. GP, Police, ACAS, CAB, HSE, Trade Union, Counsellor, Samaritans, specialist Helpline) and make a brief, dated note of the disclosure / advice in the individual's Individual Learning Plan (ILP) or Training Record. It would be good practice to make the Safeguarding team aware and seek any additional advice. This may be particularly helpful in the respect of how to deal with allegations of workplace bullying or breaches of Health and Safety;
- *Work-based Staff working on employers' premises should also be mindful of their own safeguarding needs and ensure that they follow good practice and departmental procedures in terms of lone-working and that they safeguard themselves against allegations from learners while carrying out their role. Horizons College Safeguarding team can also offer advice on this.*

8. Referral

- 8.1 Child Protection - See Appendix B.
- 8.2 Vulnerable Adults at Risk – See Appendix C.

9. Reporting and Dealing with Allegations of Abuse against Members of Staff

9.1 Background:

- a. The procedures apply to all staff, whether teaching, administrative, management or support, as well as to volunteers. The word "staff" is used for ease of description.
- b. In rare instances, staff of education institutions have been found responsible for child, young person or vulnerable adult abuse. Because of their frequent contact with children, young people or vulnerable adults, staff may have allegations of abuse made against them. Horizons College recognises that an allegation of abuse made against a member of staff may be made for a variety of reasons and that the facts of the allegation may or may not be true. It is imperative that those dealing with an allegation maintain an open mind and that investigations are thorough and not subject to delay.
- c. Horizons College recognises that the Children Act 1989 states that the welfare of the child is the paramount concern, as is the case with a vulnerable adult. It is also recognised that hasty or ill-informed decisions about a member of staff can irreparably damage an individual's reputation, confidence and career. Therefore, those dealing with such allegations within the College will do so with sensitivity and will act in a careful, measured way.

9.2 Receiving an Allegation from a Child or Vulnerable Adult:

- a. A member of staff who receives an allegation about another member of staff from a child or vulnerable adult should follow the guidelines in for dealing with disclosure.
- b. The allegation should be reported immediately to the Principal, unless the Principal is the person against whom the allegation is made, in which case the report should be

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made to one of the Senior Staff Members with Lead Responsibility or the Designated Governor. The Principal (or designated person if the allegation is against the Principal) should:

- c. Obtain written details of the allegation from the person who received it, that are signed and dated. The written details should be countersigned and dated by the Principal (or designated person).
- d. Record information about times, dates, locations and names of potential witnesses.

9.3 Initial Assessment by The Principal (or designated person):

- a. The Principal (or designated person) should make an initial assessment of the allegation, the Designated Governor and the Local Authority Department as appropriate. Where the allegation is either a potential criminal act or indicates that the child, young person or vulnerable adult has suffered, is suffering or is likely to suffer significant harm, the matter should be reported immediately to the LA.
- b. It is important that the Principal (or designated person) does not investigate the allegation. The initial assessment should be based on the information received and is a decision whether the allegation warrants further investigation.
- c. Other potential outcomes are:
 - The allegation represents inappropriate behaviour or poor practice by the member of staff and is neither potentially a crime nor a cause of significant harm to the child, young person or vulnerable adult. The matter should be addressed in accordance with the Horizons College Disciplinary Procedures;
 - The allegation can be shown to be false because the facts alleged could not possibly be true.

9.4 Enquiries and Investigations:

- a. Child, young person or vulnerable adult protection enquiries by the LA or the police are not to be confused with internal, disciplinary enquiries by Horizons College. Horizons College may be able to use the outcome of external agency enquiries as part of its own procedures. The Swindon Safeguarding Partnership, including the police, have no power to direct Horizons College to act in a particular way; however, Horizons College should assist the agencies with their enquiries.
- b. Horizons College shall hold in abeyance its internal enquiries while the formal police or LA investigations proceed; to do otherwise may prejudice the investigation. Any internal enquiries shall conform to existing staff disciplinary procedures.
- c. If there is an investigation by an external agency, for example the police, the Principal (or designated person) should normally be involved in, and contribute to, the inter-agency strategy discussions. The Principal (or designated person) is responsible for ensuring that Horizons College gives every assistance with the agency's enquiries. They will ensure that appropriate confidentiality is maintained about the enquiries, in the

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interests of the member of staff about whom the allegation is made. The Principal (or designated person) shall advise the member of staff that he / she should consult with a representative, for example, a trade union.

- d. Subject to objections from the police or other investigating agency, the Principal (or designated person) shall:
 - Inform the child, young person or vulnerable adult and / or parent / carer making the allegation that the investigation is taking place and what the likely process will involve;
 - Ensure that the parents / carers of the child, young person or vulnerable adult making the allegation have been informed that the allegation has been made and what the likely process will involve;
 - Inform the member of staff against whom the allegation was made of the fact that the investigation is taking place and what the likely process will involve;
 - Inform the Chair of Governors and / or the designated Governor of the allegation and the investigation.
- e. The Principal (or designated person) shall keep a register of the action taken about the allegation.

9.5 Suspension of Staff:

- a. Suspension should not be automatic. In respect of staff other than the Principal, suspension can only be carried out by the Principal. In respect of the Principal, suspension can only be carried out by the Chief Executive Officer (CEO) and Chair of Governors (or in his / her absence, the Vice Chair of Governors).
- b. Suspension may be considered at any stage of the investigation. It is a neutral, not a disciplinary act and shall be on full pay. Consideration should be given to alternatives: e.g. paid leave of absence; agreement to refrain from attending work; change of, or withdrawal from, specified duties.
- c. Suspension should only occur for a good reason. For example:
 - Where a child, young person or vulnerable adult is deemed to be at risk;
 - Where the allegations are potentially sufficiently serious to justify dismissal on the grounds of gross misconduct;
 - Where necessary for the good and efficient conduct of the investigation.
- d. If suspension is being considered, the member of staff should be encouraged to seek advice, for example from a trade union.
- e. Prior to making the decision to suspend, the Principal (or Chair or Vice Chair of Governors) should interview the member of staff. This should occur with the approval of

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Swindon Safeguarding Partnership. In particular, if the police are engaged in an investigation the officer in charge of the case should be consulted.

- f. The member of staff should be advised to seek the advice and / or assistance of his / her trade union and should be informed that they have the right to be accompanied by a friend. The member of staff should be informed that an allegation has been made and that consideration is being given to suspension. It should be made clear that the interview is not a formal disciplinary hearing, but solely for raising a serious matter which may lead to suspension and further investigation.
- g. Prior to the interview, the member of staff should be given as much information as possible, in particular the reasons for any proposed suspension, provided that doing so would not interfere with the investigation into the allegation. The interview is not intended to establish the member of staff's innocence or guilt, but to give the opportunity for the member of staff to make representations about possible suspension. The member of staff should be given the opportunity to consider any information given to him / her at the meeting and prepare a response, although that adjournment may be brief.
- h. If the Principal (or Chair of Vice Chair of Governors) considers that suspension is necessary, the member of staff shall be informed that he / she is suspended from duty. Written confirmation of the suspension, with reasons, shall be despatched as soon as possible and ideally within one working day.
- i. Where a member of staff is suspended, the Principal (or Chair of Governors or Vice Chair of Governors) should address the following issues:
 - The Chair of Governors should be informed of the suspension in writing;
 - The Governing Committee should receive a report that a member of staff has been suspended pending investigation, the detail given to the Governing Committee should be minimal;
 - Where the Principal has been suspended, the Chair or Vice Chair of Governors will need to act to address the management of Horizons College;
 - The parents / carers / key worker of the child, young person or vulnerable adult making the allegation should be informed of the suspension. They should be asked to treat the information as confidential. Consideration should be given to informing the child or vulnerable adult making the allegation of the suspension;
 - Senior staff who need to know of the reason for the suspension should be informed;
 - Depending on the nature of the allegation, the Principal should consider, with the nominated Governor, whether a statement to the learners of Horizons College and / or parents / carers should be made, taking due regard of the need to avoid unwelcome publicity.

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- j. The Principal shall consider carefully and review the decisions as to who is informed of the suspension and investigation. External investigating authorities should be consulted.
- k. The suspended member of staff should be given appropriate support during the period of suspension. He / she should also be provided with information on progress and developments in the case at regular intervals.
- l. The suspension should remain under review in accordance with Horizons College disciplinary procedures.

9.6 The Disciplinary Investigation

- a. The disciplinary investigation should be conducted in accordance with the existing staff disciplinary procedures.
- b. The member of staff should be informed of:
 - The disciplinary charge against him / her;
 - His / her entitlement to be accompanied or represented by a trade union representative or friend.
- c. Where the member of staff has been suspended and no disciplinary action is to be taken, the suspension should be lifted immediately and arrangements made for the member of staff to return to work. It may be appropriate to offer counselling.
- d. The child, young person or vulnerable adult making the allegation and / or their parents / carers should be informed of the outcome of the investigation and proceedings. This should occur prior to the return to Horizons College of the member of staff (if suspended).
- e. The Principal (or designated person) should consider what information should be made available to the general population of Horizons College.

9.7 Allegations without foundation:

- a. Obviously false allegations may be indicative of problems of abuse elsewhere. A record should be kept and consideration given to a referral to the Swindon Safeguarding Partnership in order that other agencies may act upon the information.
- b. In consultation with the appropriate designated staff and / or the designated Governor, the Principal shall:
 - Inform the member of staff against whom the allegation is made orally and in writing that no further disciplinary or child / young person / vulnerable adult protection action will be taken. Consideration should be given to offering counselling / support;
 - Inform the parents / carers of the alleged victim that the allegation has been made and of the outcome;

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- Where the allegation was made by a child, young person or vulnerable adult other than the alleged victim, consideration should be given to informing the parents / carers of that child / young person / vulnerable adult;
- Prepare a report outlining the allegation and giving reasons for the conclusion that it had no foundation and confirming that the above action had been taken.

9.8 Records

- a. It is important that documents relating to an investigation are retained in a secure place, together with a written record of the outcome and, if disciplinary action is taken, details retained on the member of staff's personal and confidential file.
- b. If a member of staff is dismissed or resigns before the disciplinary process is completed, he / she should be informed about Horizons College's statutory duty to follow the "Independent Safeguarding Authority (ISA) Barred List" procedures.

9.9 Monitoring Effectiveness:

- a. Where an allegation has been made against a member of staff, the nominated Governor, together with the senior staff member with lead responsibility should, after the investigation and any disciplinary procedures, consider whether there are any matters arising from it that could lead to the improvement of Horizons College's procedures and / or policies. Consideration should also be given to the training needs of staff.

10. Abuse of Trust

- 10.1 Under the Sexual Offences Act 2003 it is an offence for a person over 18 to have a sexual relationship with a child under 18 where that person is in a position of trust in respect of that child or young person, even if the relationship is consensual. This applies where the child or young person is in full time education and the person works in the same establishment as the child or young person, even if she / he does not teach the child or young person.

11. Recruitment and Selection Procedures

- 11.1 Horizons College has recruitment and selection procedures that ensure all recommended checks are undertaken when recruiting new staff. These procedures are regularly reviewed to ensure that they take account of the following:
 - a. They apply to staff who may work with children or vulnerable adults.
 - b. The post or role is clearly defined.
 - c. The key selection criteria for the post or role are clearly identified.
 - d. Vacancies are advertised widely to ensure a diversity of applicants.
 - e. Documentary evidence of academic / vocational qualifications is required.

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- f. Professional and character references are obtained.
- g. Previous employment history is verified.
- h. Relevant Disclosure and Barring Service (DBS) checks are carried out.
- i. A variety of selection techniques (e.g. qualifications, previous experience, interview, reference checks) are used.

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APPENDIX A

DEFINITIONS OF ABUSE AND SAFEGUARDING ISSUES

Type	Definition
Abuse	<p>Abuse is the violation of an individual's human and civil rights by any other person or persons. A form of maltreatment of a child, young person or vulnerable adult. Somebody may abuse or neglect a child, young person or vulnerable adult by inflicting harm, or by failing to act to prevent harm. A child, young person or a vulnerable adult may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or young person.</p>
Physical Abuse	<p>Physical abuse causes harm to the person of a child, young people or vulnerable adult. It may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating, or otherwise causing physical harm. It may be done deliberately or recklessly, or be the result of a deliberate failure to prevent injury occurring.</p> <p>In the case of a vulnerable adult, physical abuse could include inappropriate restraint or authorising changes to a person's life without their consent.</p>
Emotional Abuse	<p>The persistent emotional maltreatment of a child, young person or vulnerable adult such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to a child, young person or vulnerable adult that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving a child, young person or vulnerable adult opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.</p> <p>These may include interactions that are beyond a child's, young person's or vulnerable adult's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child, young person or vulnerable adult participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children, young people or vulnerable adults frequently to feel frightened or in danger, or the exploitation or corruption of children, young people or vulnerable adults. Some level of emotional abuse is involved in all types of maltreatment of a child, young person or vulnerable adult though it may occur alone.</p>
Neglect	<p>The persistent or severe failure to meet a child, young person or vulnerable adult's basic physical and / or psychological needs – e.g. withholding food, drink or adequate heating.</p> <p>It will result in serious impairment of their health or development. It can also include a failure to provide access to health, social or education services.</p>

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Type	Definition
Sexual Exploitation	Sexual exploitation is a form of sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child, young person or vulnerable adult into sexual activity in exchange for something the victim needs or wants, and / for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Sexual exploitation does not always involve physical contact; it can also occur using technology.
Sexual Abuse	Involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, not necessarily involving a high level of violence, whether the child, young person or vulnerable adult is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children, young people and vulnerable adults in looking at, or in the production of, sexual images, watching sexual activities, encouraging them to behave in sexually inappropriate ways, or grooming them in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children, young people and vulnerable adults.
Financial Abuse	In the case of vulnerable adults' abuse could include theft, fraud or misuse of property, possessions or benefits belonging to the individual, by strangers, carers or family members.
Discriminatory Abuse	This may include insults, harassment and maltreatment of someone's race, religion, impairment or illness. Some kinds of abuse are more obvious than others, and there are examples of behaviour which constitutes abuse within these categories, and circumstances in which children, young people and vulnerable adults may have a heightened vulnerability to abuse.
Drug/Alcohol Abusing Parents	Drug and alcohol abuse by parents can have a serious effect on children, young persons or vulnerable adults. 70% of children taken into care have parents who are suspected of substance abuse. Not all parents who abuse drugs or alcohol mistreat or neglect children, young persons or vulnerable adults. But sometimes they can be put at considerable risk. There is an increased risk of violence in families where parents abuse substances. Children, young persons and vulnerable adults can suffer from lack of boundaries and discipline and live chaotic lives. This can seriously affect their psychological and emotional development and may cause problems with their relationships later in life. The children, young persons and vulnerable adults who are most vulnerable are those whose parents are violent, aggressive, neglectful or rejecting. These children, young persons and vulnerable adults can remain

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	“invisible” from the services intended to support them unless their behaviour attracts attention at College or elsewhere outside the home.
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Type	Definition
Domestic Violence	The effect of domestic violence on a child, young person or vulnerable adult is such that it must be considered as abuse. Either witnessing it, or being the subject of it, is not only traumatic but is likely to adversely impact on a child’s, young person’s or vulnerable adult’s behaviour and performance at Horizons College. Horizons College may see changes of behaviour or attendance patterns in existing learners affected by domestic violence, and should treat it as physical or emotional abuse as appropriate.
Peer Abuse	Abuse is not just an adult crime. Children can pose a threat either physical or sexual to other children. Even when sexualised behaviour is identified in an under 18 and a learner is on a treatment programme, they still must be educated and managed in a college setting. Management of this behaviour in Horizons College needs to be approached on a whole College, classroom / curriculum and individual level.
Child Prostitution	Children, young persons and vulnerable adults involved in prostitution and other forms of commercial sexual exploitation are victims of abuse and should be treated as such. Their needs will require careful assessment as this problem is often hidden from view. Guidance stresses that all agencies should treat the child, young person or vulnerable adult primarily as a victim of abuse and should work together to provide them with strategies to exit prostitution.
Female Genital Mutilation	This form of physical abuse involves female genital mutilation by way of female circumcision, excision or infibulation. The Prohibition of Female Circumcision Act 1985 makes FGM an offence, except on specific physical and mental health grounds and it is an offence to take a female out of the UK for FGM.
Forced Marriages	Forced marriage is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young people at risk of a forced marriage are usually experiencing emotional and / or physical abuse at home. Colleges often feel that it is not their place to tackle this issue and that doing so intrudes on private and cultural family matters. This anxiety is unnecessary for the following reasons: <ul style="list-style-type: none"> • No culture or religion sanctions forced marriage – this is quite different to an arranged marriage where parties consent of their own free will. • Forced marriage is a human rights abuse in the same way as child abuse and domestic violence and as such must not be ignored.
Institutional Abuse	This is mistreatment or abuse of a vulnerable adult caused by a regime or individuals within an organisation that denies individuals the right to choose. Abuse can be by an individual or by a group of staff. It can occur in care homes, hospitals, day care facilities, clinics and supported and sheltered housing.

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Self Neglect	Not a direct form of abuse, but staff need to be aware of it in a general context of risk / assessment 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.
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APPENDIX B

ACTION WHEN A CHILD / YOUNG PERSON HAS SUFFERED OR IS LIKELY TO SUFFER HARM

1. Process

Sharing / Recording concerns

An individual with concerns about a child or young person records these and shares these with the DSL or the Deputy DSL (if both the DSL and Deputy DSL are unavailable, then concerns need to be shared with the CEO) as soon as possible.

The individual with concerns may refer to children's social care directly.



Consideration

The DSL will consider the information, in the context of any other concerns / disclosures, and decide on next steps. Where possible this should be done in consultation with others in the safeguarding team.

Parents / carers should be involved at this stage, **unless to do so may place the child / young person at increased risk of significant harm, in which case advice should be sought from Family Contact Point.**



Referral to Swindon Safeguarding Partnership

The DSL will make a telephone referral in the first instance to Family Contact Point on 466903.

Emergency duty service 436699

This must be followed up within 24 hours with a written referral, using form RF1.

The RF1 form must be signed and dated by the referrer.

If a child / young person discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, Horizons College must consult the Duty Social Worker before informing parent.

No Referral to Swindon Safeguarding Partnership

Actions will be agreed to monitor the child / young person and support the child / young person and family where needed.

An Early Help Record and Plan should also be considered at this stage.



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Swindon Safeguarding Partnership Consideration

Children's social care decides within 1 working day what action will be taken, including if an assessment is needed and **feedback to the referrer**.



Assessment

Swindon Safeguarding Partnership completes the assessment within 45 working days of the referral; it could be a section 17 or section 47 assessment. Horizons College should allow LAs access to facilitate arrangements.

No Assessment

If the information supplied in the referral does not meet the threshold, an Early Help Record and Plan (EHRP) may be recommended and / or onward referral to other specialist or universal services; **Swindon Safeguarding Partnership will feedback to the referrer.**



If the child's / young person's situation does not appear to be improving the referrer should press for re-consideration.

1.1 Referrals for Alleged Perpetrators of Sexual Abuse:

- a. Where a learner is being investigated by the police for allegedly committing sexual offences, and the police have said they will make a referral to Swindon Safeguarding Partnership, Horizons College will still telephone family contact point without delay to raise awareness of the concerns relating to the alleged perpetrator. Family contact point will advise if an RF1 needs to be completed by Horizons College.

2. Record Keeping

- 2.1 Any member of staff or volunteer receiving a disclosure of abuse, or noticing possible abuse, must:
 - a. Make an accurate record as soon as possible; noting what was said or seen, putting the event into context, and giving the full date, time and location. Where possible this should be recorded onto a Concern / Disclosure Form (See Para 5 below).
 - b. Where staff have observed injuries to a learner, these should be recorded on a body map outline, with some indication given about the size of the injury. Staff should not take photographs of injuries.
 - c. The concern / disclosure must be discussed with the DSL as soon as possible.
 - d. All hand-written records must be retained, even if they are subsequently written up onto a Concern / Disclosure Form.

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- 2.2 Written records of concerns about learners must be kept, even where there is no need to make a referral immediately.
- 2.3 All records relating to Child Protection concerns will be kept in a secure place and will remain confidential. They do not form part of the learner's educational records and must be kept separate from other records.
- 2.4 A chronology will be kept at the front of individual learners' files, which reviewed and updated whenever a new concern is raised or additional relevant information becomes available, **noting actions and outcomes**.
- 2.5 Significant events, for example a Team Around the Child (TAC) meeting or Child Protection conference should also be noted on the chronology.
- 2.6 The quality of Child Protection records will be monitored by the College principal.
- 2.7 Where a learner moves College, copies of Child Protection documentation must be passed immediately and confidentially to the receiving College, separate from general records, with the original records retained by the College. The DSL will also telephone the DSL at the new College to raise awareness of Child Protection concerns, and that records are being transferred.
- 2.8 Horizons College will refer to **Guidance on the Retention and Transfer of Safeguarding Records in an Educational Establishment** (available on Swindon Schools Online) about the storage of formal and informal Child Protection Records.
- 2.9 Confidentiality must be maintained and information relating to individual learners / families shared with staff on a strictly need to know basis.
- 2.10 Joint investigation procedures – for guidance on the joint investigations (See Para 6 below).
- 2.11 There are occasions when social care will contact Horizons College and request a phone number for a parent or carer. The caller's identity should be verified before releasing this information and Horizons College should confirm with social care whether the family should be informed about the request.

3. Alleged Abuse by Staff

- 3.1 Process:

If you become aware that a member of staff may have:

- Behaved in a way that has harmed, or may have harmed a learner; or
- Possibly committed a criminal offence against or related to a learner;
- Behaved towards a learner or learners in a way that indicates they may pose a risk of harm to learners.



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The learner and / or alleged abuser **SHOULD NOT** be questioned but a record made of what has been reported. **The alleged abuser should not be informed of the allegation at this stage.**



Report immediately to Genti Mullaliu (Principal) or Alec Hunt (Chair of Governors) if the allegation is about the Principal.
(Or in their absence, the Deputy Designated Safeguarding Lead)



Report the allegation to the Local Authority Designated Officer for Allegations (LADO):

Please call one of the following numbers:

Allegation Management Team - (01793) 463854

Jon Goddard (LADO) - 07392 103019 (Monday – Wednesday, 9am – 5pm)

Jeremy Fletcher (LADO) – 07500766070 (Monday – Friday, 9am – 4:30pm)

Sean Capewell (Senior IRO) – 07392 103032 (Monday to Friday, 9am – 5pm)

Within one working day



The LADO will decide on further action:

- No Further Action after Initial Consideration and Closure; or
- Advice and Follow Up from LADO; or
- Strategy Discussion.



No further action by the LADO

Horizons College may be asked to complete their own enquiries and report the findings back to the LA at the conclusion.

Further action

The LADO will agree with the police whether a strategy meeting (police involvement) or an allegations meeting needs to take place.



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<p>If a strategy discussion is not required, an allegations management meeting will be held. The main purpose of this is to ensure the safety of the learner(s) and ensure the process is concluded promptly, ensuring the accused staff member has adequate support.</p>	<p>Allegations strategy discussion</p> <p>This will take place if the learner has suffered significant harm / is at risk of suffering significant harm, or if the alleged behaviour may constitute a criminal offence related to the learner.</p>
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- 3.2 The Principal / Chair of Governors will be invited to the above meetings.
- 3.3 Horizons College is legally obliged to make a referral to the Disclosure and Barring Service if at the end of the allegation process a member of staff or volunteer is removed from their position, or if they leave while under investigation for allegedly causing harm or posing a risk of harm.
- 3.4 Horizons College has a code of conduct in place, which clearly states what behaviours are acceptable and what behaviours are not. Staff sign to say that they have read and understood the document.
- 3.5 Horizons College uses the guidance as stated in the **Safer Working Practice for Adults Working with Children and Young People** (updated May 2019).

4. Parental Involvement

- 4.1 Horizons College is committed to helping parents / carers understand responsibility for the welfare of all learners and our duty of care. Horizons College's priority is the learner's welfare and therefore there may be occasions when concerns about a learner means that we must consult other agencies before we contact the parent / carer. The procedures Horizons College follows have been laid down by the South West Child Protection Procedures (SWCPP - www.swcppp.org.uk), and are in accordance with SBC guidance. Parents / carers will be made aware of Horizons College's Safeguarding Children and Vulnerable Adults at Risk Policy via Horizons College website <http://horizonscollege.ac.uk>. The policy and procedures will also be shared at transition meetings with parents / carers of new learners. At the beginning of each academic year parents / carers will also receive a letter stating Horizons College Safeguarding Children and Vulnerable Adults at Risk Policy and procedures.
- 4.2 Concerns will be discussed with parents / carers. Where a referral is needed, the DSL should seek the agreement of parents / carers before making the referral, unless to do so may place the learner at increased risk of significant harm. However, lack of agreement should not stop a referral from going ahead. Advice will be taken from family contact point.

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5. Concern Form

CONFIDENTIAL

Date:		Name and job role of person completing form:	
Time:			
Name of Learner:		Name and role of person learner disclosed to/ reporting incident/ concerns:	

Details of disclosure by learner:

Action taken by person(s) above:

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Date of notification to DSL/ Deputy:	Name of DSL/ Deputy:	
<i>Detail of decision / action by DSL or Deputy:</i>		
<i>Reason(s) for this decision or action by DSL or Deputy:</i>		
<i>Notes of feedback between DSL/ Deputy and the person who raised this protection concern, including date of feedback:</i>		
<i>If not added to learner's chronology reason why:</i>		
If added to student's chronology, complete below if required		
Date for review:		Name of person(s) to review:
<i>Notes of review (if necessary continue on a separate page and attach):</i>		
For official use only:		Name of Admin Officer:
Concern Form added to student chronology and file?	Y / N	
Details of concern added to central record?	Y / N	

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6. **Guidance About Joint Investigations (Social Care and Police) which take place in Schools and Colleges**

6.1 Guidance for Horizons College:

- a. Horizons College will receive a phone call to let them know that a joint investigation has been agreed, following the Strategy discussion / meeting.
- b. Horizons College will be informed at this stage whether parents / carers have been informed about the joint investigation taking place.
- c. A social worker will attend, accompanied by a Police Officer (most likely to be a Police officer from the Child Abuse Investigation Team or the Domestic Abuse Investigation Team). The Police will be plain clothed and will attend in an unmarked car.
- d. The professionals will speak to the child on arrival and establish whether they wish someone from Horizons College to be present during the interview.
- e. The Police will record the interview in note form.
- f. If a disclosure is made, the interview will be stopped and will continue at Gable Cross Police station. This will be a video interview. A member of Horizons College staff may accompany the child / young person to the Police station only if required.
- g. There is no requirement for members of Horizons College staff to record minutes / notes during the school meeting, as this could jeopardise possible future court outcomes.
- h. The decision of the timings to inform parents will be agreed by the social worker and the Police, prior to the meeting.

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APPENDIX C

ACTION WHEN A VULNERABLE ADULT HAS SUFFERED OR IS LIKELY TO SUFFER HARM

1. Principles

- 1.1 The prevention of abuse of adults at risk is a collective responsibility of all sections of society. However, those agencies, professionals, independent sector organisations and voluntary groups working with, or in contact with adults at risk, hold a responsibility to ensure safe, effective services and to facilitate the prevention and early detection of abuse from whatever quarter, thus ensuring that appropriate protective action can be taken.
- 1.2 The following principles are endorsed by all agencies to this policy as fundamental to safeguarding adults at risk:
- 1.3 The principles set out in the Statement of Government Policy are:
 - a. Empowerment - Presumption of person led decisions and informed consent.
 - b. Protection - Support and representation for those in greatest need.
 - c. Prevention - It is better to act before harm occurs.
 - d. Proportionality - Proportionate and least intrusive response appropriate to the risk presented.
 - e. Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - f. Accountability - Accountability and transparency in delivering safeguarding.
- 1.4 Agencies will:
 - a. Actively work together within the agreed inter-agency framework based on the guidance contained in 'No Secrets' (2000 Department of Health, Home Office).
 - b. Act to prevent harm from occurring.
 - c. Investigate abuse and manage safeguarding adults at risk procedures within the agreed policy, guidance and protocols underpinning this framework.
 - d. Provide a proportionate response and seek to ensure that the individual's life will be improved because of using safeguarding procedures.
 - e. Actively promote the empowerment and well-being of adults at risk through the services they provide.

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- f. Actively support the rights of the individual to lead an independent life based on self-determination and personal choice.
- g. Ensure the law is followed when assessing an individual's capacity to make decisions and that decisions made on their behalf are in their best interests if they are assessed as lacking capacity to do this for themselves.
- h. Recognise people who are unable to make their own decisions and / or protect themselves, their assets and their bodily integrity.
- i. Recognise that the right to self-determination can involve risk and ensure such risk is recognised and understood by all concerned, and harm is minimised whenever possible.
- j. Ensure the safety of adults at risk by integrating strategies, policies and services relevant to abuse within all systems and legislation created to safeguard adults.
- k. Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advocacy, including advice, protection and support from relevant agencies.
- l. Ensure that the law and statutory requirements are known and used appropriately so that adults at risk receive the protection of the law and access to the judicial process.
- m. Identify others who may be at risk of harm, including children (including unborn babies), and effect immediate referral to the appropriate authority.
- n. Recognise the on-going duty of care to service users who cause harm and facilitate any necessary action to address abusive behaviour.
- o. Actively promote an organisational culture within which all those who express concern will be treated seriously and will receive a positive response from management.
- p. Ensure comprehensive Safe Recruitment procedures are in place to minimise the likelihood of appointing someone who would put a vulnerable person at risk;
- q. Ensure that all agencies and their staff working with adults at risk are familiar with this policy and the agreed procedures, guidance and protocols.
- r. Ensure that confidentiality and information sharing related to safeguarding adults at risk and those alleged to have caused harm in a multi-agency context are maintained with the agreed protocols;
- s. Ensure that all staff responsible for managing and conducting investigations within these procedures receive the appropriate training and support.

2 Adult Care Team

- 2.2 For this policy, the phrase "Adult Care Team" will be used to describe the team that provides care management / social work services to adults at risk and will play a lead role

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in the investigation and coordination of allegations of the abuse of adults at risk. This encompasses:

- a. Wiltshire Council Safeguarding Adults and Mental Capacity Act Team.
- b. Adult Social Care Teams.
- c. Community Teams.
- d. Hospital Social Work Teams.
- e. Mental Health Trusts.
- f. Community Teams for People with Learning Disabilities.
- g. Independent Living Service.
- h. Includes teams managed by Avon and Wiltshire NHS Partnership Mental Health Trust.

3 Safeguarding Vulnerable Adults Procedure

- 3.2 The purpose of these guidelines is to ensure that the rights of the vulnerable adult are protected through staff awareness of the issues and the following of the statutory and local guidelines in the reporting of concerns.
- 3.3 Horizons College will take steps to identify vulnerable adults on admission to a course. Teachers will be informed, as part of the admissions procedures, if vulnerable young people or adults have been enrolled on their courses where these are not specifically designed for vulnerable learners. Additional supervision measures will be put in place for all learners defined as vulnerable and such learners will come under the provisions of this policy

4 Advice to Staff on when to Act and How

- 4.2 Vulnerable adults can be potentially abused within the family, community, organisations by employees (including those employed to promote their welfare and protection from abuse), visitors, volunteers and fellow learners.
- 4.3 It is the responsibility of all staff working within Horizons College to record and refer concerns regarding the safeguarding of vulnerable adults even if they are just suspicions or overheard rumours, but not to discuss it with anyone other than the DSL or Deputy DSL.
- 4.4 If a vulnerable adult comes to you with a report of apparent abuse or a concern over radicalisation or extremism, you should listen carefully to him / her, using the following guidelines. When listening staff must:
 - a. Allow the vulnerable adult to speak without interruption.
 - b. Never trivialise or exaggerate the issue.

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- c. Never make suggestions.
 - d. Never coach or lead them in any way.
 - e. Reassure them, let them know you are glad they have spoken up and that they are right to do so.
 - f. Always ask enough questions to clarify your understanding, but do not probe or interrogate – no matter how well you know the young person or vulnerable adult– spare them having to repeat themselves over and over.
 - g. Be honest – let the vulnerable adult know that you cannot keep this a secret; you will need to tell someone else.
 - h. Try to remain calm – remember this is not an easy thing for them to do.
 - i. Do not show your emotions – if you show anger, disgust or disbelief, they may stop talking. This may be because they are upsetting you or they may feel your negative feelings are directed towards them.
 - j. Let the young person or vulnerable adult know that you are taking the matter very seriously
 - k. Make the vulnerable adult feel secure and safe without causing them any further anxiety.
- 4.5 Once you suspect any abuse or extremism / radicalisation you should immediately (within a maximum of two hours) contact the DSL / Deputy DSL either in person or by telephone outlining what has been disclosed, what you have overheard or your suspicions. You should also contact them if you know or suspect that a member of staff or learner has a previous history of abuse of vulnerable adults.
- 4.6 If the DSL / Deputy DSL cannot be contacted within hours of the initial concern, the person making the report should refer the matter to the CEO who will act as the Designated.
- 4.7 Social Care Team will take control of the situation, including such things as whether to inform parents / carers.
- 4.8 If it is decided by DSL / Deputy DSL that further action should be taken, they may.
- a. Seek further advice from Social Services.
 - b. Make a referral to Social Services.
 - c. Report the incident to a designated Social Worker.
 - d. Report the matter to the police if a crime is suspected.

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- 4.9 Regarding concerns around radicalisation or extremist behaviour if the DSL / Deputy DSL judges the learner to be in immediate danger or likely to act imminently then the Police will be called otherwise advice from CHANNEL will be sought.
- 4.10 The DSL / Deputy DSL will ask the referring member of staff s to produce a full written record within 24 hours, which should include:
- a. Name and position of the person who reported the matter.
 - b. Whether the matter is a direct disclosure from a vulnerable adult, a suspicion or an overheard conversation.
 - c. A factual account of what has been overheard or what has been disclosed, including any questions they needed to ask to clarify understanding.
 - d. The Report should contain as much detail as possible including observations (including physical signs of apparent abuse). It must not include opinions or personal interpretation of the facts.
 - e. Signed, dated and forwarded to the DSL / Deputy DSL who will store it in a secure place.
- 4.11 Detailed information about a case will be confined to the DSL / Deputy DSL, the Principal (if not the DSL) and (if not implicated) the parents / carers.
- 4.12 The reporting member of staff will be kept informed on the progress of the case on a 'need to know' basis only.
- 4.13 If the Adult Care Team deem it a safeguarding issue the Principal will advise the Chair of Governors without disclosing any detail on a need to know basis.

5 Indicators of Possible Abuse or Harm

- 5.1 Indicators of abuse should be suggestive of, not proof of, abuse as they rarely prove abuse has occurred. Any one or group of indicators could arise from other causes other than abuse. However, recognition of a number of factors or symptoms in any one individual should give rise to concern and lead to further assessment or investigation.
- 5.2 If a member of staff sees one or more indicators in an individual that must be discussed with a Learning Lead / DSL / Deputy DSL. It could be the case that several staff are seeing some of these signs and that by openly sharing their observations, staff may become aware that they have each noticed a different aspect of the abuse and that by sharing information a fuller picture may emerge. It is important to bear in mind that abuse may be perpetrated because of deliberate intent, negligence, or ignorance.
- 5.3 The following lists of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk. Some of the following indicators may relate to more than one type of abuse and may also be an indicator of offending behaviour:
- a. Indicators of Discriminatory Abuse:

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- Lack of respect shown to an individual;
 - Failure to respect dietary needs;
 - Failure to respect cultural and religious needs;
 - Signs of a substandard service offered to an individual;
 - Exclusion from rights and services afforded to citizens e.g. health, education, employment, criminal justice and civic status.
- b. Indicators of Physical Abuse:
- Any injury not fully explained by the history given;
 - Injuries inconsistent with the lifestyle of the adult at risk;
 - Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs;
 - Cluster of injuries forming regular patterns or reflecting shape of article;
 - Burns, especially on soles, palms or back, immersion in hot water, friction burns, rope or electrical appliance burns;
 - Multiple fractures;
 - Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia;
 - Marks on body, including slap marks, finger marks;
 - Injuries at different stages of healing;
 - Medication misuse;
 - Enforced misuse of illegal or legal substances; and
 - Inappropriate restraint.
- c. Indicators of Sexual Abuse:
- Significant change in sexual behaviour, language or outlook;
 - Pregnancy in a woman who is unable to consent to sexual intercourse;
 - Wetting or soiling;
 - Unexplained negative responses to personal/medical care tasks;

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- Signs of withdrawal, depression and stress;
 - Full or partial disclosure or hints of sexual abuse;
 - Overly sexualised language;
 - Unusual difficulty in walking and sitting;
 - Pain or itching, bruises or bleeding in genital area;
 - Sexually-transmitted disease, urinary tract/vaginal infections in someone who is unable to consent to sexual intercourse;
 - Psychosomatic disorders - stomach pains, excessive period pains.
- d. Indicators of Psychological / Emotional Abuse:
- Change in appetite;
 - Low self-esteem, deference, passivity and resignation;
 - Unexplained fear, defensiveness, ambivalence;
 - Emotional withdrawal;
 - Sudden change in behaviour;
 - Person managing care uses bullying, intimidation or threats to induce desired behaviour;
 - Person managing care has punitive approach to bodily functions or incontinence;
 - Person is in receipt of malicious texts, emails or harmful contact while using social networking websites.
- e. Indicators of Financial Abuse
- Unexplained sudden inability to pay for bills or maintain lifestyle;
 - Person lacks belongings or services they can clearly afford;
 - Recent acquaintances expressing sudden or disproportionate affection for a person with money or property;
 - Lack of records and accounting of where money spent;
 - Unusual or suspicious bank account activity;
 - Power of attorney obtained when person is unable to comprehend and give consent;

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- Withholding money without legal reason;
 - Recent change of deeds or title of property;
 - Unusual interest shown by family or others in the person or the person's assets;
 - Person managing financial affairs is evasive or uncooperative;
 - Selling or offering to sell possessions of an adult at risk who does not have the capacity to consent or know the full value of those possessions.
- f. Indicators of Neglect:
- Inadequate heating and/or lighting;
 - Inappropriate, old or shabby clothing, or being kept in night clothes during the day;
 - Sensory deprivation, not allowed to have hearing aid, glasses or other aids to daily living; Physical condition is poor e.g. treated or untreated pressure ulcers;
 - Inadequate physical environment;
 - Inadequate diet;
 - Untreated injuries or medical problems;
 - Inconsistent, frequently unexplained or reluctant contact with health or social care agencies;
 - Failure to engage in social interaction;
 - Malnutrition when not living alone;
 - Failure to give/offer prescribed medication/treatment;
 - Poor personal hygiene.
- g. Indicators of Institutional Abuse:
- Inappropriate or poor care, poor care planning and inconsistent application of care plans;
 - Misuse of medication;
 - *Higher than average levels of mortality;
 - *Higher than average levels of accidents and incidents and "near misses";

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- Inappropriate physical restraint or intervention;
- Inappropriate use of chemical restraint;
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc.;
- Lack of recording on client files;
- Lack of respect shown to person;
- Denial of visitors or phone calls;
- Restricted access to toilet or bathing facilities;
- Restricted access to appropriate medical or social care;
- Lack of privacy or failure to ensure appropriate privacy or personal dignity;
- Lack of flexibility and choice e.g. mealtimes and bedtimes, choice of food;
- Lack of personal clothing and possessions;
- Lack of response to specialists' guidance;
- Lack of consideration given to an individual's mental capacity and their best interests;
- Overly restrictive care planning & use of restrictive practice without proper authority or consent;
- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between staff and service users;
- Poor professional practice;
- Lack of response to complaints.

**The source of the statistical information that may give rise to a concern maybe from CQC, the Coroner's Office, Contracts Monitoring Visits, Health & Safety Executive etc.*

h. Other Indicators:

- Other forms of abuse (e.g. Domestic Violence, child abuse and cruelty to animals) may highlight an increased risk that adult abuse may be taking place. Self-harm or self-neglect may also be considered an indicator of harmful actions by someone other than the individual at risk.

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APPENDIX D

GOVERNMENT COUNTER TERRORISM STRATEGY (CONTEST 2015)

Contest

Contest is the UK's government strategy which aims to reduce the risk to the UK and its interests overseas from terrorism, so that people can go about their daily lives freely with confidence.

There are four main elements:

Pursue	Lies within the realm of the police and security services. It is concerned with the apprehension and arrest of any persons suspected of being engaged in the planning, preparation or commission of a terrorist act.
Prevent	Is concerned with working with partners to reduce support for terrorism of all kinds, challenge extremists whose views are shared by terrorist organisations and challenging and isolating extremists operating on the internet.
Project	Aims to strengthen our protection against a terrorist attack and reduce the vulnerability to such attacks. This involves managing the risks to crowded places and the safeguarding of hazardous materials.
Prepare	Seeks to mitigate the impact of a terrorist attack where that attack cannot be stopped. This includes working to bring a terrorist attack to an end and to increase our resilience so we can recover from its aftermath.

2. Prevent Duty

- 2.1 The duty in the Counter Terrorism and Security Act 2015 is *“to have due regard to the need to prevent people from being drawn into terrorism.”*
- 2.2 Prevent – is the Government's national counter terrorism strategy and aims to stop people being drawn into terrorism. It aims to reduce the risks of radicalisation and ensure people are given advice and support.
- 2.3 Extremism – is vocal or active opposition to fundamental British Values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. This also includes extremism calls for the death of the armed forces, whether in the UK or overseas (Home Office 2015).
- 2.4 Radicalisation – refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

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3. Channel

3.1 Process:

- a. Channel is a Government initiative early intervention process; it is a key element to the Prevent strategy and is a process for safeguarding individuals by assessing their vulnerability to being drawn into terrorism.
- b. Channel assesses vulnerability using a consistently applied vulnerability assessment framework built around three dimensions:
 - Engagement - with a group, cause or ideology;
 - Intent - to cause harm;
 - Capability - to cause harm.
- c. The dimensions are considered separately as experience has shown, for example, that it is possible to be engaged without intending to cause harm and that it is possible to intend to cause harm without being particularly engaged.

4. Vulnerability to Radicalisation

- 4.1 All staff have a responsibility to take notice of patterns of behaviour that show whether a person is **engaged** in an ideology, is **intent** in causing harm or **capable** of committing violent acts.
- 4.2 There are a number of behaviours and other indicators that may indicate a vulnerability to radicalisation and extremism:

Dimension	Definition / Factors	Potential Indicators
Engagement	<p>Engagement factors are sometimes referred to as psychological hooks. These could include the needs of a person, their susceptibilities, their motivations and influences.</p> <p>Engagement factors can also include:</p> <ul style="list-style-type: none"> • Feelings of grievance or injustice; • Feeling under threat; • A need for identity, meaning or belonging; 	<ul style="list-style-type: none"> • Spending increasing time in the company of other suspected extremists; • Changing their style of dress or personal appearance to accord with the group; • Their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; • Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;

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	<ul style="list-style-type: none"> • A desire for status; • A desire for excitement or adventure; • A need to dominate and control others; • A desire for political or moral change; • Opportunistic involvement; • Family or friends' involvement in extremism; • Mental health issues. 	<ul style="list-style-type: none"> • Possession of material or symbols associated with an extremist cause (e.g. the swastika for far-right groups); • Attempts to recruit others to the group, cause or ideology; • Communications with others that suggest identification with a group, cause or ideology.
Intent	<p>Intent factors are those that show a person is ready to use violence to promote their views or achieve their aims.</p>	<ul style="list-style-type: none"> • Clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills; • Using insulting or derogatory names or labels for another group; • Speaking about the imminence of harm from the other group and the importance of action now; • Expressing attitudes that justify offending on behalf of the group, cause or ideology; • Condoning or supporting violence or harm towards others; • Plotting or conspiring with others.

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Capability	<p>To have capability to cause harm requires skills, resources and networks to be successful.</p>	<ul style="list-style-type: none"> • Having a history of violence; • Being criminally versatile and using criminal networks to support extremist goals; • Having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); • Having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).
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4.3 The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

5. Prevention

- 5.1 Horizons College employs various strategies to control the risk of abuse, radicalisation and extremism and target the causes and opportunities for abuse and neglect. These include:
- a. Communication with Horizons College community about the nature of abuse and Horizons College safeguarding activity.
 - b. Embedding the principles of safeguarding into management expectations and professional practice.
 - c. Awareness raising training for all Horizons College employees, governors, volunteers and employees of partner organisations.
 - d. Learner / activity risk assessments prior to the start of learning programmes.
 - e. Training for children, young people and adults who may be at risk of abuse on personal safety, health and wellbeing. Safeguarding issues will be explored as a fundamental part of the curriculum with learners in the target groups.
 - f. Monitoring local reports of abuse and researching their causes.

5.2 Targeted Prevention:

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- a. Prevention strategies are specifically targeted at staff working with children / young people and adults at risk. This is because research shows that a significant number of abuse incidents involve professionals, carers and service managers as well as fellow students.

5.3 Targeted Prevention Strategies include:

a. Employee Recruitment:

- A DBS Disclosure will be obtained as required for all new and existing appointments to Horizons College's workforce;
- An up to date single central record will be maintained, detailing a range of checks carried out on Horizons College staff;
- Horizons College will ensure that contract / agency staff have undergone the necessary checks and have been made aware of this policy;
- Identity and employment history checks will be carried out on all appointments to the College workforce before the appointment is made.

b. Policies and Procedures employees are expected to follow:

- Horizons College reinforces expectations of employees through rules for conduct and practice which, if broken, could lead to disciplinary action.

c. Employee Training and Induction:

- On joining the organisation and when necessary thereafter, all employees, volunteers and governors are provided with training regarding professional standards, policy and procedures and how to address the possibility of abuse appropriate to the roles and responsibilities as defined in the college safeguarding plan.

d. Employee Supervision and Support:

- Employees working with adult learners who may be at risk of abuse or neglect receive role specific training and regular supervision sessions from their line manager where they are supported in reflecting on their practice and areas for improvement.

e. Other Learners:

- All learners will receive information at induction on Horizons college's safeguarding policy and procedures and be informed that any concerns regarding suspected abuse of learners by staff, volunteer or fellow learners should be reported immediately using the contact details advertised on Horizons college noticeboards or directly via reception or their tutor.

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APPENDIX E

FGM – FEMALE GENITAL MUTILATION

1. Key facts

- 1.1 Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- 1.2 The procedure has no health benefits for girls and women.
- 1.3 Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- 1.4 More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.
- 1.5 FGM is mostly carried out on young girls between infancy and age 15.
- 1.6 FGM is a violation of the human rights of girls and women.

2. Description

- 2.1 FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.
- 2.2 The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. World Health Organisation (WHO) strongly urges health professionals not to perform such procedures.
- 2.3 FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

3. Procedures

- 3.1 FGM is classified into 4 major types:
 - a. Type 1: Often referred to as **clitoridectomy**, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
 - b. Type 2: Often referred to as **excision**, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

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- c. Type 3: Often referred to as **infibulation**, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
 - d. Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.
- 3.2 Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

4. No Health Benefits, only Harm

- 4.1 FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks increase with increasing severity of the procedure. Immediate complications can include:
- a. Severe pain.
 - b. Excessive bleeding (haemorrhage).
 - c. Genital tissue swelling.
 - d. Fever.
 - e. Infections e.g., tetanus.
 - f. Urinary problems.
 - g. Wound healing problems.
 - h. Injury to surrounding genital tissue.
 - i. Shock.
 - j. Death.
 - k. Long-term consequences can include:
 - Urinary problems (painful urination, urinary tract infections);
 - Vaginal problems (discharge, itching, bacterial vaginosis and other infections);
 - Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);

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- Scar tissue and keloid;
- Sexual problems (pain during intercourse, decreased satisfaction, etc.);
- Increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and new born deaths;
- Need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (Type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);
- Health complications of FGM.

4.2 'FGM is a fundamental human rights issue with adverse health and social implications... (it) violates the rights of girls and women to bodily integrity and results in perpetuating gender inequality' - *UK All Parliamentary Group on Population Development and Reproductive Health (2000)*

5. Multi Agency Statutory Guidance on FGM (April 2016)

- 5.1 It is an offence to commit FGM.
- 5.2 It is an offence to aid, abet, counsel or procure a girl to commit FGM.
- 5.3 It is an offence for someone in the UK to aid, abet, counsel or procure FGM outside of UK that is carried out by a person who isn't a UK national or resident.
- 5.4 It is an offence for any act done outside UK by UK National or resident.

6. Indications that FGM may be about to take place:

- 6.1 The family come from a community that is known to practise FGM.
- 6.2 Parents state they will take the child out of the country for a prolonged period.
- 6.3 A child may talk about a long holiday to a country where the practice is prevalent.
- 6.4 A child may confide that she is to have a "special procedure" or celebration.

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7. Indications that FGM may have already taken place

- 7.1 A child may spend long periods of time away from the classroom during the day with bladder or menstrual problems.
- 7.2 Prolonged absences from College plus a noticeable behaviour change.
- 7.3 The child requiring to be excused from physical exercise without the support of their GP.

8. Responsibilities of College Staff:

- 8.1 Staff must inform the Designated Safeguarding Lead (DSL) or DSLs.
- 8.2 DSLs must make a referral to the Local Authority Adult Safeguarding Team.
- 8.3 For more information you can access:

FGM ABUSE INVESTIGATION COMMAND

Project AZURE

Information Line: **020 7161 2888**

scd5mailbox-azure@met.police.uk

Legislations for Safe Guarding and Child protection.

Section 175 Education Act 2002 (Maintained schools and FE Colleges including sixth forms), The Education (Independent School Standards) Regulations 2014 (Independent schools including Academies and Free schools). The Non-Maintained Special Schools (England) Regulations 2015.

Keeping Children Safe In Education – Sept 2019 version

Working Together To Safeguard Children – July 2018

Multi-agency statutory guidance on FGM (April 2016)

The Early Years' Framework (April 2017)

Sexual violence and sexual harassment between children in schools and colleges (May 2018)

What to do if you are worried a child is being abused (March 2015)

The Prevent Duty – departmental advice for schools and childcare providers (June 2015)

Information-sharing – advice for practitioners providing safeguarding services (July 2018)

Children Missing Education (Sept 16)

Sharing information with them (in line with 'Information-sharing' DfE March 2015)

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Signed Principal

Signed Chair of Governors

Date