



# ESBM Safeguarding Policy

review July 2021

## SECTION A

### **Mission statement:**

**It is ESBM's aim to protect and safeguard all learners. We want all learners to be able to participate, enjoy and achieve. No learner should suffer a violation of their human or civil rights. We have a zero tolerance level for any form of abuse.**

This policy is informed by:

1. Keeping Children Safe in Education, DfE September 2021:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1014058/KCSIE\\_2021\\_Part\\_One\\_September.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014058/KCSIE_2021_Part_One_September.pdf)
2. Independent Schools Inspectorate, Safeguarding Policy, <https://www.isi.net/safeguarding/>

### **Introduction**

The aim of this policy is to clarify ESBM role in the safeguarding and protection of young people and adults at risk and to promote their welfare within our school. The purpose is to bring about better outcomes for all learners by facilitating open communication channels and clear accountability. By implementing the policy it will help all learners achieve the below five outcomes:

Enjoy and achieve  
Achieve economic and social wellbeing  
Feel Safe  
Be healthy  
Make a positive contribution

This policy applies to the everyone at ESBM including vulnerable adults, who form part of our statutory responsibilities, specifically those who have a physical, sensory or learning disability. Throughout this document the generic phrase learners will be used where possible. Where the phrase "Child" or "Child Protection Procedure" applies these will also apply to Adults at risk. We recognise that any learner could potentially be a victim of abuse.

The guidance is based on:

Counter-Terrorism and Security Act 2015  
Safeguarding and the Equalities Act 2010



Protection of Freedoms Act 2012  
Safeguarding Vulnerable Trainings Act, 2006  
Vetting and Barring Scheme (VBS) revised guidance 2012  
Education Act 2011  
National Service Framework  
Common Assessment Framework  
Human Rights Act 2010  
Forced Marriage act 2017  
The Female Genital Mutilation Act 2003  
Domestic Abuse

All staff working with learners must be able to identify when someone may be likely to suffer significant harm through abuse or neglect and how to act upon concerns by referring them to Children's or adults Social Care. In addition all staff must ensure that learners are supported with e- safety and are aware of threats surrounding this.

For children or young people only:

We will work closely with Leicester local safeguarding children's board who will help and support us in instances relating to abuse. For anyone wanting to contact the local safeguarding children's board, the contact details are: 0116 4546520

[lcitylscb@leicester.gov.uk](mailto:lcitylscb@leicester.gov.uk)

This is the Leicester Safeguarding board, it is worth noting that all regions will have their own local numbers.

All ESBM staff should be aware of internal arrangements consistent with the young people and vulnerable adult's protection procedures, and the roles of key staff within the organisation.

## **Roles, Responsibilities and Structure**

All staff delivering services in ESBM to young people and adults has a responsibility under the Children Act 2006 to safeguard and promote the welfare of all of the learners.

We also have a duty to protect those adults that could become vulnerable or who are vulnerable to abuse.

ESBM staffs have a legal responsibility for the identification and reporting of individual abuse and for safeguarding the welfare of young people and adults at risk.

Advice and support should be sought from the **Designated Safeguarding Lead Andrew Flint, General Manager/Principal.**



## **Deputy Safeguarding lead Hayleigh Johnstone**

There are clear procedures for the recording of information which need to be followed.

## **Safeguarding Designated Lead Andrew Flint General Manager/Principal**

### **Deputy Safeguarding lead Hayleigh Johnstone**

Overall responsibility for Individual Protection issues in ESBM, making sure they are maintained, monitored and evaluated.

Responsible for keeping central confidential files

Contactable out of hours in exceptional circumstances

Responsible for ensuring Safeguarding policy are kept up to date

Responsible for contributing to Serious Case Reviews and implementing any resulting action plans

Responsible for referrals to outside agencies.

## **Prevent Lead: Andrew Flint, General Manager/Principal**

### **Deputy Prevent lead Hayleigh Johnstone**

Should you have concerns in relation to radicalization they should immediately be referred to the Prevent Lead. The Prevent Lead is responsible for making any further referrals to Channel.

## **Human Resource Manager: Tamu Gill**

The Human Resource Manager in relation to allegations made against staff.

Provide information on counseling if required for staff members affected by abuse or disclosure of abuse.

## **SECTION B**

## Key Definitions

**Safeguarding and Promoting Welfare** is defined as:

- Protecting young people and adults at risk from maltreatment
- Preventing impairment of young people /adults at risk health or development
- Ensuring that young people/adults at risk are growing up in circumstances consistent with
- The provision of safe and effective care
- Undertaking that role so as to enable those young people to have optimum life Chances and to enter adulthood successfully
- Be vigilant about radicalisation; that they overcome professional disbelief that such issues will not happen here and ensure that we work alongside other professional bodies and agencies to ensure that our learners are safe from harm.

**E-safety** is electronic safety which can be associated with websites such as Facebook, Twitter, msn and any other social networking site. E-safety also applies to mobile phones also where learners should be aware of what to do should they be subject to Sexting.

**Child Protection** is part of safeguarding and promoting welfare. The term is used to refer to the activity that is undertaken to protect specific young people who are suffering or are at risk of suffering significant harm.

**Physical Abuse** – may involve hitting, shaking, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to an individual. Factitious Disorder is also classed as physical abuse. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a young person whom they are looking after. The situation is commonly described using terms such as factitious illness by proxy or Munchausen’s by proxy.

### **Indicators:**

- Torn Frenulum.
- Blood in whites of eyes, small bruises on head, bruising on rib cage, maybe associated with shaking.
- Burns and scolds on hands, feet, buttocks, groin.
- Cigarette burns.
- Linear marks, weal marks.
- Bruised eyes or ears.
- Multiple bruising.
- Grip/slap marks.

- Bite Marks.
- Injuries found to be at different stages.
- Unconscious Individual.
- Injuries/fractures in individuals who are not mobile.

The above is not an exhaustive list.

### **Emotional Abuse/Psychological abuse**

Emotional and psychological abuse is the persistent emotional ill treatment of an individual which causes severe and persistent side effects on the individual's emotional development. Most forms of abuse will generally include psychological or emotional signs and symptoms. It may involve conveying to the individual that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on individual. These may include interactions that are beyond the individual's development capability as well as overprotection and limitation of exploration and learning or preventing the individual participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing individuals to feel frightened or in danger, or the exploitation or corruption of individual. Some level of emotional abuse is present in all types of ill treatment of an individual, though it can still occur alone.

#### **Indicators:**

- Lack of self-esteem.
- Withdrawn, aggressive behavior, self harm, mutilation, substance abuse and suicide attempts.
- Eating disorders.
- Degrading or humiliating punishments.
- Young people and adults who appear unused to praise or encouragement.
- Young people and adults who are rejected by parent/carer/sibling/partners.

### **Neglect and acts of omission**

Neglect can also be a form of emotional abuse, many of the signs and symptoms will be the same as outlined above, acts of omission are when knowingly someone could be putting a young person or vulnerable adults at risk or they are aware of the abuse but it is not reported. Such instances include, ignoring medical or physical care needs, failure to provide access to appropriate health and social care and with holding the necessities in life.

#### **Indicators**

- See all indicators of abuse

**Sexual Abuse** – involves forcing or enticing a young person or adults at risk to take part in sexual activities including prostitution, whether or not the individual is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may involve non-contact activities such as involving individuals in looking at, or in the production of sexual online images, pornographic material, or watching sexual activities, or encouraging individuals to act in sexually inappropriate ways.

**Indicators:**

- Inappropriate sexual knowledge or behaviour.
- Sexually transmitted diseases.
- Pregnancy – especially concealed.
- Self-harm/suicide attempts/substance abuse.
- Eating disorders.
- Significant changes in behaviour/personality.
- Persistent offending, non-school attendance.

## **Financial or material Abuse**

This may include theft, fraud, exploitation, pressure when dealing with wills or inheritance, financial transactions and claiming benefits that they are not entitled to.

### **Indicators:**

- Loss of money from wallet or purse
- Lack of money to buy basic items
- Bills not been paid when money has been entrusted to a third party
- Inadequate clothing
- Unexplained withdrawal of cash

## **Discriminatory abuse**

This could include bullying and harassment based on the age, sex, disability, race, religion, ethnicity and sexual orientation. The indicators are same as those identified in emotional abuse.

### **Indicators:**

- Sexual activity of young people under the age of 18.
- Female genital mutilation.
- Protecting young person from forced marriages.
- Protection from radicalization

## **Radicalisation**

There are a number of behaviours that might indicate that an individual is at risk of being radicalised or exposed to extreme views. Such behaviours may include:

- Spending increasing time in the company of other suspected extremists;
- Changing their style of dress or personal appearance to accord with the group;
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause;
- Loss of interest in others and activities not associated with the extremist ideology, group or cause;
- Possession of materials or symbols associated with an extremist cause;
- Attempts to introduce others to the group/cause;
- Communications with others that suggests identification with a group, cause or ideology;
- Using names/language ranging from insulting to derogatory for members of another group;
- Increase in prejudice-related incidents committed by that person – these may include:

- physical or verbal assault;
- provocative behaviour;
- damage to property;
- derogatory name calling;
- possession of prejudice-related materials;
- prejudice related ridicule or name calling;
- inappropriate forms of address;
- refusal to co-operate;
- attempts to recruit to prejudice-related organisations;
- Condoning or supporting violence towards others.

This list is in no sense intended either to be exhaustive.

### **Recognising Abuse – General Considerations**

All staff should be alert to signs that an individual may be at risk of significant harm, regardless of age, sex, culture, religion, and social class, as individual abuse occurs regardless of these factors.

Identification of individual abuse may be difficult; it normally requires both medical and social assessment.

Different types of individual abuse could be present at the same time, e.g. an individual who is being sexually abused may be physically abused. Staff need to be alert to signs of other types of abuse.

Always listen carefully to the individual – pay particular attention to any spontaneous statement. In the case of an individual with limited language, pay attention to their signing or behavior or play. Be aware of body language and scribbling/doodling.

Any delay in seeking medical assistance, or none being sought at all for an ill individual could be an indicator of abuse.

Beware if the explanation of an accident is vague, lacking in details, is inconsistent to the injury or varies with each telling.

Take note of the appropriateness of the response of parents/carers/partners

Any history or unexplained illness/injuries requires the most careful scrutiny.



Beware if there are indicators of a history of domestic violence. Violence towards adults may also indicate violence towards children, and can it be emotionally abusive.

Individuals who are being abused often do not disclose, for a variety of reasons, so in our professional capacity we have to be vigilant to possible signals.

Staff should always make a factual dated report and submit to the Designated safeguarding Lead

ESBM is responsible for reporting incidents of suspected abuse and not investigating them.

### **Significant Harm**

The term 'significant harm' is important as it is the point at which Children's and young person Social Care have a statutory duty to put in motion Section 47 enquiries under the 1989 Children Act. **It is the duty of CHILDREN'S SOCIAL CARE to determine whether the young person is at risk of significant harm, not ESBM.** However, we need to have an understanding of what it means to inform our referral procedures.

There are no absolute criteria for deciding what constitutes significant harm. It requires judgment based on the nature of the abuse, and the effects of that abuse on the individual.

In order to help us decide how severe the harm is the following factors should be considered:

- The degree and extent of the abuse and neglect.
- The duration and frequency of the abuse and neglect
- The extent of pre-meditation
- The degree of threat or coercion

### **Recording, Sharing of Information and Consent Issues**

#### **Recording Information**

In the climate of 'working together' with other agencies, young people, adults and families, information will have to be shared, so it is important that our records are kept up to date at all times.

It is important that the safeguarding log is updated as and when information is received, and with any action taken in following these procedures. As with other information recorded on the safeguarding log, we need to bear in mind that a young person or adult can request their records, so until official 'consent' has been sought we need to be sensitive as to what we record. It is the Designated Persons responsibility to maintain the log and keep all records.

Any written records you make for yourself must be submitted to the Designated Person who will hold them centrally with all records in a secure place in case they are needed at a later date.

The Designated Person should keep a 'confidential' file containing all Individual Protection matters for the organisation.

### **Sharing Information**

Important statutory duties in relation to adults at risk and children in need cannot be met without **effective** and **appropriate** sharing of information. For agencies to work together to the benefit of individuals, they must be able to share relevant information.

This includes a referral to young person's Social Care or CQC but could simply be sharing information between supporting agencies regarding a young person or adult at risk, for example, before a referral is made.

However, sharing of information should take place according to the principles of good practice and on a need to know basis. When a request for information is made, we need to be clear about **why** the information is needed and the **way** it is going to be used.

### **Seeking Consent for Making a Referral or Sharing Information**

Prior to information being shared with other agencies, or a referral being made, consent should normally be sought from the young person and/or from one parent/carer with agreed parental responsibility.

However, there are certain important circumstances where consent should not be sought. These are:

- If this would put the young person at greater risk of significant harm.
- Interfere with criminal enquiries.
- Raise concern about the safety of staff.
- Reasons not to seek consent have to be recorded on the records and written on the referral form.

We may come across the situation where a young person is sufficiently mature enough to understand choices and their consequences, and will not give consent for referral, especially if they believe it will make their situation worse. This is a particularly difficult situation. You will have to use your judgment as to whether it is appropriate and lawful to refer without consent. Advice must be sought from your team manager and Children's Social Care. You must inform the young person if you decide to refer.

A parent's or young person's lack of agreement should not prevent you from making a referral. If they do not agree, and you decide you need to refer, then you must inform them accordingly.

The Designated Person is responsible for making referrals.

### **Concern about adults/members of staff**

If staff have a concern about another adult:

1. Refer issue via a dated note/concern form to the management/DSL
2. DSL to investigate and if appropriate confer with LADO. Agreed action to be implemented.
3. If a member of staff feels the reported allegation is not being attended to appropriately by management/DSL they must report to LADO direct

LADO Contact details published and displayed on public notice board

### **Support for Staff**

Although staff should be aware of their responsibilities and procedures for individual protection issues, appropriate support should be sought to help throughout that process.

The senior designated person will help in more complex or serious cases.

Children's Social Care, or other designated 'contacts' can be contacted for advice as appropriate (see contact name and addresses)

### **Training**

Effective training is the key to carrying out our responsibilities of promoting and safeguarding, young people and vulnerable adults. Staff needs to be trained on how to identify an individual in need, and what subsequent action to take.

Training takes place on a variety of levels and will depend upon the needs of the staff concerned.



Front line staff/Line managers that have direct access to learners will be safeguarding trained.

The Designated Person(s) and HR Manager will complete certificated training in Designated Safeguarding Lead and Prevent.

Safeguarding will be addressed in staff meetings. Staff will be updated as/when necessary re developments in legislation and/or responsibilities.

### **Monitoring and Evaluation**

The designated persons will regularly review Safeguarding systems and policies. This will include consideration of specific cases dealt with by staff in the last year. The resulting information – including feedback from staff, will be used by the designated persons to inform any improvements. Feedback will also be obtained from the learners in relation to the policy and their understanding of safeguarding that we cover at induction. Feedback on the safeguarding policy and its implementation will be provided at management meetings where decisions can be made if specific items need to be addressed or policies amended.

## **PROCEDURE FOR DISCLOSURE OF ABUSE BY CLIENT**

### **ALL SITUATIONS**

(1) The guidance process should normally be kept confidential, and the privacy of our clients respected. However, there are limitations to this confidentiality and clients need to be made aware of this. If a client reveals something which leads you to believe they were at risk of, or have already suffered significant harm, then you cannot keep this confidential, and the client needs to be aware of this.

(2) If during any contact with a client it appears they may be about to disclose an issue in relation to Individual Protection, ensure you remind clients of the limits of confidentiality.

(3) If the client continues to disclose to you, use your training/experience to listen and note all significant detail of the discussion. Complete Candidate Concern Form and submit to Designated Persons/Line Manager.

(4) If it is a child, enquire, sensitively, if there are other siblings in the household, as the living situation needs to be included when referring to Children's/adults Social Care.

(5) Confirm with the client that you will have to record this information, manually and on the safeguarding log and that you may have to share this with other colleagues and agencies, and will involve a referral to young persons/adults Social Care.

**TRAINING PROVIDERS/CONSORTIA MEMBERS**

(i.e. where the agency concerned will have their own procedures)

(1) Discuss with the Designated Person for that agency.

(2) The designated person should then take this forward, and use their own procedures as regards referral and consent. Obtain copies of referral forms as for education.

(3) If there isn't a designated person available, then you will need to decide whether to wait until they return, or refer using our procedures. This will depend upon timescales involved.

(4) Inform the designated person as soon as possible if you make the referral.

(5) Inform your Line Manager of any referral or action taken.

## **PROCEDURE WHERE YOU HAVE CONCERNS**

- (1) Take an informal approach initially and seek an explanation for concerns with the client without raising questions of abuse.
- (2) Gather as much information as possible from the individual, other colleagues who may have had some involvement with client and other agencies.
- (3) Investigate whether there are others that maybe at risk.
- (4) Discuss your concerns with your Line Manager and refer to your Designated Persons.
- (5) Record your concerns on the Candidate Concern form and update safeguarding log as instructed and monitor the situation carefully.
- (6) Produce a written statement and place in confidential file held by the Designated Person. Copy to relevant Line Manager.
- (7) The Designated Person is then responsible for the case and will communicate with the relevant agencies and organisations as required.

**PROCEDURE FOR CONCERNS RAISED BY SOMEONE OTHER THAN INDIVIDUAL THEMSELVES AND YOU**

- (1) If the person concerned is a colleague within ESBM refer them to these procedures and their Line Manager.
- (2) If the person concerned is a colleague within another institution refer them to their own line manager and their Protection procedures.
- (3) If the person concerned is a parent/carer or member of the public refer them to CHILDREN'S/YOUNG PERSON SOCIAL CARE for advice.



**PROCEDURE TO BE FOLLOWED IF YOU RECEIVE AN ALLEGATION AGAINST A MEMBER OF ESBM STAFF**

- (1) From time to time young person /adults at risk may make an allegation that they have been abused by a member of staff.
- (2) The procedure for dealing with such allegations is contained in the Company's disciplinary procedures. Such an allegation will be treated as a potential case of gross misconduct.
- (3) If you receive an allegation either by the young person or another person you must refer the matter to the appropriate Designated Person or the HR Manager.
- (4) The member of staff may not be automatically suspended, but we have a duty to make preliminary enquiries before a referral to CHILDREN'S SOCIAL CARE (Children only). These must not interfere with possible investigations and a referral should be made if there is any doubt.
- (5) If another agency receives an allegation against a member of ESBM staff, they should contact the appropriate Designated Person or HR Manager direct.
- (6) If a member of ESBM staff receives an allegation against a member of another agency, staff should in the first instance discuss this with your Line Manager.
- (7) If an allegation is made against the Line Manager, then refer direct to either the HR Manager or the appropriate Designated Person.
- (8) Follow guidelines in personal safety policy on lone working and good professional practice when working in a one-to-one situation. Apply your experience and judgment when dealing with interactions with clients, in order to minimise the possibility of allegations occurring.



## SECTION C

### Concerns Form

<b>Date</b>	
<b>Assessor/Trainer/Staff</b>	
<b>Candidate</b>	
<b>Contact No.</b>	
<b>Qualification</b>	
<b>Placement</b>	

<b>Nature of Concern</b>	
<b>Outcome</b>	

	<b>Processed By</b>	<b>Date</b>
<b>Designated Person</b>		
<b>Safeguarding log</b>		