



# Safeguarding Policy

**Issued by:** Daniel Wells, Operations Director

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## 1. Scope

Safeguarding Policy for NowSkills Ltd. trading as NowSkills.

This policy applies to all staff, including senior managers, paid staff, volunteers, sessional workers, agency staff, learners, employers and anyone working on behalf of/with NowSkills.

## 2. Introduction

At NowSkills we strongly recognise the need for vigilant awareness of safeguarding issues. All staff have appropriate training so that they understand their roles and responsibilities and are confident about carrying them out.

Any individual should feel secure that they could raise any issues or concerns about the safety or welfare of children, young people and adults at risk and know that they will be listened to and taken seriously. This will be achieved by maintaining an ethos of safeguarding by demonstrating zero tolerance of abuse and other harmful behaviours, promoting the welfare of children, young people, adults at risk and protecting staff.

As part of its safeguarding ethos, NowSkills encourages all individuals to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. NowSkills ensures that partisan political views are not promoted in the teaching of any subject in NowSkills and where political issues are presented, reasonably practicable steps will be taken to offer a balanced presentation of opposing views.

Under duties imposed as part of the Prevent Duty Guidance 2015, NowSkills will ensure that situations are suitably risk assessed, staff will work in partnership with other agencies, that all staff are suitably trained and that IT policies will ensure that all individuals are safe from terrorist and extremist material when accessing the internet on site.

## 3. Policy Guidance

Safeguarding is described as, all agencies working with children, young people, adults at risk and their families take all reasonable measures to ensure that the risk of harm to their welfare is minimised and where there are concerns about any of this group agencies take appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other agencies.

A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection.

An adult at risk is any person age 18 or over who is, or may be in need of community care services by reason of mental/physical or learning disability/age or illness and unable to take care of them self or unable to protect themselves against significant harm or serious exploitation.

They may include, for example, people with:

- a mental health problem or mental disorder including dementia , or people on the autistic spectrum
- a physical disability
- a sensory impairment

- a learning disability
- who are frail and who are experiencing a temporary illness

### 3.1. Duties and Responsibilities

NowSkills has a Designated Safeguarding Lead (DSL) who is responsible for the development and practice of safeguarding within NowSkills.

| <b>Designated Safeguarding Lead</b> |  |
|-------------------------------------|--|
| Name:                               | Daniel Wells   |
| Telephone:                          | 07508 650804<br>01204 262431 (option 2, then option 3)   |
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NowSkills understands that to fulfil its responsibility to safeguard children, young people and adults at risk, all employees and volunteers are required to undertake mandatory training and appropriately share any concerns that are identified or disclosed.

NowSkills will immediately refer an individual if there are concerns about his/her welfare, possible abuse or neglect to the appropriate agency where he/she resides. A Safeguarding Report Form (Appendix A) will also be completed and sent to the DSL immediately and a written record of the referral will be forwarded to the relevant agency within 48 hours.

The DSL will also ensure that:

- Written records of concerns about a child, young person or adult at risk are retained securely.
- All such records are stored confidentially in a safeguarding file within a locked cabinet or drawer. The safeguarding records are to be kept separate from individual student records.
- Ensure that staff receive regular updates and mandatory training for safeguarding, particularly as part of staff induction, and receive refresher training as required.
- Internal procedures for reporting safeguarding referrals to the Board are followed.

### 3.2. Definitions of Abuse

#### 3.2.1. Sexual Abuse

Child: Forcing or enticing a child or young person, not necessarily involving a high level of violence to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside the clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching 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 also commit acts of sexual abuse, as can other children.

Adult at risk: Sexual abuse is the direct or indirect involvement of the adult at risk in sexual activity or relationships, which they:

- Do not want or have not consented to
- Cannot understand and lack the mental capacity to be able to give consent to
- Have been coerced into because the other person is in a position of trust, power or authority (for example a care worker)

### **3.2.2. Neglect**

Child: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter including exclusion from home or abandonment
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers), or ensure access to appropriate medical care or treatment
- it may also include the neglect of, or unresponsiveness to, a child's basic emotional needs.

Adult at risk: Neglect and acts of omission, including ignoring medical 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.

### **3.2.3. Physical Abuse**

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating, or otherwise causing physical harm to a child or adult at risk.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### **3.2.4. Emotional Abuse**

Child: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children they are worthless or unloved, inadequate; or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say and how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social; interaction. It may involve seeing or hearing the ill treatment of others. It may involve serious bullying (including cyberbullying), causing children to frequently to feel frightened or in danger; or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Adult at risk: Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

### **3.2.5. Sexual Exploitation**

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts

and relationships where young people receive 'something' as a result of them performing, and/or other people performing on them, sexual activities. It can occur through the use of technology without the child's immediate recognition. In all cases those exploiting young people have power over them by virtue of age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised mainly by the young person's limited availability of choice resulting from their vulnerability.

In an adult at risk sexual exploitation is either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain.

### **3.2.6. Radicalisation & Extremism**

The Counter Terrorism and Security Act, which received Royal Assent on 12th February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent individuals from being drawn into terrorism ("the Prevent Duty").

Objectives of the Prevent Duty are to:

- Respond to the ideological challenge of terrorism and the threat from those who promote it
- Prevent individuals from being drawn into terrorism and ensure that they are given appropriate advice and support
- Work with sectors and institutions where there are risks of radicalisation that we need to address

If there are concerns that an individual is becoming radicalised and/or involved in an organisation which could ultimately harm the individual and the community this needs to be reported to the DSL immediately.

All staff are required to undertake mandatory training which provides staff with information on how to identify and refer a concern.

Extremism is defined 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; and/or calls for the death of members of the armed forces, whether in this country or overseas.

As part of wider safeguarding responsibilities staff will be alert to:

- Disclosures by individuals of their exposure to the extremist actions, views or materials of others outside of organisation, such as in their homes or community groups, especially where individuals have not actively sought these out.
- Graffiti symbols, writing or art work promoting extremist messages or images.
- Individuals accessing extremist material online, including through social networking sites.
- Individuals voicing opinions drawn from extremist ideologies and narratives.
- Use of extremist or 'hate' terms to exclude others or incite violence.
- Intolerance of difference.
- Attempts to impose extremist views or practices on others.
- Anti-Western or anti-British views.

### **3.2.7. Female Genital Mutilation (FGM)**

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Staff have a responsibility to follow local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and other relevant agencies. Care and sensitivity should be shown to adults at risk who have been subject to FGM and further support should be sought where required. As this differs from region to region if in doubt you should contact the DSL.

### **3.2.8. Forced Marriage**

In forced marriage, one or both spouses do not consent to the marriage or consent is extracted under duress. Duress includes both physical and emotional pressure.

A clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in choosing the marriage partner but the choice whether or not to accept the arrangement remains with the young people. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours.

### **3.2.9. Additional Forms of Abuse**

- Discriminatory: Including forms of harassment, bullying, slurs, isolation, neglect, denial of access to services or similar treatment; because of race, gender and gender identity, age, disability, religion or because someone is lesbian, gay, bisexual or transgender. This includes racism, sexism, ageism, homophobia or any other form of hate incident or crime.
- Domestic abuse or violence: Includes an incident or a pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse, by someone who is, or has been, an intimate partner or family member regardless of gender or sexual orientation. This includes psychological/emotional, physical, sexual, financial abuse; so called 'honour' based violence, forced marriage or Female Genital Mutilation (FGM).
- Financial or material: Including theft, fraud, internet scamming, exploitation, 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.
- Modern slavery: Encompasses slavery, human trafficking, 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.
- Organisational (sometimes referred to as institutional): Including 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 a person's own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice

as a result of the structure, policies, processes and practices within an organisation.

- Self-neglect: Includes a person neglecting to care for their personal hygiene; health or surroundings; or an inability to provide essential food; clothing; shelter or medical care necessary to maintain their physical and mental health; emotional wellbeing and general safety. It includes behaviour such as hoarding.

### **3.3. Reporting Safeguarding Concerns/Incidents**

All staff should receive an appropriate level of training to provide a shared understanding of the tasks, processes, principles, and roles and responsibilities for safeguarding children and promoting their welfare. Where a safeguarding incident occurs, or an individual has a safeguarding concern, the following procedure must be enacted:

- Recognise the signs of abuse.
- Respond and react accordingly.
- Record the facts of the disclosure.
- Report the disclosure to DSL as soon as possible/within 48 hours. All reports must be forwarded to the DSL as soon as possible/within 48 hours.
- Refer (to the emergency services, through the Channel process or Social Services or through the Channel process) in situations where an individual may be at risk of immediate harm – and ensure that the information is reported to Safeguarding Representative and National Safeguarding Advisor as soon as possible after the referral, always within 48 hours.

#### **3.3.1. Recognise**

Signs of abuse can be recognised as contrast to the individual's usual behaviour or observed from a change in their physical appearance as mentioned below:

- Physical: this could include lack of personal hygiene, self-harm, substance or drug abuse, noticeable signs of bruising or flinching when being touched, developed a speech disorder or learning difficulty that cannot be attributed to a physical or psychological cause
- Behavioural: this could include sudden changes in a person's character, lack of confidence, low self-esteem, withdrawn or being aggressive or angry for no reason, becoming anxious or tearful.

The information above is by no means exhaustive, and an individual may not wish to disclose something that they perceive as "normal".

#### **3.3.2. Respond**

People are often reluctant to talk about abuse. Many perpetrators may tell people to keep the abuse a secret and frighten them with unpleasant consequences. Listed below are some ways as to respond to issues or concerns:

- Stay calm and listen carefully to what is being said
- Reassure the person that they have done the right thing by telling you, but not that everything will be okay (sometimes things get worse before they get better)
- Find an appropriate early opportunity to explain that it is likely the information will need to be shared with others, but that this will be on a need to know basis
- Allow the person to continue at his/her own pace - asking questions for clarification only; try to ask "tell me, explain to me, describe to me" so as to avoid leading for a particular answer

- Tell them what you will do next and with whom the information will be shared
- Do not delay in discussing your concerns and if necessary passing this information on

If you feel that anyone is at immediate risk, please take any reasonable steps within your role to protect any person from immediate harm, for example:

- Call an ambulance or a GP if someone needs medical attention
- Call the emergency services/police if a crime is taking place or has taken place
- Inform the DSL as soon as possible/within 48 hours
- Separate the alleged perpetrator and victim, but only if it is safe to do so

If you are suspicious but no disclosure has taken place discuss your concerns with the DSL.

If a person approaches you to make allegations of inappropriate behaviour or misconduct against a member of staff:

- Contact your line manager and DSL
- Follow the guidelines in 3.6. Managing Allegations against Staff
- Do not question the person making the allegation or investigate the matter yourself

### **3.3.3. Record**

A Safeguarding Report Form, Appendix A, must be completed.

Where a Safeguarding Report Form is not readily available please ensure that the following information is noted:

- Your details
- Name of those involved
- Date of incident(s) /disclosure/suspicion
- Details of incident(s) / disclosure / suspicion
- Background information
- Actions taken

Whilst you can record observations, do not interpret or give opinion as this may bias the information provided and jeopardise any future investigation into the allegation.

The Safeguarding Report Form should be kept securely and forwarded to the DSL.

### **3.3.4. Report**

Any issues or concerns, allegations or suspicions relating to safeguarding must be taken seriously and reported to the DSL.

If the DSL is not available, please contact the Managing Director.

### **3.3.5. Refer**

Where required, the DSL will refer or support you with guidance on next steps and/or signposting the relevant external agency.

- Any referrals to Social Services, through the Channel process, or other external agency must also be notified to the DSL.
- Any violent incidents must be notified to the Health and Safety Manager.



- Should there be a disagreement between the staff member and the DSL or manager about the need to make a referral, a direct referral made to the relevant social services department by the employee who has the concern.
- Any concerns about an individual who is part of a programme that is externally linked (e.g. a school, college or University etc.) should be relayed to the external institutions designated safeguarding representative also.

### **3.4. Confidentiality**

The safety and well-being of the individual at risk is paramount. Staff may have access to confidential information about individuals in order to undertake their everyday responsibilities. In some circumstances, staff may be given highly sensitive or private information. They should never use confidential or personal information about an individual or his/her family for their own or others' advantage. Information must never be used to intimidate, humiliate, or embarrass an individual.

- The DSL will disclose personal information about an individual to other staff on a need to know basis only. The DSL will make a judgement in each individual case about who needs and has a right to access particular information.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children, young people and adults at risk, in consultation with the DSL.
- All safeguarding records are subject to Freedom of Information Act 2012 and Data Protection Act 2018. If there is any doubt as to the rights of any party to access information, we may seek legal advice prior to releasing any information.
- NowSkills complies with the requirements of the Data Protection Act 2018 the DPA does not prevent staff from sharing information where this is necessary to protect the safety and well-being of the individual.
- All staff must be aware that they cannot promise a child/young person or adult at risk confidentiality which might compromise the safety or well-being of the individual or that of another.

### **3.5. Information Sharing**

There may be some circumstances where the welfare or safety of an individual may take precedence over confidentiality. Interagency working and sharing of information is an integral part of safeguarding.

The overriding objective must be to safeguard the child, young person or adult at risk.

1. Remember that the Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you

are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

### **3.6. Managing Allegations against Staff**

All staff should take care not to place themselves in a vulnerable position with a child, young person or adult at risk and be aware of appropriate professional conduct. It is always advisable for interviews or work with individual young persons, adults at risk, or parents to be conducted in a visible arena in view of other adults.

- We may occasionally receive complaints or allegations against a member of staff but it is important that a fair and balanced approach should be taken to ensure that both the complainant and the staff member are safeguarded.
- If such an allegation is made, the staff member receiving the information must take the issue seriously and should immediately inform their line manager, who will then immediately discuss the content of the allegation with the DSL and Managing Director.
- If the allegation made to a staff member concerns their own line manager, the person receiving the allegation must immediately inform the DSL and/or Managing Director, without notifying their manager.
- It is important that no further action is taken in respect of gathering statements from others or interviewing until directed by the DSL and Managing Director.

Where it is subsequently found that an allegation was made with malice aforethought, the DSL will determine an appropriate course of action. This may include disciplinary action against the accuser, acceptance of a written apology (subject to agreement about future behaviour) or other such sanctions as are deemed appropriate.

### **4. Links to Further Information and Guidance**

- The Children Act 1989
- The Children Act 2004
- Working Together to Safeguard Children 2015
- What to do if you are worried a child is being abused 2015
- Keeping Children Safe in Education 2019
- Protection of Freedoms Act 2012
- Care Act 2014
- Keeping Learners Safe 2015
- Safeguarding Children: Working Together Under the Children Act 2004
- Prevent Duty Guidance
- Modern Slavery Act 2015

**Appendix A: Safeguarding Report Form**

|  |                          |  |
|--|--------------------------|--|
| <b>Name of Individual:</b>   | <b>Gender &amp; DOB:</b> |  |
| <b>Reported by:</b>  | <b>Employer:</b>         |  |
| <b>Completed by:</b>   | <b>Date:</b>             |  |
| <b>Does the individual know you will discuss with the DSL?</b>   | YES / NO                 |  |
| <i>If "No" please state reason:</i>  |                          |  |
| <b>Concern/Incident/Disclosure Details:</b><br><i>State what is said, or what you observed that caused suspicion. Include date, and time of event. Where reporting what someone has said to you, try to use as close to their exact words as you can. Are there any protected characteristics?</i> |                          |  |
| <b>Reporter Signature:</b>   | <b>Date:</b>             |  |
| <b>Completed By Signature:</b>   | <b>Date:</b>             |  |

**To be completed by the Designated Safeguarding Lead**

**State what action was taken and when:**

|                   |  |
|-------------------|--|
| <b>Name:</b>      |  |
| <b>Signature:</b> |  |
| <b>Date:</b>      |  |