

**Safeguarding and Child Protection Policy (GWHR51)**

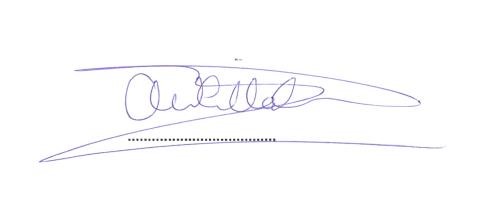
This policy & procedure applies to all Groundwork SaNT and TEN North East (hereafter referred to as

Groundwork SaNT) Staff / Learners / Young Carers /Clients/ Trustees / Volunteers / Consultants and

Placements as well as any Trading Subsidiaries working with children, young people and at risk adults

Andrew Watts Andy Whittaker

# Chief Executive Chair of Groundwork SaNT, R2W College Governors Signature;



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**Approved by Board Date: October 2021 Review: October 2022**

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**I have a Safeguarding Concern - What do I do?**

**Actions for staff members, learners and clients**

Contact the Designated Safeguarding Lead

Officer without delay and agree reporting

timescales

|  |  |  |
| --- | --- | --- |
| |  | | --- | | Complete a safeguarding and PREVENT  Concern Log | | G\Resources\FORMS\Safeguarding and pass securely to the Designated  Safeguarding Lead Officer | |

**Actions for Designated Safeguarding Lead Officer**

The Designated Safeguarding Lead Officer

(and/or Deputy) will gather information,

take appropriate advice and make a judgement

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | The issue maybe dealt with internally. | | Recorded and monitored. | | IAG/support given. | | |  |  |  | |  | | --- | | A referral may be required to  Adult or Child Protection  Authorities. Follow up in writing within 48 hours | |

The Police may be informed depending on

the nature of the concern.

## Important Contact Details:-

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Phone** | **Email** |
| Designated  Safeguarding  Lead Officer  (DSLO) | **Rachel Kitson** Operations Manager:  Learning, Skills and Employment | Office:  0191 428 1144 07894 256058 Out of Hours:  07894 256058 | rachel.kitson@groundwork.org.uk |
| Safeguarding  Deputy DSLO | **Rebecca**  **Ramsden**  R2W  Programme Lead | Office:  07918 641795 | rebecca.ramsden@groundwork.org.uk |
| Safeguarding  Deputy DSLO | **Levi Cosker**  Young Carers  Programme Lead | Office:  07984 678 878    Out of Hours:  07984 678 878 | Levi@styoungcarers.org.uk |
| Safeguarding  Deputy DSLO | **Andrew Watts**  Chief Executive  Officer | Office:  0191 428 1144  07793 578851 Out of hours:  07793 578851 | andrew.watts@groundwork.org.uk |
| Safeguarding Deputy DSLO | **Anne Corrigan**  Big Local  Coordinator | Office 07442 493923 Out of Hours:  07442 493923 | anne.corrigan@groundwork.org.uk |
| Safeguarding  Lead Board  Member | **Catherine Donnelly** |  |  |

Live up-to-date information relating to the LADO’s (Local Authority Designated Officers) and safeguarding reporting can be found on:-

<https://www.southtynesidesafeguardingappp.co.uk/>

<https://www.proceduresonline.com/nesubregion/>

**South Tyneside referral and assessment team (child);** 0191 4245010 **Out of hours;** 0191 4562093 **South Tyneside Adult Duty Team;** 0191 424 6000 **Out of hours;** 0191 4562093

**Sunderland - Children and Young People;** 0191 5205560 **Out of Hours**: 0191 5205552 **Sunderland – Adults:** 0191 5618934 **Out of Hours**: 0191 5205552

## Childline; 0800 1111

**NSPCC;** 0808 800 5000

All staff should ensure they have the above contact details available at all times when working with children, young people or at risk adults.

## 1. POLICY STATEMENT

***The purpose of this policy is to:***

* Protect children, young people and at risk adults who participate in the activities and services that we provide. This includes the children of adults who use our services;
* Provide staff and volunteers with the principles and good practice guidelines to enable them to meet their safeguarding responsibilities.
* Outline Groundwork’s safeguarding procedures.
* Ensure that the curriculum deals with safeguarding through activities and opportunities that will equip the children and young people with the necessary skills and awareness to stay safe from abuse. We want young people to understand risk, to become more resilient and know where to go for help and support not only in provision but also in the local community.

Groundwork SaNT believes that a child, young person or an at risk adult should never experience abuse of any kind. We have a responsibility to promote the welfare of all children, young people and adults and to keep them safe. We are committed to practice in a way that protects them. We work hard to ensure that everyone keeps careful watch throughout the organisation and in everything we do for possible dangers or difficulties. We want all children/ young people and at risk adults to feel safe at all times. We want to hear their views of how we can improve all aspects of safeguarding and from the evidence gained we put into place all necessary improvements.

We want all our young people and at risk adults to achieve their full potential by:

* being as physically and mentally healthy as possible;
* experiencing good quality education opportunities;
* living in a safe environment;
* learning and working in a safe environment;
* experiencing emotional wellbeing;
* feeling respected and valued;
* receiving support from a network of reliable and affectionate relationships;
* learning to look after themselves;
* coping with everyday living;
* having a sense of identity and a positive image of themselves;
* developing their confidence and their interpersonal skills

The safety and protection of children/ young people and adults is the responsibility of all staff and volunteers as they are in a unique position to notice injuries, marks or bruises when children/ young people are undertaking certain activities which might indicate a young person or at risk adult has been abused. We believe that we must report and investigate all injuries for the safety and protection of the children/ young people and at risk adults in our care.

***We recognise that:***

* the welfare of the child is paramount, as enshrined in the Children Act 1989;
* all people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse;
* some children, young people and at risk adults are additionally at risk because of the impact of previous experiences, their level of dependency, communication needs or other issues;
* working in partnership with children, young people, at risk adults, their parents and carers, and other agencies is essential in promoting their welfare.

***We will seek to keep children, young people and at risk adults safe by ensuring we:***

* provide a safe environment for children, young people and at risk adults to take part in any activity or access any service organised by Groundwork SaNT;
* support children, young people and at risk adults to be aware of their own safety and to keep themselves safe;
* promote an environment where children, young people and at risk adults feel secure, are enabled to talk and are listened to;
* make decisions based on the needs of children, young people and at risk adults;
* have clear safeguarding policies and procedures which are in line with the Local Safeguarding Children and Adult Boards in the areas in which we operate;
* appoint a Safeguarding Panel who will take lead responsibility for dealing with safeguarding strategy, policy and processes;
* provide the appropriate level of support to children, young people and at risk adults who have suffered significant harm and to staff involved in any safeguarding issue;
* create a culture of safer staff recruitment and adopt recruitment procedures that help deter, reject or identify people who might abuse children, young people or at risk adults;
* promote a culture of transparency where all staff feel able to challenge and raise concerns about poor or unsafe practice, and address these concerns sensitively and effectively;
* ensure all members of staff receive safeguarding training appropriate to their roles;
* ensure all members of staff who work with children, young people and at risk adults have regular supervision and can access support when needed;
* understand our duty of care to children, young people and at risk adults and staff who undertake our activities;
* ensure that children, young people and at risk adults are kept safe when we work in partnership with other agencies;
* carry out an annual review of the Safeguarding Policy and procedures, and make changes as soon as possible if any gaps or weaknesses are identified;
* reflect on safeguarding concerns and cases to ensure that lessons are learned and applied to practice;
* make the policy and procedures available to children, young people, at risk adults and their parents or carers on request;
* prepare staff to identify children/young people who may benefit from early help.

***Early Help***

Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:

* has disabilities and/or specific additional needs;
* has special educational needs (whether or not they have a statutory education, health and care plan);
* is a young carer;
* is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
* is frequently missing/ goes missing from care or from home;
* has been excluded from school;
* is misusing drugs or alcohol themselves
* is at risk of modern slavery, trafficking or exploitation is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or
* domestic abuse;
* has returned home to their family from care;
* is showing early signs of abuse and/or neglect  is at risk of being radicalised or exploited;  is a privately fostered child.

Early help or early intervention is support that is given as soon as a problem emerges. Early help aims to improve outcomes for children and young people, and can be delivered to children and young people themselves, parents or whole families.

Staff should be aware of the signs that a child or young person may benefit from early help. These are wide ranging but may include:  displaying disruptive or anti-social behaviour

* being bullied or bullying others
* having poor attendance at school
* being involved in, or at risk of, offending
* having poor general health
* having anxiety, depression or other mental health issues
* misusing drugs or alcohol
* having a particularly challenging relationship with parents or appearing to be unusually independent from their parents
* experiencing difficulties at home, such as domestic abuse, parental substance abuse or parental mental health problems

If staff think that a child or young person is in need of early help, they should complete a

Safeguarding Concern Log and discuss their concerns with the Designated Safeguarding Lead Officer (DSLO). The DSLO should refer to the relevant Local Safeguarding Partners Threshold Guidance and decide whether an Early Help Assessment is needed.

If an Early Help Assessment is needed the DSLO will follow the assessment and reporting processes provided by the Local Safeguarding Partners, ensuring that an appropriately trained member of staff completes the assessment. An early help assessment will only be completed with the consent of the child or young person and their parent or carer if necessary.

The DSLO may decide that Groundwork is not best placed to complete an Early Help Assessment. This may be the case if staff working with the child or young person are not appropriately trained. In this instance the DSLO will work with the relevant Child Social Care Team and other agencies that are also in contact with the child, young person or family to ensure that an appropriate professional completes the assessment.

## 2. LEGAL FRAMEWORK AND POLICY AND PROCEDURE REFERENCES

***This policy and supporting procedures are underpinned by the following legislation and guidance:***

|  |  |
| --- | --- |
|  | United Nations Convention on the Rights of the Child 1991 |
|  | Data Protection Act 1998 |
|  | Children Act 1989 and 2004 |
|  | Education and Training (Welfare of Children) Act 2021 |
|  | Education Act 2002 |
|  | FGM Act 2003 |
|  | Sexual Offences Act 2003 |
|  | Safeguarding Vulnerable Groups Act 2006 |
|  | Education and Inspections Act 2006 |
|  | Children and Young Persons Act 2008 |
|  | Childcare (Disqualification) Regulations 2009 |
|  | Police Act 1997 (Criminal Records) (No. 2) Regulations 2009 |
|  | School Staffing (England) Regulations 2009 and 2015 |
|  | Equality Act 2010 |
|  | Education Act 2011 |
|  | Protection of Freedoms Act 2012 |
|  | Counter Terrorism and Security Act 2015 |
|  | Serious Crime Act 2015 |
|  | Care Act 2014 |
|  | Dealing with Allegations of Abuse against Teachers and other Staff: Guidance for Local Authorities, Headteachers, School Staff, Governing Bodies and Proprietors of Independent Schools (DfE) |
|  | Review of Sexual Abuse in Schools and Colleges (June 2021) |
|  | Equality Act 2010: Advice for Schools (DfE) |
|  | Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges (DfE 2021) |
|  | Mental Health and Behaviour in Schools: Departmental Advice (DfE 2014) |
|  | Information Sharing 2015 (HM Government) |
|  | What to do if you’re worried a child is being abused 2015 (HM Government) |
|  | Working Together to Safeguard Children 2018: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children |
|  | Inspecting Safeguarding in Early Years, Education and Skills Settings (Ofsted) August 2021. |
|  | Ofsted FE Inspection Handbook(Sept 2021) |
|  | The Prevent Duty: Department advice for schools and childcare providers (DfE) |
|  | Mandatory Reporting of Female Genital Mutilation - procedural information (HM Government) |
|  | Child Sexual Exploitation 2017 |
|  | Sexual Violence &Sexual Harassment between children in schools and colleges (DfE 2017) |
|  | Teaching Online Safety in Schools (DfE 2019) |

***This policy should be read alongside the following policies and procedures which also support safeguarding within our organisation:***

* Recruitment and Selection (GWHR46)
* Learning and Development (GWHR29)
* Health and Safety (GWHR24)
* E-safety (GWHR17)
* Information Security (GWHR27)
* Bullying & Harassment (GWHR7)
* Complaints (GWHR10)
* Whistle Blowing (GWHR43)
* Lone working (GWHR30)
* Accident and Near Miss (GWHR49)
* Behaviour (GWHR50)
* Contractor and Activity Provider (GWHR52)
* Home Contact and Buddy (GWHR53)
* Supporting Clients with Medical Needs (GWHR54)
* R2W Remote and Blended Learning (GWHR76)
* GDPR (GWHR11)

**Recruitment & Selection of Staff.**

Recruitment of staff should always be undertaken following Groundwork’s Recruitment & Selection policy. This ensures references are always followed up, Disclosure and Barring Service (DBS) and Section 128 checks are carried out as required, and proper vetting procedures are followed. The R2W College, Safer Recruitment Checklist accompanies the Recruitment and Selection Policy when staff are being recruited through R2W College.

**Recruitment & Selection of Volunteers.**

Under no circumstances should a volunteer in respect of whom no checks have been obtained be left unsupervised or allowed to work in regulated activity. Volunteers who, on an unsupervised basis teach or look after children regularly, will be in regulated activity. Groundwork will obtain an enhanced DBS certificate (which should include barred list information) for all volunteers who are new to working in regulated activity. There are certain circumstances where schools and colleges may obtain an enhanced DBS certificate (not including barred list information), for volunteers who are not engaging in regulated activity. This is set out in DBS workforce guides, which can be found on GOV.UK. Employers are not legally permitted to request barred list information on a supervised volunteer as they are not considered to be engaged in regulated activity. The college will undertake a risk assessment and use their professional judgement and experience when deciding whether to obtain an enhanced DBS certificate for any volunteer not engaging in regulated activity.

The organisation should consider:

* the nature of the work with children;
* what the establishment knows about the volunteer, including formal or informal information offered by staff, parents and other volunteers;
* whether the volunteer has other employment or undertakes voluntary activities where referees can advise on suitability;
* whether the role is eligible for an enhanced DBS check; and details of the risk assessment should be recorded.

It is for schools and colleges to determine whether a volunteer is considered to be supervised. In making this decision, and where an individual is supervised, to help determine the appropriate level of supervision schools must have regard to the statutory guidance issued by the Secretary of State This guidance requires that, for a person to be considered supervised, the supervision must be:

* by a person who is in regulated activity;
* regular and day to day
* reasonable in all the circumstances

The DBS cannot provide barred list information on any person including volunteers who are not in or seeking to engage in regulated activity.

## 3. COMMUNICATION

This policy and procedures will be communicated to all staff at the start of their employment or volunteering with Groundwork SaNT. The current version of the policy and procedures will be available to staff on the internal drive (G) and a hard copy is available at each office. Staff will be informed of any updates to the policy via email and Team meetings. Information about the DSLO and how to contact them will be displayed in all Groundwork SaNT offices. Following recruitment, all staff will receive an induction to Groundwork which will include information on Safeguarding. Those staff who will be working with children and adults at risk will be required to attend internal safeguarding training, as well as training provided by the Local Safeguarding Boards.

Children, young people and at risk adults, and their parents or carers if necessary, will be given information about the policy and procedures in an appropriate way when they join any activities or services. Key points to be shared include, our commitment to safeguarding; staff are here to listen; who to tell if you are worried about anything; and who we will tell if we are worried about your safety.

The policy and procedures will also be shared with relevant third parties when necessary including agencies working in partnership, consultants and contractors. Groundwork will only work in partnership with agencies that have appropriate Safeguarding policies and procedures. When working in partnership staff will ensure that a written agreement is in place as to which agency will take the lead on safeguarding. We also ensure that all visitors recognise that keeping people safe is our priority.

## 4. REVIEW ARRANGEMENTS

This policy will be reviewed and updated on an annual basis by the DSLO, as well as carrying out an annual audit of Safeguarding practices. The Safeguarding Panel will be responsible for periodic and regular review throughout the year.

## 5. TYPES OF ABUSE & NEGLECT

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

## Abuse of children and young people

The following notes are taken from What to do if you are worried a child is being abused: Advice for Practitioners; HM Government 2015. Further detailed information on types and signs of abuse in children and young people can be found on the NSPCC website [https://www.nspcc.org.uk/preventing-abuse/childabuse-and-neglect/](https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/)

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

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

The warning signs and symptoms of child abuse and neglect can vary from child to child. Children with disabilities may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn’t automatically mean a child is being abused.

There are a number of warning indicators which might suggest that a child may be being abused or neglected. Some of the following signs might be indicators of abuse or neglect:

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| --- | --- |
|  | children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed; |
|  | children with clothes which are ill-fitting and/or dirty; |
|  | children with consistently poor hygiene; |
|  | children who make strong efforts to avoid specific family members or friends, without an obvious reason; |
|  | children who don’t want to change clothes in front of others or participate in physical  activities; |
|  | children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry; |
|  | children who talk about being left home alone, with inappropriate carers or with strangers; |
|  | children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason; |
|  | children who are regularly missing from school or education; |
|  | children who are reluctant to go home after school; |
|  | children with poor school attendance and punctuality, or who are consistently late being picked up; |
|  | parents who are dismissive and non-responsive to practitioners’ concerns; |
|  | parents who collect their children from school when drunk, or under the influence of drugs; |
|  | children who drink alcohol regularly from an early age; |
|  | children who are concerned for younger siblings without explaining why; |
|  | children who talk about running away; |
|  | children who shy away from being touched or flinch at sudden movements. |

There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse including child sexual exploitation, and neglect. Each has its own specific warning indicators, which you should be alert to.

## Physical abuse

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

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

|  |  |
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|  | children with frequent injuries; |
|  | children with unexplained or unusual fractures or broken bones; |
|  | children with unexplained bruises or cuts; burns or scalds; or bite marks; |
|  | an explanation which is inconsistent with an injury; |
|  | several different explanations provided for an injury; |
|  | unexplained delay in seeking treatment; |
|  | parties connected with the individual are uninterested or undisturbed by the injury; |
|  | repeated presentation of injuries; |
|  | family use of different doctors and A&E departments; |
|  | reluctance to give information or mention previous injuries. |

## Emotional abuse

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

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunity to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child’s peers. Some of the following signs may be indicators of emotional abuse:

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

## Sexual abuse

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children. Some of the following signs may be indicators of sexual abuse:

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|  | children who display knowledge or interest in sexual acts inappropriate to their age; |
|  | children who use sexual language or have sexual knowledge that you wouldn’t expect them to have; |
|  | children who ask others to behave sexually or play sexual games; |
|  | children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy. |

## Neglect

Neglect is a pattern of failing to provide for a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child’s health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify. Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse. Some of the following signs may be indicators of neglect:

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| --- | --- |
|  | children who are living in a home that is indisputably dirty or unsafe; |
|  | children who are left hungry or dirty; |
|  | children who are left without adequate clothing, e.g. not having a winter coat; |
|  | children who are living in dangerous conditions, i.e. around drugs, alcohol or violence; |
|  | children who are often angry, aggressive or self-harm; |
|  | children who fail to receive basic health care; |
|  | parents who fail to seek medical treatment when their children are ill or are injured. |

## Abuse of adults at risk

Abuse of an adult at risk may include but is not limited to:

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|  | Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions. |
|  | Sexual abuse, including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting. |
|  | Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. |
|  | Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. |
|  | Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. |
|  | Discriminatory abuse, including racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment. |
|  | Neglect and poor professional practice including isolated incidents of poor or unsatisfactory professional practice, pervasive ill treatment or gross misconduct. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse. |
|  | Self-neglect, including risks from health, hygiene and surroundings. |
|  | Domestic violence or abuse including any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour’ -based violence, female genital mutilation and forced marriage. |
|  | Modern slavery including human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography, and debt bondage – being forced to work to pay off debts that realistically they never will be able to. |

Any of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Adults at risk may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

Not everyone with a care or support need will be at risk of abuse but staff should be aware that their needs may put them at risk of abuse at any point. Equally some adults we work with may not have care or support needs but are at risk of abuse due to their circumstances.

**Specific Safeguarding Issues**

There are also specific safeguarding issues detailed below and for which some further information is provided. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on these issues and should be consulted should the need arise:

**Bullying Including Cyber-bullying** - behaviour by an individual or group, repeated over time that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance cyber-bullying via internet, text message) and is often motivated by prejudice against particular groups. It can result in the intimidation of a person or persons through threat of violence or by isolating them either physically or online.

**Children with family members in prison -** approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

**Children missing from education or home/ care** – any incident or pattern of disappearance from home or education and non-communication (including truanting).

**Child Sexual Exploitation and Child Criminal Exploitation:** Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence**.**

## Contextual Safeguarding

Safeguarding incidents and/or behaviours can be associated with factors outside of our services and/or can occur between children and young people outside of our remit. This is especially the case when dealing with children and young people and therefore, a key factor for Route2Work College and Young Carers Service. All staff, but especially the DSLO and Deputies should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of the children/young people should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare. Children’s social care assessments should consider such factors so it is important that we provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

**Domestic Violence** - any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 and over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial or emotional.

**Drugs** - including alcohol, tobacco, illegal drugs, medicines, new psychoactive substances (legal highs) and volatile substances. This includes use or misuse by the participant or the impact of use or misuse by others on a participant.

**Fabricated or Induced Illness** - there are three main ways for a carer to fabricate or induce an illness. These are not mutually exclusive and include fabrication of signs and symptoms and may include fabrication of past history; fabrication of signs and symptoms and falsification of hospital records and specimens of bodily fluids; induction of an illness by a variety of means.

**Faith Abuse** - this includes; belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray; ritual murders; use of belief in witchcraft or magic to create fear to make children more compliant when they are being trafficked to domestic slavery of sexual exploitation.

**Female Genital Mutilation** (FGM) - a procedure where the female genitals are deliberately cut, injured or changed, but where there is no medical reason for this to be done. We are aware that female genital mutilation (FGM) is a form of child abuse and violence against women and affects girls particularly from North African countries. It is illegal in England and Wales to allow girls to undergo this practice, which involves the 'partial or total removal of the external female genitalia for non-medical reasons'.

We are aware that section 5b of the FGM Act 2003 has introduced a mandatory reporting duty which requires health and social care professionals and teachers in England and Wales to report to the police when a girl under the age of 18 informs them that FGM has been carried out on them or if they observe physical signs that FGM has been carried out.

Mandatory reporting duty does not apply if a person suspects that FGM has been carried out or whether they consider a girl may be at risk of FGM. In this instant we are expected to follow local safeguarding procedures. Staff who fail to comply with the mandatory duty face disciplinary procedures.

**Financial:** abuse including taking charge of finances, coercion and fraudulent means, with holding money and transferring money without consent are causes of abuse and incidents of domestic abuse

**Forced Marriage** - a marriage in which one, or both spouses do not consent to marriage.

**Gangs and Youth Violence -** Street gangs’ for whom crime and violence are a core part of their identity. Staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime including involvement with county lines networks. Signs include increased absence from school, a change in friendship or relationships with older individuals or groups, a significant decline in performance at school or college, signs of self-harm or significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

**Gender based violence/violence against women and girls (VAWG)** - violence, physical, sexual or otherwise, stalking and harassment and female genital mutilation. Includes transgender violence.

**Grooming -** when someone builds an emotional connection with a child, young person or at risk adult to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking**.** Grooming can take place face-to-face or online. Groomers will often gain the trust of family members, carers or colleagues to enable them to spend time alone with the individual.

**Hate crime** - any crimes that are targeted at a person because of hostility or prejudice towards that person’s disability, race or ethnicity, religion or belief, sexual orientation, or transgender identity.

**Homelessness** – being homeless or being at risk of homeless presents a real risk to a child’s welfare. For children homelessness will generally be considered in the context of the child’s family circumstances. It should also be recognised in some cases 16 and 17 year olds could be living independently from their parent or guardians, and will require different level of intervention and support.

**Honour Based Violence** –can be described as a collection of practices used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and or/ honour

**Looked After Children (LAC) -** The most common reason for children becoming looked after is as a result of abuse and/or neglect.

R2W college will have in place arrangements for LAC. The DSL will take overall responsibility for these learners, together with care leavers and will ensure there are mechanisms in place to ensure the information needed in relation to a child’s looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility is available They should also have information about the child’s care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The DSL (or Deputy) will have details of the child’s social worker and the name of the virtual school head in the authority that looks after the child. The DSLO will identify a designated teacher to work with local authorities to promote the educational achievement of registered pupils who are looked after. In line with the Children and Social Work Act 2017 and the DfE statutory guidance “The designated teacher for Looked After Children and previously Looked After Children”, the designated teacher will also have responsibility for promoting the educational achievement of children who have left care through adoption, special guardianship or child arrangement orders or who were adopted from state care outside England and Wales.

**Mental health** - a mental health problem may make someone more at risk of abuse or may make it harder for them to take the first step in seeking help.

**Online Safety** – children and young people need to be supported and guided in order to use the internet safely and to be also given the opportunity to learn to behave appropriately online.

**Peer on Peer abuse** – this may include sexual harassment and violence and online sexual abuse, bullying including cyber bullying, gender based violence/ sexual assaults, violence against women & girls and sexting, upskirting, girls being sexually touched/assaulted or boys being subject to initiation / hazing type violence (This is not an exhaustive list). We should assume that sexual harassment and online sexual abuse are happening in the provision between learners, even when there are no specific reports.

**Private Fostering** – we are aware that privately fostered children fall into the category of a potentially at risk group and must be monitored by the local authority. Therefore, it is our duty to report to the local authority any child who we suspect is being privately fostered

**Self-neglect -** This covers a wide range of behaviour which shows that someone isn’t caring for their own personal hygiene, health or surroundings. It can include behaviour such as hoarding.

**Serious Violent Crime**  - staff need to know the indicators that may signal that children or young people are at risk from, or are involved with, serious violent crime. Staff should also be aware of the associated risks and understand the measures in place to manage them.

**Sexting** - exchange of self-generated explicit images, through mobile picture messages, webcams or over the internet.

**Special educational needs (SEN) and disabilities:** We are aware that Children and young People who have SEN can face additional safeguarding challenges. Governing bodies and proprietors should ensure their child protection policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

•assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration;

•being more prone to peer group isolation than other children;

•the potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs; and

•communication barriers and difficulties in overcoming these barriers

**Teenage Relationship Abuse** – can include emotional abuse, physical abuse, sexual abuse or financial abuse (taking control of money and/or forcing a teenager to buy things or work/not work).

**Trafficking and modern slavery** – people are recruited, moved or transported and then exploited, forced to work or sold. Someone is in slavery if they are forced to work through coercion, or mental or physical threat; owned or controlled by an ’employer’, through mental or physical abuse or the threat of abuse; dehumanised, treated as a commodity or bought and sold as ‘property’; physically constrained or have restrictions placed on their freedom of movement.

**Young people who are sexually active** - under most circumstances where staff have knowledge of a young person's sexual relationships this should be considered to be a normal part of a young person's development. The age of the young people involved should only be an issue where there is concern about a young person's ability to give genuine consent or where there appears to be an imbalance of power within that relationship. If staff become aware that a young person aged under 13 has been involved in penetrative sex or other intimate sexual activity, action must be taken.

**Young people who are themselves parents** - staff may work with young people who are themselves parents. If there are concerns about a young person's care of their child, it is important to be open and honest about these concerns and about action that needs to be taken to address them. In most situations staff should discuss the concerns with the young person (parent). If staff have any concerns that doing so will place the child, the young person or the staff member at risk they should discuss the situation with the Designated Safeguarding Lead Officer first.

## Abuse of adults at risk

The Care Act 2014 defines the following areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. This includes:

## Physical Abuse

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, and pinching, force-feeding, misuse of medication, shaking, inappropriate moving and handling.

**Signs and indicators**: Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

## Sexual abuse

Any form of sexual activity that the adult does not want and / or have not considered, a sexual relationship instigated by those in a position of trust, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Signs and indicators**: Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or females, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take longer with personal care tasks, use offensive language, work alone with clients, or show favouritism to clients. **Financial or material abuse** Including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

**Signs and indicators**: This may include not allowing a person access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individual’s money

## Psychological and/or Emotional abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected

**Signs and indicators:** Stress and / or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns

## Neglect and acts of omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health-care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services.

**Signs and indicators**: There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individuals request, denying others access to the individual health care professionals.

## Self-neglect

This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

## Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, and religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional

**Signs and indicators**: There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying “ I treat everyone the same”, have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

## Institutional or Organisational Abuse

Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Signs and indicators**: This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person’s disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

## Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: Psychological, Sexual, Financial, Emotional. A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

**Signs and indicators**: May include many of those indicators listed under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering, not being in control of finances, or decision making.

## Modern slavery

Encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Signs and indicators**: There may be signs of physical or psychological abuse, victims may look malnourished or unkempt, or appear withdrawn. Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address. Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off / collected for work on a regular basis either very early or late at night. Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

## Radicalisation to terrorism

The Government through its Prevent programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

**Signs and indicators**: May include being in contact with extremist recruiters. Articulating support for violent extremist causes or leaders. Accessing violent extremist websites, especially those with a social networking element. Possessing violent extremist literature. Using extremist narratives to explain personal disadvantage. Justifying the use of violence to solve societal issues. Joining extremist organisations. Significant changes to appearance and/or behaviour.

**Who might abuse adults?**

Abuse of adults at risk may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. Incidents of abuse may be one-off or multiple, and affect one person or more.

Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Patterns of abuse vary and include:

* Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
* Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse;
* Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

## Making Safeguarding Personal: Adults

Through our staff training, we will ensure that we support service users by making safeguarding personal, which means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

We aim to empower our service users and provide them with the information they need to make decisions into how to be safe from abuse and reduce risks. We recognise that adults may make decisions that might be perceived as risky or unwise. Adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions.

Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. We need to understand and always work in line with the Mental Capacity Act 2005 (MCA) and seek support and guidance when we have concerns regarding an adult’s capacity

# Prevent Duty and Radicalisation

As a provider of services to children, young people and adults at risk, Groundwork has a vital role to play in protecting them from the risks of extremism and radicalisation. This is a role which is underpinned by the Counter-Terrorism and Security Act 2015 ‘to have due regard to the need to prevent people from being drawn into terrorism’.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Extremism is defined by the Government in the Prevent Strategy as: ‘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. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas’.

Prevent is an integral part of Groundwork’s commitment to safeguarding. We seek to protect children, young people and adults at risk against the messages of all violent extremism.

**Recognising radicalisation and extremism.**

Children, young people and adults at risk are known to be at risk of others attempting to radicalise them. There are many reasons why a person might be drawn to extremism. These may include:

* searching for answers to questions about their identity, faith and belonging;
* being drawn to a group or individual who can offer answers to these questions or provide a social network and support;
* a lack of self-esteem;
* a desire for adventure and excitement;
* a need to promote their ‘street cred’;
* being influenced by world events by feeling a sense of grievance and wanting to make a difference.

Often it is vulnerable people who are targeted for radicalisation and can include those that:

* have low self-esteem;
* feel isolated;
* experience pressure from peers;
* have a lack of direction or purpose;
* feel guilt, loss, isolation, anger or fear;  have suffered a family breakdown.

Signs of radicalisation may include:

* out of character changes in behaviour, peer interactions and dress;
* secretive behaviour;
* losing interest in peer groups and activities;
* showing sympathy for extremist causes;
* possessing extremist literature;
* glorifying violence;
* verbally expressing opinions different to generally accepted views or publicly  supporting messages similar to those of illegal organisations.

There is no stereotype for people holding extremist views and the above are only examples or circumstances that can drive someone to terrorism but often the lead is a sense of injustice, which can be on a personal or more far reaching scale. Their vulnerabilities or susceptibilities are then exploited towards crime or terrorism by people who have their own agenda, through face-to-face interactions or online through the internet, social media and mobile phone applications.

**Risk Reduction.**

The Management Team, Board of Trustees and the Safeguarding Panel will assess the level of risk within the organisation and put actions in place to reduce any identified risks.

All members of staff working with children, young people or adults at risk will be required to complete Prevent Training and to update this every 2 years.

**Procedure.**

Keeping children, young people and adults at risk safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding from other risks.

When any member of staff has concerns that a child, young person or adult at risk may be at risk of radicalisation or involvement in terrorism, they should report this to the DSLO and complete a Safeguarding Concern Log. The DSLO will have responsibility for assessing whether the participant may be at risk of radicalisation, and where relevant, for referring the participant to the Police Prevent Team.

If there is an **immediate risk** – then the staff member should call 999 or the Anti-Terrorist Hotline on 0800 789321.

If a member of staff is verbalising views that are considered extremist and that have potential to influence participants and other staff or is displaying behaviour associated with radicalisation, a safeguarding concern should be raised without delay to the DSLO and a Safeguarding Concern Log completed.

## Promoting British Values

In addition to being alert to radicalisation and extremism, Groundwork recognises that it has a role to play in promoting British Values. These values are:

* Democracy
* The Rule of Law
* Individual Liberty
* Mutual respect for and tolerance of those with different faiths and beliefs and for those without faith We will do this by supporting the people we work with to:
* understand themselves and develop self-esteem and self-confidence;
* respect one another;
* distinguish right from wrong and respect the law;
* accept responsibility for their behaviour;
* make a positive contribution to their community;
* understand and respect their own and others’ cultures;
* understand and respect the rights and responsibilities of freedom of speech;  respect and participate in democracy.

# 6 Roles & Responsibilities

The **DSLO** will:

* act as first point of contact for staff in raising a safeguarding concern;
* refer cases of suspected abuse or allegations of abuse to the relevant investigating agencies;
* liaise and co-operate with the Local Safeguarding Board and Child or Adult Social Care Teams in each area in which the Trust operates, ensuring that local guidance on reporting and recording procedures are followed;
* liaise with Designated Safeguarding Leads responsible for delivering activities on our behalf, to ensure that concerns are addressed in a satisfactory and timely way;
* work closely with staff to support children, young people and at risk adults where abuse is suspected or disclosed;
* review the Safeguarding Policy annually;
* provide advice and support to staff on issues relating to safeguarding;
* inform the Chief Executive of any issues and ongoing investigations;
* maintain accurate, secure records of referrals or concerns;
* ensure that cover is provided in the case of absence from the role.

The **Safeguarding Deputies** will provide cover for the DSLO in their absence and carry out the responsibilities as outlined above.

The **Safeguarding Panel** consists of the DSLO, the Safeguarding Deputies, an HR officer and other relevant Senior Managers. The purpose of the Panel is to discuss strategic safeguarding issues, arrangements and provide recommendations for implementing these in practice. Meetings are held on a half-termly basis.

If a safeguarding issue arises that is deemed to be an emergency and/or crisis the Safeguarding Panel will meet immediately.

The **Safeguarding Panel** members will:

* Participate in relevant Safeguarding Training every 2 years, including refresher training and Prevent Training;
* Review the Safeguarding Policy and Procedures and provide information on findings to the Trust to ensure best practice is maintained.
* Hold Panel meetings at least 4 times a year.
* Reflect on instances where safeguarding procedures have been implemented both within the Trust and on a local or national basis, ensuring that lessons are applied to practice across the Trust.

* Ensure that safe recruitment procedures are followed when recruiting staff, Trustees and volunteers;
* Ensure that all staff, Trustees and volunteers receive Safeguarding Training appropriate to their role and keep records of attendance.

Sufficient time and resources are allocated to the Safeguarding Panel Team in recognition of their strategic and operational responsibilities.

Any allegations of abuse or concerns about the behaviour of members of the Safeguarding Team are investigated and addressed in line with this policy.

There be a Safeguarding Lead Board Member who will champion safeguarding at Board Level ensuring that trustees:

* support the Safeguarding Team, management and staff teams to effectively meet their safeguarding responsibilities;
* provide a point of escalation for matters relating to staff and/ or whistleblowing;
* promote a culture of safeguarding within the organisation;
* understand and manage the risks arising from safeguarding, including an understanding of the contexts in which the Trust operates and the associated risks;
* ensure that policies and procedures are in place to support safeguarding in practice within the organisation;
* ensure that policies and procedures are in place to investigate complaints thoroughly, robustly, fairly and sensitively;
* ensure that the views of children, young people and adults at risk are listened to and taken into account when decisions are made;
* work to achieve transparency and accountability across the organisation in relation to safeguarding;
* ensure the Board of Trustees retains oversight of the Safeguarding policy and practice within the organisation, and ensure the Board are appraised of any significant safeguarding issues

The Safeguarding Lead Board Member will also provide a point of escalation should serious concerns arise, or where Whistleblowing procedures are implemented.

The SLBM is responsible for overseeing the liaison between agencies such as the police, social services – as defined by the LSCP in connection with allegations against the CEO or the DSLO. This will not involve undertaking any form of investigation, but will ensure good communication between the parties and provide information to assist enquiries.

To assist in these duties, the SLBM shall receive appropriate training.

Where a member of the Governing body has a safeguarding concern or has been informed of a safeguarding concern they should make initial contact with the SLBM, who is then best placed to make contact with the DSLO.

# 7 Dealing with disclosures or concerns about a child, young person or at risk adult

Groundwork staff have regular contact with children, young people and at risk adults primarily through formal education programmes, enrichment activities, young carers service delivery, employment programmes and community activities and are likely to be involved in working closely with these groups, some of whom may be marginalised, disaffected and vulnerable. Working in this close proximity, either face-to-face or online, means that Groundwork staff may become aware of a situation where a child, young person or at risk adult is at risk of abuse and/or suffering significant harm.

The following procedure aims to support staff to respond effectively to a safeguarding disclosure or concern. The same procedure should be followed if a participant makes a disclosure of historical abuse, even if they are no longer in contact with the alleged abuser.

**Ways abuse might be brought to your attention:**

* a participant might make a direct disclosure about themself or about another participant;
* a participant might offer information that is worrying but is not a direct disclosure;  a member of staff might be concerned about a participants’ appearance or behaviour or about the behaviour of a parent or carer towards a participant;
* a parent, carer or third party might make a direct disclosure about a participant or offer information that is worrying but is not a direct disclosure.

**Talking to a participant who has told you that he/she or another participant is being abused:**

* reassure the participant that telling someone was the right thing to do;
* tell the participant that you now have to do what you can to keep them (or another participant) safe;
* tell the participant what you are going to do next and who else needs to know about it;
* let the participant tell their whole story - don’t try to investigate or question the participant but do make sure that you are clear about what they are saying;
* ask the participant what they would like to happen as a result of what they have said, but don’t make or infer promises that you can’t keep.
* Never promise to keep the information confidential

In the case of a child or young person contact the DSLO immediately.

In the case of an adult at risk, autonomy, capacity and the ability to consent are key issues to bear in mind. All adults, including adults at risk, have a fundamental right to make their own decisions and this is what makes them different to children. Where a disclosure is made by an adult at risk, staff should seek to gain informed consent to share the information. There are limitations to this if the adult at risk does not have the mental or cognitive ability to make an informed choice. However, if someone makes a decision that you or others think is unwise or not in their interests, this does not necessarily mean that they lack the capacity to decide. There will be times when an adult who has capacity decides to accept a situation that you perceive as potentially abusive or neglectful, or refuses to give consent to share the information. This is a decision that they are free to make, unless:

* other people are being put at risk (for example, letting friends who are abusive or exploitative into a shared living environment, where they may put other residents at risk),
* a child is involved,
* the alleged perpetrator has care and support needs and may also be at risk,
* a serious crime has been committed,
* staff are implicated,
* coercion is involved.

In these cases, staff should support the adult to understand that the information received gives cause for concern, explain the reasons for this, explain that the information must be shared to help keep people safe, and who the information will be shared with.

**Action to be taken by staff if concerns are raised or a disclosure is made:**

* contact the DSLO (or a Safeguarding Deputy in their absence) immediately and inform them of the disclosure or concerns; agree with them timescales for further reporting
* make a written record using the Safeguarding & Prevent Concern Log Form (G:\Resources\FORMS\Safeguarding);
* pass any written information to the DSLO safely and securely and do not keep any records for yourself.

On receiving a disclosure or concern the DSLO will decide on the best course of action which may include:

* liaising with the Designated Safeguarding Lead for the delivery partner responsible for delivery of services on behalf of Groundwork, to ensure that the matter is being addressed in line with this policy;
* completing an Early Help Assessment or liaising with other agencies to ensure that an Early Help Assessment is completed with children or young people where necessary
* seeking advice from the Child or Adult Social Care department or the NSPCC helpline;
* making a referral to the Child or Adult Social Care department - if a referral is made the Designated Safeguarding Lead will follow this up in writing within 48 hours;
* making decisions about who else needs to know and how this will be done; making a referral to another agency for specialist support and advice.

The DSLO will add information and actions to the Safeguarding Database, track and ensure any actions are completed and will keep and maintain any written records in line with the Recording and Information Sharing Guidelines.

**Helping a participant in immediate danger or in need of emergency medical attention:**

* if the participant is with you, remain with them and call the police;
* if the participant is elsewhere, contact the police and explain the situation to them;
* if the participant needs emergency medical attention, call an ambulance and while you are waiting for it to arrive, provide first aid help;
* contact the DSLO as soon as possible to let them know what is happening.

A decision will need to be made about informing the participants’ family and the Child or Adult Social Care department, when they should be informed, and who should do this. This should be done together with the police and/or health services.

Once the immediate danger or emergency medical need has been dealt with, staff should follow the guidelines on dealing with disclosures and concerns.

## When to talk to parents or carers

Staff should discuss with the DSLO before deciding whether parents or carers should be informed of a disclosure or any concerns. Always consider the welfare of the participant in your decision making. The issues that will need to be taken into account are the participants’ wishes and feelings; the parent or carers’ right to know – unless this would place the participant or someone else in danger, or would interfere with a criminal investigation; the impact of telling or not telling the parent or carer; the current assessment of risk to the participant and the source of that risk; and any risk management plans that currently exist.

## External contacts

Groundwork recognises that on rare occasions when staff are working on evenings and at weekends that they may be unable to contact the DSLO or another member of the Safeguarding Team. In these cases, if a disclosure or concern is raised staff may contact the relevant Adult or Child Social Care Team or the NSPCC helpline directly. Staff must make sure that they contact the DSLO as soon as possible, and complete all actions as outlined above. External contact details can be found at the front of this policy.

## Contracted and partnership work

When staff are working on contracts or partnership projects, disclosures, concerns or allegations of abuse must be reported in line with these procedures, but may also need to be reported to the DSLO within the partner organisation. Staff responsible for contracted or partnership work should agree reporting procedures in advance and in writing with the partner organisation. For partnership work staff should use the Partner Agreement Form. For contracted work where Groundwork are the delivery organisation staff should use paperwork provided by the partner or contract manager.

Delivery Partners who are being contracted to deliver by Groundwork are required to report safeguarding incidents to the DSLO. Further information on the requirements can be found on page 44, Working with Delivery Partners.

## Role of local authority (Keeping Children Safe in Education 2021)

The local authority should make a decision, within one working day of a referral being made, about the type of response that is required and should let the referrer know the outcome.

The referrer should follow up if this information is not forthcoming.

If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required). If, after a referral, the child’s situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child’s situation improves.

# 8 Managing allegations against staff and volunteers

Allegations against staff should be taken seriously and the following process will enable Groundwork SaNT to approach any allegation in a consistent way and without prejudice.

Safeguarding or child protection allegations about members of staff must be **reported immediately to the DSLO**.

Allegations against the CEO/Principal/DSLO should be taken to the Chair of Governors. **These concerns must be discussed immediately with the LADO.**

This procedure aims to:

* ensure that participants are protected following an allegation of abuse by a member of

staff;

* ensure that there is a fair, consistent and robust response to any allegations made so that any risk posed to participants is managed effectively;
* facilitate an appropriate level of investigation into allegations;
* ensure that Groundwork SaNT continues to fulfil its responsibilities towards members of

staff;

* ensure that individuals are able to continue in their role if they have been subject to an allegation that is unfounded or malicious.

**Action to be taken if an allegation is made or concerns are raised:**

The person to whom the allegation has been made or who has a concern should:

* contact the DSLO as soon as possible and inform them of the allegation or concerns;
* make a written recording using the Safeguarding Concern Log
* pass any written information to the DSLO safely and securely and not keep any records for themselves.

On receiving an allegation or concern the DSLO will:

* Always seek guidance from the Local Authority Designated Officer (LADO) before taking any action;
* The guidance from the LADO will always override this procedure if different actions are recommended
* Inform the staff members line manager;
* Inform the staff member and if necessary arrange an alternative role/way of working for them whilst an investigation is carried out – it should be noted that this is not an assumption of guilt; (see Disciplinary Policy)
* Lead on the investigation with support from The Safeguarding Team;
* Keep and maintain any written records in line with the Recording and Information Sharing Guidelines.

The investigation may include:

* informing the police if a criminal offence is alleged;
* conducting an internal investigation and possible disciplinary action in line with the Disciplinary Policy.

The Local Authority Child or Adult Designated Team will be contacted if:

* a staff member has behaved in a way that has harmed or may have harmed a child or at risk adult;
* a staff member has committed a criminal offence in relation to a child or at risk adult;
* a staff member has behaved towards children or at risk adults in a way that indicates they are unsuitable to work with children or at risk adults.

The DSLO will co-operate fully with the Police or Local Authority Child or Adult Designated Team and take advice from them on the course of action to be taken in relation to the staff members employment and informing them of the details of the investigation. Advice will also be sought on how to inform the participant’s parents or carers, and who should do this.

## Once investigations are complete

If a staff member is found to have harmed a child or at risk adult or poses a risk of harm to a child or at risk adult; the DSLO will inform the Disclosure and Barring Service and the member of staff will be disciplined using Groundwork SaNT disciplinary policies and this may result in dismissal.

If allegations are unfounded, it is the responsibility of the individual’s line manager with support from the DSLO as required to ensure that they are properly integrated back into their role if an alternative role has been organised.

Where an investigation establishes poor practice rather than abuse then the line manager will consider appropriate training and supervision and the DSLO will review general practice in relation to safeguarding. Action may then be taken following our Capability Policy and Procedure.

# 9 Code of conduct for staff

Groundwork SaNT delivers its work with children, young people and at risk adults (participants) in a variety of ways including drop-in sessions, project work, group work, training sessions, 1-1 mentoring and coaching. This code of conduct is intended to provide guidance for staff on careful and thoughtful conduct, and is not intended to detract from the enriching experiences which come from positive interaction within our activities and services. The code applies to all staff and volunteers, and those working on behalf of the Trust.

Safeguarding is everyone’s responsibility and has a twofold purpose of safeguarding participants from abuse and also protecting staff and volunteers from false allegations of abuse; if we protect participants we also protect ourselves.

The Sexual Offences Act of 2003 states it is it is a criminal offence for anyone in a position of trust to engage in sexual activity (including touching of a sexual nature) with a person under the age of 18 in their care. This position of trust applies to all teachers and staff in an educational setting as well as our Young Carers service and our Community

Enrichment/Family Activities.

**Staff should:**

* always be aware of the needs of participants, and be vigilant for any possible signs of abuse;
* never promise confidentiality. There are circumstances in which information may need to be passed on to others in order to safeguard a participant. Staff should refer to Section

6 below, Recording and information sharing guidelines, for further information;

* always wear their ID badge when working on behalf of Groundwork SaNT and actively challenge staff and visitors who are not wearing ID;
* not spend time alone with participants, especially away from others. Contact with individual participants should take place as openly as possible. If privacy is needed, the door should be left partly open and other staff present or informed of the reason and location of the individual contact;
* avoid accidental 1:1 situations, for example, not using toilets specifically allocated for children;
* if they have specific responsibility for working on a 1:1 basis (as outlined in their job description), ensure that their line manager is fully aware of their work programme and that appropriate support is available if required. Further guidelines can be found in the Lone Working Policy(GWHR30);
* if they are a line manager of those staff who have specific responsibility for working on a 1:1 basis; ensure that a risk assessment is carried out for each client and work location, and that the staff member is fully supported through regular supervision. Further guidelines can be found in the Lone Working Policy (GWHR30);
* if they are trained to administer first aid, ensure whenever possible that this is done in the presence of another adult. However, in an emergency situation staff should not hesitate to administer first aid simply because another adult is not present;
* not have unnecessary physical contact with participants. There may be occasions where physical contact is unavoidable, such as providing reassurance, or for physical support. In these cases physical contact should only take place with the consent of the participant and should be avoided if it would likely be misinterpreted by the participant, their parent or carer, or a casual observer;
* not transport participants on their own or in their own vehicles. Where this is judged to be the only form of transport available in the circumstances, it should only be carried out with the full knowledge and consent of the line manager, the participant and the parent or carer;
* not contact or meet with participants outside an organised activity;
* ensure that their personal relationships do not affect the participants around them if they are engaged in relationships with co-workers or other adults present;
* not give out their personal details to participants. Participants should be asked to contact the staff member through the office or the mobile phone or email address supplied to the staff member by Groundwork SaNT;
* not communicate with participants on social networking sites using the staff member’s personal pages. Social networking may be used if a project or group page is set up. Further guidelines can be found in the E-safety Policy (GWHR17)
* report to their line manager immediately if they find that they are the subject of a participants’ affections or attentions;
* identify risks and agree how to handle everyday interactions with their line manager if they live and work in the same location. This is particularly important in the case of volunteers and apprentices who may have been recruited from within the communities they will be working in, and may require support to separate their personal lives from their professional responsibilities;
* remember that on rare occasions children, young people and at risk adults themselves can be responsible for abusing their peers, ensure that this risk is assessed during the planning of an activity, and that group ground rules are established in line with Acceptable Behaviour standards.

**Staff should never:**

* engage in sexually provocative or rough physical games with participants;
* threaten participants with serious sanctions or physical punishment;
* take participants to their home or the home of a relative or friend;
* share a room with a participant whilst on a trip or residential;
* allow participants to use inappropriate language unchallenged (e.g. racist, sexist or homophobic comments);
* make sexually suggestive comme.
* nts in front of, about, or to a participant, even in fun;
* engage in a sexual relationship with a participant as such sexual activity is an abuse of the position of trust as defined in the Sexual Offences Act;
* let allegations made by a participant go without being addressed and recorded;
* deter participants from making allegations through fear of not being believed;
* do things of a personal nature for a participant that they can do for themselves;
* rely on their good name to protect them i.e. everyone regardless of position should adhere to these guidelines.

These guidelines are not exhaustive and staff are encouraged to use their professional judgement in all circumstances in conjunction with this code. If staff are concerned about any situation in which they interact with participants they should speak immediately to their line manager who will seek additional guidance from the Safeguarding Panel if necessary.

Breaches of this code should be reported in the same way as an allegation made against a staff member as outlined in Section 8, and will be investigated in line with these procedures. If staff are concerned that breaches have not been dealt with appropriately by following these procedures, they should follow the Whistleblowing Policy (GWHR43).

A 2021 Ofsted review concluded that sexual harassment, including online sexual abuse has become normalised for children and young people although staff are not always aware. The report recommended that providers act on the assumption that sexual harassment is happening and is affecting their learners/participants, and therefore take a whole provider approach to addressing these issues creating a culture where sexual harassment is not tolerated.

We will create this culture by:-

Seeking staff training and learning opportunities to ensure staff awareness of current and emerging issues.

Ensuring that learners/participants are supported to report concernsabout sexualharrassment and online sexual abuse.

Ensuring that concerns are taken seriously and dealt with swiftly and appropriately, therefore creating a safe and trusting reporting environment.

**10 Recording and information sharing guidelines.**

Groundwork recognises that information sharing is vital to safeguarding and promoting the welfare of children, young people and adults at risk. The following guidelines seek to support staff to record information, share it, understand its significance and then take appropriate action.

These guidelines are based on the 7 golden rules about information sharing which are taken from Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2018, which also contains a useful flowchart to assist staff when making decisions around information sharing.

[https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharingadvice](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

Groundwork SaNT will be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, young people and vulnerable adults.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, young people and vulnerable adults which must always be the paramount concern. To ensure effective safeguarding arrangements:

* we will have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within our own organisation/agency; and with others who may be involved in a child, young person or vunerable adults life.
* staff should not assume that someone else will pass on information that they think may be critical to keeping someone safe. If a member of staff has concerns about a child, young person or vulnerable adults welfare and considers that they may be in need or that they have suffered or is likely to suffer significant harm, then they should share the information with the DSLO (or deputy) who will then inform the relevant agencies.
* staff should aim to gain consent to share information, but should be mindful of situations where to do so would place someone at increased risk of harm. Information may be shared without consent if a member of staff has reason to believe that there is good reason to do so, and that the sharing of information will enhance safeguarding in a timely manner. Such decisions should be recorded as to who has been given the information and why.

In addition Staff should adhere to Groundwork SaNT’s own protocol and polices (GWHR11) for sharing information under GDPR 2018. If in doubt staff should seek advice from the DSLO (or deputy).

# 11 Safe Delivery Procedures

Groundwork SaNT is committed to providing safe engagement, activities and visits for children, young people and at risk adults (participants). This commitment stems from our safeguarding responsibilities as well as our legal responsibilities. We recognise that participants may lack experience and awareness of risks, and may be immature.

Under the Children Act 1989 and 2004 we have a duty of care to children taking part in our services. This has been interpreted as a duty to act as a careful parent would. This means that staff are under a duty to exercise adequate supervision, taking into account the age and maturity of the participants, and any disability they have.

Health and Safety law places us under a duty to provide a healthy and safe workplace for employees, and to make an assessment of the risks to the health and safety of persons who are not in our employment, but who take part in activities that we run. We are also under a duty to take reasonable care to ensure that a participant will be reasonably safe in any premises used for an activity that we deliver. The law makes it clear that any person responsible for children and young people must be prepared for them to be less careful than adults.

## Staff

Groundwork SaNT will ensure that all members of staff and volunteers who work with at risk participants as their principle role have a job or task description that clearly sets out their level of responsibility in relation to those at risk participants. The level of responsibility that a staff member or volunteer is given will be dependent on their qualifications, skills and experience.

Where the job description does not identify working with at risk participants as their principle role, but where the member of staff has developed a project where they will have regular supervisory responsibility for at risk participants, for example a community or practical conservation project, the decision for the project to go ahead should be taken by the Line Manager in consultation with the Safeguarding Team. The decision will be based upon competency, the nature of the work and most importantly the ability to safeguard the participants.

## Registration/Enrolment

All participants who join our services will be required to complete a project specific registration form. Personal information including name, contact details, date of birth and an emergency contact name and number will be required at registration as a minimum, and staff should also collect additional information as required by the specific project or funder.

Some participants, particularly adults at risk, may be referred to us by another agency. In these cases, staff should ensure that a Referral Form is completed and that the information provided is used to assist them in being able to meet the needs of the participant, inform the risk assessment process, and to establish from the outset who is responsible for a participant during their engagement with our services.

Information should be given to participants and their parents or carers if necessary, at registration about safeguarding, information sharing, acceptable behaviour, and who to contact if they have any concerns about the service being provided. **Appointed person**

In line with government guidance, all work undertaken with at risk participants will have an appointed person. In the case of 1:1 coaching and mentoring this will be the member of staff assigned to the individual; for group activities, the appointed person is the group leader; and for all other events where at risk participants may attend, the appointed person will be the person in charge of organising the event. The appointed person will have overall responsibility for the ensuring that safe delivery guidelines are followed; the health, safety and welfare of the individual or group; and will be the main point of contact for staff members, participants, parents and carers.

**Insurance.**

Groundwork will ensure that it holds appropriate insurance for all activities in which participants are engaged. The insurance policies are thoroughly checked to ensure that they cover all eventualities that may arise in an activity and our insurers are informed of all our activities.

The Risk Assessment listing contains all activities that have been insured, risk assessed and approved. Staff should check this to ensure that the planned support, activity or project is insured. Where a staff member is unsure whether a specific activity is insured, they should refer to the lead on Health and Safety. All unlisted activities must be approved by our insurers prior to the activity taking place.

## Activity risk assessment

A risk assessment should be carried out well in advance of any project, activity or visit. Its purpose is to assess possible risks that may arise and make plans to reduce them. Further information on risk assessments can be obtained from the Risk Assessment Procedure.

Staff should take the following factors into account when assessing risk for group work, activities and events:

|  |  |
| --- | --- |
|  | the type of activity and the level at which it is being undertaken; |
|  | the location, routes and modes of transport; |
|  | the venue at which the project, activity or visit will take place; |
|  | the competence, experience and qualifications of supervisory staff; |
|  | the participants’ ages, competence, fitness and temperament as well as the suitability of the activity; |
|  | the ratio of competent and qualified staff to participants; |
|  | individual behaviours and triggers, and their impact on other participants; |
|  | the quality and suitability of the equipment and whether it meets any national standards; |
|  | seasonal weather conditions and timing; |
|  | the special educational or medical needs of the participants; |
|  | emergency procedures; |
|  | how to cope when a participant becomes unable or unwilling to continue; |
|  | the need to monitor risks throughout. |

Staff should involve participants in the risk assessment process to help them understand the risks and what action they can take to help keep themselves and others safe.

Staff should use the Activity Planning Checklist for all activities and events where children, young people and adults at risk may be taking part. If a residential activity is being planned, staff should use the Residential Checklist to ensure that all aspects of the residential are planned safely. If the activity or trip takes place in or near water, staff should read the guidance ‘Group Safety at Water Margins’ which can be found at <http://www.rospa.com/rospaweb/docs/advice-services/leisure-safety/groupsafety-watermargins.pdf> and carry out the extra planning required.

## Individual Risk Assessment

An Individual Risk Assessment should be completed for any participants who will be receiving 1:1 support through a coaching or mentoring service, or where additional risks have been highlighted for any participant taking part in a group activity. Assessment must take account of any risks to the individual, other participants or staff members, or any specific risks relating to the background of the participant. All sections of the Individual Risk Assessment should be completed including those where no additional risk has been identified. Staff should also follow Lone Working guidelines to ensure their own safety when working 1:1.

## Activity providers

When any part of an activity will be provided by an outside agency staff should always inquire of an activity provider whether they have a licence or are part of an Assured Member Scheme, prior to arranging the activity. Copies of licences, insurance details and risk assessments should also be obtained from the provider in advance of the activity, and should be used to inform the risk assessment process.

Commercial activity centres generally need by law to be licensed under the Activity Centres (Young Persons’ Safety) Act 1994 and the Adventure Activities Licensing Scheme 2004. Most centres offering outdoor activities will fall under this law. Staff should check <http://www.hse.gov.uk/aala/>for further information. Learning Outside the Classroom and School Travel Forum are schemes which have been developed for providers of non-adventurous activities and educational visits, and their websites contain details of the schemes and lists of assured members. All licensed activity centres and tour operators who are part of an Assured Member scheme must demonstrate that they meet certain standards, and can operate in a manner which protects children from harm. **Staff to participant ratios**

The NSPCC recommends the following minimum supervisory ratios for work with children and young people:

* 1 adult to 3 children aged under 4 years
* 1 adult to 6 children aged 4 – 8 years
* 1 adult to 8 children aged 9 - 12 years
* 1 adult to 10 children aged 13 – 18 years

The minimum requirement is 2 members of staff for all work with groups of children and young people where staff are taking supervisory responsibility. These are guidelines for minimum requirements, however the risk assessment may indicate that additional staff members are required to ensure safety and to meet the identified needs of the participants.

If parents are present they must take responsibility for supervising their own children. Where a parent is present, that child will not be counted in determining how many staff are needed for supervisory duties.

Where staff are delivering open access or drop-in sessions, where children are free to come and go as they please, and where parental consent is not required, supervisory ratios can be modified. This should be as near as possible to the above ratios and agreed in advance with the Line Manager once risk assessment has taken place.

If staff are providing activities for schools and other organisations, those organisations must provide suitably qualified adults e.g. teachers, youth workers and play workers, who will take supervisory responsibility for the children and young people. Staff should ensure a Partner Agreement Form is completed in advance of these activities.

## Work with under 8’s

Staff should not take direct supervisory responsibility for under 8’s unless it is specified within their agreed job description and they have the relevant qualifications to allow them to work with under 8’s. If work is being carried out by qualified workers they should adhere to the Department for Education National Standards for Under 8’s Day Care and Childminding.

If staff do not hold the relevant qualifications the following guidelines apply:

* Work with under 8’s should only take place if the parent or guardian of the child is present or where a partner agency takes responsibility for the under 8’s.
* A risk assessment for all activities involving under 8’s must be completed.

All publicity for activities and events must make it clear that under 8’s must be accompanied by a parent or guardian. Publicity should include the following statement: “Groundwork SaNT cannot accept any supervisory responsibility for children under 8. Under 8’s must be accompanied by a parent or guardian who is over 18.”

On rare occasions, the letter of the law is impossible to apply and we have exceptionally agreed the following: If a child who is under 8 years old arrives at an event, staff may accept the child into the activity if they have attempted to contact the parent or guardian, they have been unsuccessful and have judged that it would be better for the welfare and safety of that child to remain at the event than to leave.

In this case staff must: -

* attempt to catch the attention of the parent or guardian if staff see them leaving the

site;

* ask the child if their parent or guardian knows where they are;
* take the child’s details;
* phone the parent or guardian if the child knows the number.

If staff are able to contact the parent or guardian they should ask them to accompany the child for the duration of the activity or to come and collect the child immediately. If staff are unable to contact the parent or guardian, they can include the child in the activity which must be suitable for his or her age and ability. If staff have any concerns about the safety or welfare of the child they should follow Safeguarding Procedures.

Staff should follow the Accident Incident Report Procedure for all situations involving unaccompanied under 8’s. Where staff find that they are dealing with incidents of unaccompanied under 8’s on a regular basis they should seek to work with a partner agency who is able to take supervisory responsibility for under 8’s for all future events.

## Acceptable Behaviour

Groundwork sets out the following acceptable behaviour standards for participants and guidelines for staff on dealing with issues:

**Bullying** – bullying will not be tolerated and will always be challenged by staff. The AntiBullying Policy and Procedure provides further details on preventing and dealing with bullying.

**Fighting** – fighting is unacceptable and staff will always ensure the safety of participants when a fight has occurred. Staff may call the Police if a serious physical assault has taken place.

**Alcohol** – alcohol should not be consumed by anyone under the age of 18 during our activities. If staff know or suspect that a participant has been drinking before turning up to an activity, they will prevent them from taking part if they assess that it is not safe for the person to participate. Where an agreement is made with participants that alcohol must not be brought on an activity, staff may confiscate alcohol and dispose of it if it is found.

**Drugs** – illegal drugs including ‘legal highs’ must not be used or supplied on our premises or during our activities. If staff know or suspect that a participant is under the influence of any substance, including prescribed drugs, they will prevent them from taking part if they assess that it is not safe for the person to participate. If illegal drugs are found during an activity, staff may confiscate them, will seek advice from drug agencies on the most appropriate method of disposal, and the Police may be informed.

**Smoking** – smoking is not permitted in our buildings, vehicles or on our sites. Staff will agree with participants when and where they can smoke during activities. Participants will also be expected to follow any rules at any buildings or sites that they visit during an activity.

**Weapons** – weapons must not be brought to any of our buildings, sites or activities. Staff will always ask a participant to leave if they are known or suspected to be carrying a weapon, or if a participant uses an item of equipment as a weapon during an activity. If a participant refuses to leave staff may call the Police.

**Information Technology and Online Behaviour –** participants will be supported and encouraged to keep themselves safe and respect others when using ICT or spending time online. This applies whether they are using their own, Groundwork, or third party equipment or internet access.

**Sexual activity** – it is not part of a staff members’ responsibilities to intervene if participants are engaged in sexual relationships. However, the age of consent is 16, and staff will report to the DSLO if they are concerned that someone has not given genuine consent to sexual activity, or is under 13.

**Criminal offences** – if a participant has committed and been charged with a criminal offence staff will always ensure the safety of other participants in deciding whether it is safe for the participant to continue accessing our services.

**Absconding** – if a participant leaves an activity early or without telling a member of staff, staff will always contact the parent or carer, and may contact the Police if they are concerned for the participant’s safety and welfare.

These are the minimum that should apply to all work with participants and should be discussed with the participants, along with any additional rules required for the specific project, activity or trip, and what action will be taken if rules are broken. Staff should also let parents or carers know the rules that will apply. If rules are not made clear, staff, participants and their parents or carers may have very different expectations which can lead to disputes and potentially to participants being exposed to a risk of harm.

Staff should not use force or restrain a participant, and must not search a participant or their belongings. Further information on dealing with difficult situations and conflict can be found in the Behaviour Policy.

If acceptable behaviour standards are not followed, and there are any concerns about safeguarding staff should follow the safeguarding process. Where bullying occurs, staff should follow the Anti-Bullying Policy and Procedure. Where any other rules are broken staff should inform the appointed person, who should talk to all those involved in the incident individually. Having heard all the evidence a decision should be made by the appointed person about what, if any action should be taken, and whether to inform parents or carers and/or the Police. Staff should use their professional judgement in all cases and make an informed decision based on the circumstances, guidelines relating to safeguarding and information sharing, the needs and wishes of the participants, and whether informing parents or carers has been agreed as a sanction prior to the activity. Participants should only be sent home where there is a clear breach of the rules that places that participant or another at risk of harm.

Where a participant is asked to leave an activity or event, the appointed person should notify their parent or carer. If it is not possible to contact the parent or carer, and the participant is aged 16 or over, he or she can be asked to leave immediately, provided that the appointed person is satisfied that the participant is able to get home safely. Those aged under 16 will need to remain with staff until their parent comes to collect them or arrangements are made and agreed with the parent for them to get home safely.

Where a participant is asked to leave an activity away from base, the appointed person will need to be sure that there is adequate transport, that the participant is safe to travel on their own on such transport and, if the activity has been a residential trip, that there is somebody at home to receive the participant. It may be that a staff member will need to accompany the participant home. The appointed person should contact the team/project leader to discuss the situation prior to sending the participant home.

Staff should follow the Accident Incident Report Procedure in all cases where a participant has been sent home.

## Pre-activity briefing

Participants and their parents or carers should be given written details before an activity, trip or a residential trip where Groundwork staff are taking direct supervisory responsibility. The information provided may include:

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|  | dates, times and location of the visit (including address and telephone number); |
|  | the programme including any ‘free-time’; |
|  | travel and accommodation arrangements; |
|  | staffing; |
|  | behaviour expected of participants; |
|  | procedures for participants who become ill; |
|  | special clothing or equipment and money to be taken; |
|  | insurance; |
|  | details of the ‘buddy’ system; |
|  | contact numbers for the appointed person, other staff involved and the buddy staff member at base. |

An Activity Information Form and Residential Information Form are provided which staff should use to inform participants and their parents or carers about forthcoming activities. These have been designed to enable participants to be fully involved in planning and organising such activities.

## Consent

Staff should obtain written consent from a parent or guardian for anyone under the age of 18 to participate in an organised activity, trip or residential. Groundwork SaNT has individualised Consent Forms within service areas which staff must use and which must be completed and received by the appointed person in advance. The appointed person should ensure that he or she has all the consent forms with them for the duration of the activity.

The parent or guardian is asked to provide:

* the home telephone number and address;
* an alternative telephone number and address for emergencies;
* the name and contact address of the young person’s GP;
* consent to medical treatment in emergencies, where it has not been possible to contact them;
* information on whether their child requires any extra help to participate, has any health conditions, suffers from allergies, is taking medication, any special dietary requirements, or has any behavioural issues that staff need to be aware of.

Depending on the nature of the activity, the parent or guardian should also be asked to provide information on whether their child:

* has had, or been in contact with any contagious or infectious diseases within the previous four weeks;
* has had any other recent illnesses or suffer from any other medical problems;
* have any toileting difficulties;
* have any sleep difficulties (e.g. sleepwalking);
* suffers from travel sickness;
* can swim and the level of swimming ability;
* may not participate in certain activities;
* have any special religious or cultural requirements.

Staff should add sections to the Standard Consent Form if any additional information is required.

Staff should also adapt the Consent Form using the following wording or changes where consent is given to participate in general group activities over a period of time; where over 18’s are participating in adventurous activities; or where staff are required to sign disclaimers on arrival at activities.

***Consent for general activities -*** where participants are members of groups which meet regularly, a general consent form may be used which covers a period of no more than 6 months. The following information should be added at the top of the consent form in place of activity, location and date details:

This form covers the period from *\*insert date* to *\*insert date* (inclusive). Activities covered by this form are: Bowling, Cinema, Theatre, Eating-out, Ice-skating, Laser Quest, Meetings (e.g. at Groundwork offices, community centres, youth centres), Visits to places of interest (e.g. museums, outdoor artwork), Workshops (e.g. issue based, art), Football games (indoor and outdoor).

***Consent for over 18’s -*** where participants are aged 18 or over the following paragraph should be used in place of the standard consent wording:

I confirm that I am aged 18 or over and can sign for myself to participate in the activities listed above with Groundwork SaNT at the above location and on the above date. I give my full permission to Groundwork SaNT to consent to any necessary medical treatment for myself in the event of an emergency.

I have read the rules supplied by Groundwork SaNT. I agree to the rules and recognise that in the event that I break the rules, I may be asked to leave the activity or trip. In the event that I am asked to leave any payment made for the activity or trip will not be refunded.

I give my consent for photographs and video images to be taken of me whilst engaged in the listed activities with Groundwork SaNT and for these to be used for publicity purposes, including on the internet.

***Consent where activity providers need a disclaimer need to be signed -*** where staff will need to sign a disclaimer for under 18’s on arrival at an activity venue the following paragraph should be inserted at the top of the form in addition to the activity, location and date details: **Please note that this activity will require Groundwork SaNT staff to sign a disclaimer on your behalf at the activity venue to enable your son/daughter to take part in the activity.**

The following paragraph should be used in place of the standard consent wording:

I, ......................................................., the parent / guardian / carer of

……………………………. give my consent to his/her participation in the above-named activity with Groundwork SaNT at the above location on the above date. I give my permission for Groundwork SaNT staff to sign a disclaimer on my behalf at the activity venue to enable the above-named participant to take part in this activity. I give my full permission to Groundwork SaNT to consent to any necessary medical treatment for the above-named participant in the event of an emergency.

I have read the rules supplied by Groundwork SaNT and have discussed these with the above-named participant. We both agree to the rules and recognise that in the event that he/she breaks the rules, he/she may be asked to leave the activity or trip. In the event that he/she is asked to leave any payment made for the activity or trip will not be refunded. I have spoken to the above-named participant and we both give consent for photographs and video images to be taken of them whilst engaged in the listed activities with Groundwork SaNT and for these to be used for publicity purposes, including on the internet.

***Consent for residential trips -*** where participants will be taking part in a residential trip, all activities which are part of the residential experience should be listed at the top of the consent form.

The following exceptional circumstances apply when seeking consent:

* A young person aged 16 is able to decide where they should live, can obtain their own passport, travel abroad without parental consent, and give consent to their own medical treatment. If the young person is living independently then he or she should sign the consent form. Staff should ensure that the young person is fully aware of the activity and understands the risks associated with taking part in the activity. Where the young person is still living with his or her parents, staff should seek parental consent.
* If the young person is living with a carer or a friend, their consent will be accepted.
* Where a child or young person splits his or her time between two parents, the consent of either one will be sufficient.

* Where a child or young person arrives at an activity or pick up point without a completed consent form having been received in advance, staff must attempt to contact the parent or guardian. If contact is made staff should ask the parent or guardian to come to their location and complete a consent form. If this is not practical staff may take the details required on the consent form, and gain verbal consent from the parent or guardian over the phone. Staff must state on the consent form that verbal consent was given, then sign and date the form. Following the activity staff should arrange for the parent or guardian to sign the consent form. Verbal consent must only be taken in exceptional circumstances and must not be used on a regular basis. If staff are unable to contact the parent or guardian they may decide to include the child in the activity, if they have judged that it would be better for the welfare and safety of that child to remain at the activity than to leave, and the activity is suitable for his or her age and ability. Staff should follow the Accident Incident Report Procedure for all situations regarding children without consent.

When running regular drop-in activities with children and young people aged under-18, in buildings and on public open spaces staff should obtain the name and emergency contact details for all participants using the appropriate registration form.

When running one-off open-access events there is no requirement to register participants or gain consent, unless information is required for monitoring purposes. However, staff should decide through the risk assessment process if there are any activities being provided which pose a risk to at risk participants. If this is the case at risk participants should only be allowed to participate in those activities if they are supervised by a parent, guardian or carer. On site publicity for these events should make it clear that staff will not take supervisory responsibility.

When working with at risk adults’ staff must satisfy themselves that the individual is fully aware of the activity and understands the risks associated with taking part in the activity. If this is not the case staff should seek to discuss the activity with the carer.

Where participants aged over 18 attend activities and bring their child with them, staff must not take supervisory responsibility for the child. Staff must make it clear to the participant that the activity is not suitable for children and that the participant must take responsibility for their child at all times.

## Personal Care

Staff should not provide support to participants for personal care needs. If staff are made aware in advance of an activity, arrangements should be made with the parent or carer for personal care to be provided for the duration of the activity. Where staff are made aware that a participant requires support during an activity that wasn’t highlighted in advance, they should contact the parent or carer and ask them to attend to provide the personal care. If this is not possible staff may need to assist in order to preserve the dignity and welfare of the participant.

## Safe handling and administering of medication

Staff should not hand out non-prescribed medication to participants. This includes but is not limited to paracetamol, ibuprofen, aspirin and allergy tablets. Participants and their parents or carers should be advised that they will need to bring and look after their own, non-prescribed medication when engaging in our services or activities.

Where participants need to take prescribed medication whilst engaging in our services or activities the following guidelines apply:

Participants should be responsible for looking after and administering their own prescribed medication whilst attending activities. If the participant is unable to self-administer, staff should make arrangements with the parent or carer to attend at the appropriate times to administer the medication. Staff should not take responsibility for or administer medication. Participants should be advised to carry prescribed medication in its original packaging.

Exceptions to this rule are:

* where a participant has medication, which is controlled under the misuse of drugs legislation;
* where a parent or carer has requested that prescribed medication be looked after and administered by staff, due to the needs of the participant.

In both of these cases, medication must only be looked after and administered by a staff member who has completed approved Safe Handling of Medication Training.

Staff should check registration and consent forms for information about medication and check any listed items against the current Government list of controlled drugs. Further information can be found at [https://www.gov.uk/government/publications/controlled-drugslist--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-ofdrugs-legislation.](https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation)

Where staff are aware that a participant will be bringing and taking controlled medication or will require staff to administer medication during an activity they should inform the appointed person. The appointed person should arrange for a staff member who has completed approved Safe Handling of Medication Training to meet with the parent or carer in advance to obtain further details and instructions, and complete a Medication Form. Participants should be advised to bring controlled medication in its original packaging or container and hand it to the approved staff member on arrival. The approved staff member will ensure that the medication is clearly labelled with the participants’ name, place in a container and keep it in a locked location for the duration of the activity. Participants’ Medication Forms must be stored with the container and updated with relevant information and signatures when medication is removed from the container and taken by the participant. The Medication Form should be signed by the parent or carer and the approved staff member when the medication is returned at the end of the activity. Staff should not take possession of any controlled medication without a completed Medication Form in place.

Where participants need to take emergency medication whilst engaging in our services or activities the following guidelines apply:

Where staff are aware that a participant may require medication in an emergency such as an allergic reaction or a seizure, they should inform the appointed person. The appointed person should arrange for a staff member who has completed approved Safe Handling of Medication Training to meet with the parent or carer in advance to obtain further details and instructions, and complete a Medication Form. If participants carry such medication this must be carried on their person at all times. If the medication is a controlled drug, the appointed person should nominate a member of staff who has completed approved Safe Handling of Medication Training to be present with the participant at all times, to carry the emergency medication. All staff who will be working with the participant must be made aware of what medication is carried, where it is carried, and be given instructions on how to administer it in an emergency.

Where participants have an allergy, the following guidelines apply:

Where staff are aware that a participant has an allergy, they should inform the appointed person. The appointed person should arrange for a staff member who has completed approved Safe Handling of Medication Training to meet with the parent or carer in advance to obtain further details and instructions, and complete an Allergy Assessment Form and an accompanying Medication Form. The completed forms should be used to inform the risk assessment for the activity and any precautions required communicated to staff, other participants and activity, accommodation or catering providers. Participants, parents and carers should be informed that Groundwork cannot guarantee that a participant will not come into contact with an allergen during an activity.

In all cases, if staff are concerned about a participant who has taken medication, who has missed a dose of medication, or they suspect that a participant may have exceeded the stated dose of medication, they should contact emergency services immediately. If staff have any concerns in respect of handling of medication they should follow the Accident Incident Report Procedure. **Closing sessions in an emergency**

In exceptional circumstances, engagement, activities or visits may need to be cancelled at very short notice due to an unexpected emergency. Such incidents may include, but are not limited to, serious weather conditions, fire or bomb scare, serious accident or illness.

In such circumstances, staff will ensure that all steps are taken to keep both the participants and themselves safe. All staff and participants should assemble at a pre-arranged venue, where a register will be taken. The staff member should contact their line manager and make a decision as to whether the session should be closed early. Staff should then take steps to inform parents or carers and to take the necessary actions in relation to the cause of the closure. All at risk participants should be supervised until they are safely collected, or arrangements made and agreed with parents or carers for them to get home safely.

Staff should follow the Accident Incident Report Procedure (location) in all cases where sessions have been closed in an emergency.

## Home contact and buddy system for off-site activities and events

The appointed person should arrange for another member of staff to act as the home contact or buddy during off-site activities and events. The home contact should be given full details of the activity or event and the staff members involved. Where staff are taking direct supervisory responsibility for participants, the home contact should also be given emergency contact details for all staff and participants involved in the activity. The home contact must remain available for the duration of the activity or event in case of an emergency or if additional support is required. The appointed person should inform the home contact when the activity or event is completed safely.

Where staff are taking direct supervisory responsibility for participants they should also pair each participant with a buddy and remind participants at appropriate points to check that their buddy is present.

If a participant goes missing from an activity staff should follow these guidelines:

|  |  |
| --- | --- |
|  | inform the appointed person that a participant has gone missing; |
|  | ensure that the remainder of the group are adequately supervised and remain in one location; |
|  | organise and conduct a search of the venue; |
|  | if the participant has not been found during the search of the venue, the appointed person should contact the parent or guardian to check if the participant has returned home, or been in contact with them; |
|  | if the participant is still missing staff should conduct a search of the area around the venue; |
|  | if the participant has not been found staff should contact the Police, and inform the home contact who should follow the guidelines below on dealing with incidents. |
|  | If a participant is seen running away from an activity, staff should generally not pursue the participant. In this case staff should note where they last saw the participant and in which direction the participant was heading, and should inform the appointed person immediately. The appointed person should then contact the parent or guardian and if necessary, the Police. If staff are concerned that the participant is particularly vulnerable, they may decide to follow them but should not run after the participant or behave in a way that the participant might perceive as being threatening. |
|  | If a participant is known to be liable to run away from activities, a plan should be agreed as part of the risk assessment process to limit the likelihood of this happening. |

In all cases where a participant has gone missing from an activity, staff should follow the Accident Incident Report Procedure.

## First Aid

Staff should make an assessment of first aid needs taking into account the activities to be carried out. The law requires that first aid provision should be adequate and appropriate in the circumstances. If the activities taking place are such that a qualified first aider is not necessary, the minimum requirement is that a person should be appointed to take charge of the first aid arrangements, look after the equipment and facilities and calling emergency services when needed. For off-site activities, events and residential activities, at least one member of staff should be competent in first aid, holding a valid first aid certificate.

For all activities, the appointed person should make sure:

|  |  |
| --- | --- |
|  | a first aid box is available and it has been checked to ensure it contains the correct items; |
|  | all staff know how to contact the emergency services; |
|  | all staff know where the nearest accident and emergency unit is situated. |

Staff should only administer first aid in the presence of an adult witness, however in an emergency the absence of an adult witness should not prevent first aid being given. If first aid is administered, staff should follow the Accident Incident Report Procedure.

## Transport

Staff should ensure that transport arrangements are considered when planning for safe delivery. Where possible participants should be encouraged to make their own way to venues. If transport is being provided by Groundwork, staff should arrange an agreed location for pick up and drop off of participants, and ensure that parents and carers have full details of the location and times. Parents and carers should be made aware that it is their responsibility to ensure that the participant arrives at or is picked up from the agreed location on time.

Staff should not transport participants on their own or in their own vehicles. Other transport options such as public transport and taxis should always be considered first. Where this is judged to be the only option staff should only transport participants with the full knowledge and consent of their line manager, the participant, and their parent or carer.

## Accidents, incidents and near misses

***Reporting accidents, incidents and near misses***

Staff must record all accidents, incidents and near misses using the Accident Incident Report Form. Further information can be found in the Accident Incident Report Procedure.

***Responding to accidents, incidents and near misses***

In the event of an accident happening, and a participant or staff member being injured or requiring medical treatment at a hospital, the following procedure should be followed:

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| --- | --- |
|  | ensure that all participants and staff are safe from further danger; |
|  | contact the emergency services to provide rescue, medical care and/or hospitalisation for those who are injured or missing; |
|  | provide the medical facility with the consent form. The parents should be contacted if possible before medical treatment is given, despite the fact that they have signed a consent form. In an emergency, medical treatment can be provided without consent; |
|  | decide if further action needs to be taken; |
|  | check that everyone is ok, participants may be feeling scared, upset or concerned for their own safety; |
|  | inform your home contact as soon as possible; |
|  | complete an Accident Incident Report Form. |

The home contact, if phoned with news of an incident or accident, should listen carefully and write down:

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| --- |
| * the name, telephone number and location of the caller; * the location, time and nature of the incident; * the names of the individuals involved and the condition and location of any injured;  the details of any assistance required.   Then contact the senior manager, explaining the situation, and if unavailable contact the Chief Executive. |

In the event of a serious incident, accident, or in the case of a fatality, staff should follow the Crisis Management Plan and not try to deal with this without support.

|  |  |
| --- | --- |
|  | Contact the Chief Executive; |
|  | retain all equipment involved in an unaltered state; |
|  | ensure that any participant who is interviewed by the police is appropriately supported and accompanied; |
|  | make a written record of your recollection of what happened. |

## Photographs

Staff should ensure that those participating in activities are made aware of when photographs or videos will be taken, what these may be used for, and when they may be used. Participants have the right to decline having their photograph taken or their image recorded on video.

At public events staff should ensure that the following information is displayed with names and numbers for participants to contact should they require further information. “Photographs and video images may be taken at this event for publicity purposes. If you do not wish your photograph or image to be taken please contact a member of Groundwork staff on site”.

Staff members and any third party authorised to take photographs or video images should also ask individuals if they are happy for their image to be recorded prior to taking images where individuals can be easily identified.

Camera equipment and computer equipment is provided for staff where needed. Staff should not use their own cameras, mobile phones or other mobile technology to take photographs or videos and should not download images on to personal computer equipment or online storage account.

Staff should obtain written consent from a participant, and where appropriate their parent or carer, to use photographs of participants for any promotional or external purposes. Staff should use either the Standard Consent Form where participants are engaged in regular activities or a Photographic Consent Form for oneoff engagement. The written consent should be held for as long as the image is in circulation.

Participants aged 14 or over and adults at risk may give their own written consent for the use of photographs and images, but staff should ensure that the participant understands the implications of giving this consent. If staff have any doubts the parent or carer should be asked to give their written consent in addition.

Staff should ensure that photographs and video images of participants are kept in a secure location.

Staff should aim to ensure that these procedures are followed when photographs or video images are used in the media. However, participants and their parent or carer should be made aware that we cannot prevent media companies from contravening these procedures. Staff should check the identity of anyone taking photographs or carrying out interviews at events prior to giving them permission to do so, and should be present when members of the media are interviewing and/or taking photographs or video images of participants engaged in our activities.

Photographs of participants should only be distributed to external persons/agencies after consideration has been given to the suitability of the person/agency, and once written consent has been obtained as detailed above. Specific requests for and any distribution of photographs involving participants by external persons/agencies should be noted on the project file.

If staff suspect that photographs of participants are being misused by another member of staff or by a person who is not employed by the Trust, they should report this to the DSLO who will deal with this in line with the Safeguarding Policy.

## Evaluation, de-brief and supervision

Work with children, young people and at risk adults can be demanding as well as rewarding. Staff should ensure that they keep records of their work with participants using project specific recording methods. This information should be used to evaluate work regularly to ensure that it is being delivered safely.

All members of staff who work with children, young people or at risk adults will have access to regular 1-1 supervision with their line manager. Supervision is essential in ensuring that staff are supported in implementing safeguarding guidelines within their day to day work. Staff should also participate in team meetings where they can de-brief, share experiences, learn from others and get support.

We work hard to ensure that everyone keeps careful watch throughout the organisation and in everything we do for possible dangers or difficulties. We want all children/ young people to feel safe at all times. We want to hear their views of how we can improve all aspects of safeguarding and from the evidence gained we put into place all necessary improvements.

We want all our young people and at risk adults to achieve their full potential by:

* being as physically and mentally healthy as possible;
* experiencing good quality education opportunities;
* living in a safe environment;
* learning and working in a safe environment;
* experiencing emotional well-being;
* feeling and valued;
* receiving support from a network of reliable and affectionate relationships;
* learning to look after themselves;
* coping with everyday living;
* having a sense of identity and a positive image of themselves;
* developing their confidence and their interpersonal skills

We recognise that the safety and protection of children/ young people and adults is the responsibility of all staff and volunteers as they are in a unique position to notice injuries, marks or bruises when children/ young people are undertaking certain activities which might indicate a young person has been abused. We believe that we must report and investigate all injuries for the safety and protection of the children/ young people and at risk adults in our care.

# 12 Working with delivery partners

Groundwork SaNT has a role as a supply chain manager for major programmes and contracts. This means that the ongoing assurance of the activities of our delivery partners is a key priority in achieving our commitment to safeguarding children, young people and at risk adults.

**Delivery partner management**

Groundwork SaNT will undertake the following key activities when engaging with delivery partners:

## Due Diligence

Groundwork SaNT requires any potential delivery partner wishing to deliver services for children, young people or at risk adults on our behalf to complete a Due Diligence assessment.

Key requirements outlined in the due diligence assessment include the following:

* Having an appropriate Safeguarding Policy and procedures for work with children, young people and at risk adults, which include procedures for responding to concerns or disclosures of abuse, and managing allegations of abuse, and which have been subject to recent review (within the previous 12 months)

* Having organisational policies and procedures that cover the following core requirements:
  + Safe recruitment
  + Anti-Bullying
  + Codes of conduct/behaviour
  + E-safety
  + Whistleblowing
  + Health and Safety, and guidelines which cover safe delivery of services

* A named Safeguarding lead (along with contact details)

* Confirmation of appropriate training and awareness-raising activities to ensure staff are competent and compliant

Delivery partners will not be awarded a contract or grant for delivering services for children, young people and at risk adults on behalf of Groundwork SaNT until these requirements have been satisfied.

## Policy and procedure spot checks

Delivery partners delivering services for children, young people and at risk adults on behalf of Groundwork SaNT are subject to operational spot checks to ensure that these continue to meet the standards outlined above. The frequency of spot checks will depend on the type and duration of the activity and will be established by Groundwork SaNT at the outset of each programme.

## Operational review

As part of regular progress reviews with delivery partners Groundwork SaNT requires ongoing assurance that safeguarding policies and procedures are being followed and are translated into good practice. Operational reviews will take the form of written feedback and/or face-to-face meetings, and generally take place quarterly or twice-yearly dependant on the type and duration of activity. Actions for addressing any safeguarding concerns raised by the delivery partner or Groundwork SaNT should be agreed by all parties.

## Dealing with safeguarding concerns

If staff are made aware of any safeguarding concerns relating to a delivery partner, they should follow the procedures outlined in Sections 7 and 8, contact the DSLO and complete a Safeguarding Concern Log. The DSLO will contact the named Safeguarding Lead for the delivery partner to ensure that the appropriate agencies are contacted and the matter is dealt with to the satisfaction of Groundwork SaNT in line with its Safeguarding policy and procedures.

Groundwork requires that the Delivery Partner reports any safeguarding incidents relating to the contracted work to the DSLO using the Delivery Partner Safeguarding Incident Report Form, sent by secure email. This is to enable the DSLO to seek assurance that any incidents are being properly managed for any activity being delivered under Groundwork’s name. The DSLO will record the incident on the Groundwork safeguarding file. If necessary, the DSLO will seek further information or assurances from the Delivery Partner that the incident has been dealt with in accordance with policy and procedures. Once satisfied that the incident has been dealt with, the DSLO will mark the incident as closed on the safeguarding file.

The Safeguarding Team will review safeguarding incidents reported by Delivery Partners at Safeguarding Panel meetings to identify patterns of incidents and actions taken, and ensure that risks are being managed effectively through the performance review process.

**13 Pandemics/Emergency Situations.**

This section applies during a period of R2W College closure and close down of other services within Groundwork SaNT, due to a pandemic and/or other similar emergency circumstances, and reflects advice from Government. We set out in this section changes to our normal Safeguarding and Child Protection Policy in light of recent Government guidance.

Unless covered here, our normal Safeguarding and Child Protection Policy continues to apply.

The Department for Education’s (DfE’s) definition of ‘vulnerable children’ includes those who: Have a social worker, including children:

* With a child protection plan
* Assessed as being in need
* Looked after by the local authority
* Have an education, health and care (EHC) plan

## Core safeguarding principles

We will still have regard to the statutory safeguarding guidance, [Keeping Children Safe in Education](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) and those national policies as set out on page 7.

Although we are operating in a different way to normal, we are still following these important safeguarding principles:

* The best interests of children, young people and vulnerable adults must come first
* If anyone has a safeguarding concern about any child, young person or vulnerable adult they should continue to act on it immediately
* A DSLO or deputy should be available at all times
* It’s essential that unsuitable people don’t enter the workforce or gain access to children, young people or vulnerable adults
* Children, young people and vulnerable adults should continue to be protected when they are online

## Reporting concerns

All staff and volunteers must continue to act on any safeguarding concerns they have immediately. It is still vitally important to do this.

As a reminder, all staff should continue to work with and support children, young people and vulnerable adults’ social workers, where they have one, to help protect them.

## DSLO (and deputy) arrangements

We will have a trained DSLO or deputy DSL available where possible. Details of all important contacts are listed in the ‘Important Contacts’ section on page 4 of this policy document.

If our DSLO (or deputy) can’t be on the premises they can be contacted remotely by e:mail or telephone, see page 4.

We will ensure that the DSLO (and deputies), wherever their location, know who the most vulnerable children, young people and vulnerable adults in our organisation are.

The DSLO (or deputy) will liaise with appropriate staff to ensure they can:

Identify the most vulnerable.

Update and manage access to relevant files, where necessary

Liaise with social workers where they need access to anyone in need and/or to carry out statutory assessments

## Working with other agencies

We will continue to work with social care, education bodies, local authorities etc for clients such as lookedafter and previously looked-after children, children and young people with EHCP’s, young carers and their families, vulnerable adults etc.

We will continue to update this addendum where necessary, to reflect any updated guidance from Government and relevant partner organisations.

## Monitoring attendance (R2W College)

Learners may not be attending college during this period of closure therefore we will not be completing our usual attendance registers or following our usual procedures to follow up on non-attendance.

The exception to this is where any learner we expect to attend college during the closure doesn’t attend, or stops attending. In these cases we will:

* Follow up on their absence with their parents or carers, by telephone calls.
* Notify their social worker, where they have one

We will use alternative reporting mechanisms where required such as the Department for Education’s daily online attendance form to keep an accurate record of who is attending college.

We will make arrangements with parents and carers to make sure we have up-to-date emergency contact details, and additional contact details where possible.

## Safeguarding all Children, Young People and at Risk Adults

Staff and volunteers are aware that this difficult time potentially puts all children, young people and at risk adults at greater risk.

Staff and volunteers will continue to be alert to any signs of abuse, or effects on mental health that are also safeguarding concerns, and act on concerns immediately. In particular, children and young people are likely to be spending more time online.

## Online safety

Where staff are interacting with children, young people and vulnerable adults online, they will continue to follow our existing staff behaviour policy/code of conduct/IT acceptable use policy/R2W Remote and Blended Learning Policy.

Staff will continue to be alert to signs that a child may be at risk of harm online, and act on any concerns immediately, following our standard reporting procedures.

We will make sure children, young people and vulnerable adults know how to report any concerns they have back to our organisation, and signpost them to other sources of support too.

Where possible, all interactions will be textual and public.

All staff and using video communication must:

* Communicate in groups – one-to-one sessions are not permitted.
* At least two members of staff to be present in the session. This could be a combination of 2

Groundwork/TENNE staff or a combination of 1 member of staff from the contractor/school/partner and 1 from Groundwork/TENNE

* Wear suitable clothing – this includes others in their household.
* Be situated in a suitable ‘public’ living area within the home with a blurred or picture background – ‘private’ living areas within the home, such as bedrooms, are not permitted to be seen during video communication.
* Use appropriate language – this includes others in their household.
* Maintain the standard of behaviour expected in the workplace.
* Use the necessary equipment and computer programs as intended.
* Not record, store, or distribute video material without permission.
* Ensure they have a stable connection to avoid disruption.
* Always remain aware that they are visible.

All staff using audio communication must:

* Use appropriate language – this includes others in their household.
* Maintain the standard of behaviour expected in the workplace.
* Use the necessary equipment and computer programs as intended.
* Not record, store, or distribute audio material without permission.
* Ensure they have a stable connection to avoid disruption.
* Always remain aware that they can be heard.

Groundwork will consider whether one-to-one sessions are appropriate in some circumstances, e.g. to provide support for a young carer with additional needs. This will be decided and approved by the Operations Manager in collaboration with the Programme Lead.

Groundwork will advise parents and carers of any precautionary measures that need to be put in place if their child is engaged in activities remotely using their own/family-owned equipment and technology, e.g. ensuring that their internet connection is secure.

During the period of remote activity, Groundwork will maintain regular contact with parents/carers to:

* Reinforce the importance of young people staying safe online.
* Ensure parents/carers are aware of what their children are being asked to do, e.g. sites they have been asked to use and staff they will interact with.
* Encourage them to set appropriate parental controls on devices and internet filters to block malicious websites.
* Direct parents to useful resources to help them keep their children safe online.

Groundwork will not be responsible for providing access to the internet off site, and will not be responsible for providing online safety software, e.g. anti-virus software, on devices not owned by Groundwork.

**Working with parents and carers.**

We will make sure parents and carers:

Are aware of the potential risks to children and young people online and the importance of staying safe online

Know what we are asking children and young people to do online, including what sites they will be using and who they will be interacting with from our organisation.

Are aware that they should only use reputable online companies or tutors if they wish to supplement the remote activities and resources that we provides

Know where else they can go for support to keep their children and young people safe online

## Mental health

Where possible, we will continue to offer our current support for children, young people and adults at risk.

We will also signpost all staff, volunteers, children, young people and at risk adults to other resources to support good mental health at this time.

When setting expectations for young people learning remotely and not attending college, tutors will bear in mind the potential impact of the current situation on both children’s and adults’ mental health.

## Staff recruitment, training and induction

We continue to recognise the importance of robust safer recruitment procedures, so that adults and volunteers who work in our organisation are safe to work with children, young people and vulnerable adults.

We will continue to follow our safer recruitment procedures, and part 3 of Keeping Children Safe in Education.

In urgent cases, when validating proof of identity documents to apply for a DBS check, we will initially accept verification of scanned documents via online video link, rather than being in physical possession of the original documents. This approach is in line with revised guidance from the DBS.

New staff must still present the original documents when they first attend work at our organisation.

We will continue to carry out our usual checks on new volunteers, and carry out risk assessments to decide whether volunteers who aren’t in regulated activity should have an enhanced DBS check, in accordance with paragraphs 167-172 of Keeping Children Safe in Education.

## Safeguarding induction and training

We will make sure staff and volunteers are aware of changes to our procedures and local arrangements.

New staff and volunteers will continue to receive:

* A safeguarding induction
* A copy of our Safeguarding and Child Protection Policy.
* Keeping Children Safe in Education part 1 (R2W College)

Keeping records of who’s on site

We will keep a record of which staff and volunteers are on site each day, and that appropriate checks have been carried out for them.

We will continue to keep our single central record up to date.