

This document is to be read by all members of staff employed by SSG and to be available to all customers upon request.

1.0 Introduction

1.1 This Policy has been developed in accordance and under the guidance of the:

- Children Acts 1989 and 2004
- Education Act (2002 & reference to 2011)
- Working Together to Safeguard Children (March 2018)
- What to do if You are Worried a Child is being Abused (March 2015)
- Keeping Children Safe in Education: Statutory guidance for schools and college (September 2019)
- Guidance for safer working practice those working with children and young people in education settings (Safer Recruitment Consortium October 2015)
- Police Act 1997 (Protection of Vulnerable Adults) Regulations 2013
- Safeguarding Vulnerable Groups Act 2006
- Care Act 2014
- Counter-Terrorism and Security Act (2015)
- Revised Prevent Duty Guidance: for England and Wales (Home Office July 2015)
- Local authority
- The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018

SSG will keep its policy and procedures on children and adults at risk under review to take account of any new Government legislation, regulations or best practice documents to ensure that staff are kept fully up to date with their responsibilities and duties with regard to the safety and well-being of vulnerable adults.

SSG accepts its statutory duty as a company that engages with children and adults through a range of educational environments, and therefore is willing to cooperate with any and all published arrangements with any and all safeguarding partners.

This policy deals with the protection of Children and Adults at Risk

Children are those students under 18 years of age who may be on a:

- 14-16 School Link and Bespoke courses
- Year 11 Early College Transfer programme
- 16-18 courses, traineeships and apprenticeships or
- Children in the care of our students on placement

Adults at Risk are those students defined (under the Protection of Vulnerable Adults Regulations 2002) as:

'A person aged 18 or over who is receiving services of a type listed in paragraph (2) below and in consequence of a condition of a type listed in paragraph (3) below has a disability of a type listed in paragraph (4) below'.

(2) The services are -

- (a) accommodation and nursing or personal care in a care home;*
- (b) personal care or nursing or support to live independently in his own home;*
- (c) any services provided by an independent hospital, independent clinic, independent medical agency or National Health Service body;*
- (d) social care services; or*
- (e) any services provided in an establishment catering for a person with learning difficulties.*

(3) The conditions are -

- (a) a learning or physical disability;*
- (b) a physical or mental illness, chronic or otherwise, including an addiction to*

alcohol or drugs; or
(c) a reduction in physical or mental capacity.

(4) The disabilities are -

- (a) a dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions;*
- (b) severe impairment in the ability to communicate with others; or*
- (c) impairment in a person's ability to protect himself from assault, abuse or neglect.*

The Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) Regulations 2013 require employers to carry out Disclosure and Barring Service Checks before employees are allowed to come into contact with vulnerable adults. SSG require all staff to complete a DBS enhanced check and enroll onto the 'Update service' within 30 days of receiving their DBS certificate. We have a three-year update for every staff member's DBS certificate.

Within SSG any student (Child or Adult) in danger of radicalisation or demonstrating extremist tendencies (violent or nonviolent) is deemed to be vulnerable and appropriate support under the PREVENT strategy or through CHANNEL will be sought.

What is radicalisation?

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that

- (1) reject or undermine the status quo or
- (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.

For example, radicalism can originate from a broad social consensus against progressive changes in society or from a consensus against lack of changes in society. Radicalisation can be both violent and nonviolent, although most academic literature focuses on radicalisation into violent extremism (RVE).

2.0 Safeguarding Strategy

2.1 SSG will:

- Take a preventive approach to protecting young people and adults at risk from potential harm, damage, radicalisation or being drawn into terrorism (violent and non-violent extremism)
- Take all appropriate actions to address concerns about the welfare of young people and vulnerable adults.
- Work to agreed local policies and procedures in full partnership with other local agencies.
- Plan, implement, monitor and review policies and procedures to ensure that the maximum is done to provide a safe environment for young people and adults at risk in the college.
- Take all reasonable measures to ensure that risks of harm to young people and adults at risk welfare is minimised by appropriate:
 - Risk assessment and management
 - Health and Safety procedures
 - Staff selection, recruitment, induction supervision and training
 - Creation and promotion of an open work culture "Whistleblowing"
 - Reacting to and reporting abuse

3.0 Policy Statement

3.1 SSG holds as one of its highest priorities the health, safety and welfare of all children, young people and adults at risk involved on courses or activities which come under the responsibility of the SSG.

3.2 SSG and its staff, including contractors, have a collective and individual duty of care to ensure that its staff fulfil their responsibilities to prevent the abuse of children, young people and adults at

risk, to refer any abuse discovered or suspected and to prevent students from being drawn into terrorism.

3.3 This Safeguarding of Children and Adults at Risk Policy and Procedure will be made available to all parent/carers who will be advised that cases may be referred to the investigative agencies in the interests of the young person or vulnerable adult.

3.4 SSG will advise children, young people and vulnerable adults about the standards of behaviour and conduct they can expect from staff and volunteers and of what to do if they experience or suspect abuse.

3.5 SSG will work with appropriate agencies, and in particular the two Safeguarding Boards (Children and Adults) within the Local Authorities (see Appendix B) to ensure that children, young people and vulnerable adults are safeguarded through the effective operation of SSG's Safeguarding children and adults at risk procedures. SSG adopts in totality the Safer Recruitment Consortium's "Guidance for safer working practice for those working with children and young people in education settings" (October 2015).

3.6 SSG recognises that any child, young person or adults at risk can be subject to abuse or radicalisation and all allegations of abuse or concerns about radicalisation will be taken seriously and treated in accordance with the SSG's procedures.

3.7 SSG recognises that it is the responsibility of all staff to act upon any concern, no matter how small or trivial it may seem.

3.8 SSG recognises its responsibility to implement, maintain and regularly review the procedures that are designed to prevent or notify suspected abuse.

3.9 SSG is committed to supporting, resourcing and training those who work with or who come in to contact with children, young people and vulnerable adults and to providing appropriate supervision.

3.10 SSG requires its entire staff to follow the Code of Behaviour on Adults at Risk Protection which is appended to this policy document, and will draw the attention of staff to this code of conduct and procedures in induction and relevant training.

3.11 Members of Directors, SLT and all the other staff who work with children will undertake training to equip them to carry out their responsibilities for Safeguarding Children, young people and vulnerable adults effectively including the PREVENT strategy. They will be kept up to date by refresher training at a maximum of three-year intervals, with subject specific annual updates if issues emerge. The designated safeguard leads response officers will undertake refresher training every two years to keep their knowledge and skills up to date. There is a designated director responsible for safeguarding and Prevent and it is corporation policy that all existing, and newly recruited, directors undergo a DBS Enhanced check.

3.12 SSG has several Designated Safeguarding Leads (DSL) who are responsible for coordinating action within SSG and liaising with other agencies.

The DSLs are assigned to centres ensuring coverage of all SSG sites and will take safeguarding referrals actioning them fully in line with SSG procedure. All referred cases will be recorded on the 'at Risk Register' for monitoring purposes. DSL names and contact details can be found in Appendix B

3.11 SSG operates safe recruitment procedures and ensures that all appropriate checks are carried out on new staff and volunteers who will work or come into contact with children including enhanced Disclosure and Barring Service (DBS) checks, Protection of Vulnerable Adults (POVA), Proceeds of Criminal Act (POCA) and list 99.

3.12 Any deficiencies or weaknesses with regard to safeguarding of children, young people and adults at risk arrangements will be brought to the attention of the Board of Directors and remedied without delay.

4.0 Definition of Abuse

Children and Young People (*source Working together to safeguard children March 2015*)

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

4.2 **Emotional Abuse** is 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 that they are worthless or unloved, inadequate, or valued only so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed 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 another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

4.3 **Sexual Abuse** including Child Sexual Exploitation involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape, buggery or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or in production of, sexual on-line images, watching sexual activities, or 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.

4.4 **Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect it 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 or emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

4.5 **Significant Harm** Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

4.5(i) **Additional vulnerabilities** Children who are at risk of;

- Gang involvement and association with organised crime groups i.e. County Lines and CSE
- Frequently missing/absent from home
- Misusing drugs or alcohol themselves
- Modern slavery, trafficking, exploitation
- At risk of radicalisation

Adults at Risk (source NHS Choices)

4.6 **Physical Abuse** this can include being assaulted, hit, slapped, pushed, restrained, being denied food or water, not being helped to go to the bathroom and misuse of medication.

4.7 **Sexual Abuse** this includes indecent exposure, sexual harassment, inappropriate looking or touching, as well as rape. Sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts, and sexual acts that the person does not agree to or were pressured into consenting to.

4.8 **Psychological Abuse** this includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion or harassment. It also includes verbal abuse, cyber bullying and isolation or an unreasonable and unjustified withdrawal from services or supportive networks.

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

4.10 **Neglect and Acts of Omission** this includes not being provided with enough food or the right kind of food, or not being taken proper care of. Leaving the person without help to wash or change dirty or wet clothes, not getting them to a doctor when one is needed or not making sure that they have the right medicines.

4.11 **Discriminatory Abuse** this includes some forms of harassment, slurs or similar unfair treatment relating to race, gender, gender identity, age, disability, sexual orientation or religion.

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

5.0 Safeguarding Children and Adults at Risk Procedure

5.1 The purpose of these guidelines is to ensure that the rights of the child, young person or adult at risk are protected through staff awareness of the issues and the following of the statutory and local guidelines in the reporting of concerns.

5.2 SSG will take steps to identify vulnerable young people and adults on admission to a course. Tutors will be informed, as part of the admissions procedures, if vulnerable young people or adults have been enrolled on their courses where these are not specifically designed for vulnerable learners. Additional supervision measures will be put in place for all students defined as vulnerable and such students will come under the provisions of this policy

6.0 Advice to Staff on when to take action and how

Children, young people and adults at risk can be potentially abused within the family, community, organisations by employees (including those employed to promote their welfare and protection from abuse), visitors, volunteers and fellow students. Information sharing must be a timely priority, and staff must follow the SSG process to support them to do so.

6.1 It is the responsibility of all staff working within SSG to record and refer concerns regarding the safeguarding of children, young people and vulnerable adults even if they are just suspicions or overheard rumors, but not to discuss it with anyone other than a DSL. Out of hours referrals (after 17.00 and at weekends can be made 07791553343).

6.2 If a child, young person or adult at risk comes to you with a report of apparent abuse or a concern over radicalisation or extremism, you should listen carefully to him/her, using the following guidelines. When listening staff must:

- allow the young person or adult at risk to speak without interruption
- never trivialise or exaggerate the issue
- never make suggestions
- never coach or lead the them in any way
- reassure them, let them know you are glad they have spoken up and that they are right to do so
- always ask enough questions to clarify your understanding, but do not probe or interrogate – no matter how well you know the young person or vulnerable adult– spare them having to repeat themselves over and over.
- be honest – let the young person or vulnerable adult know that you cannot keep this a secret; you will need to tell someone else.
- try to remain calm – remember this is not an easy thing for them to do.
- do not show your emotions – if you show anger, disgust or disbelief, they may stop talking. This may be because they feel they are upsetting you or they may feel your negative feelings are directed towards them
- let the young person or vulnerable adult know that you are taking the matter very seriously
- make the young person or vulnerable adult feel secure and safe without causing them any further anxiety.

6.3 Once you suspect any abuse or extremism / radicalisation you should immediately contact a DSL initially by telephone to the center administrator number relevant to your centre of work outlining what has been disclosed, what you have overheard or your suspicions. You should also contact them if you know or suspect that a member of staff or student has a previous history of abuse of children, young people or vulnerable adults.

6.4 If a DSL cannot be contacted immediately of the initial concern, the person making the report should refer the matter to an alternate DSL member who will either act as the DSL or request the DSS to assume the role.

6.5 With regard to children or young people the DSL must discuss the matter with the Children's Social Care Intake Team (See Local Authority number) who will determine if it is a safeguarding matter. If it is a safeguarding matter the Children's Social Care Team will take control of the situation, including such things as whether to inform parents/carers.

6.6 With regard to adults at risk, if it is decided by the DSL that further action should be taken, they may.

- Seek further advice from Social Services
- Make a referral to Social Services
- Report the incident to a designated Social Worker
- Report the matter to the police if a crime is suspected

6.7 With regard to concerns around radicalisation or extremist behaviour if the DSL judges the student to be in immediate danger or likely to act imminently then the DSL will call the Police and local Channel advisor.

6.8 Where an allegation is made regarding a 14-16year-old learner, members of staff should follow the same procedures as outlined above. The DSL will liaise with the Child Protection Officer from the learner's school or sponsor, ensuring that the learner is informed of this process.

6.9 SSG's DSL will ask the referring member of staff for both children and adults to produce a full written record within 24 hours, which should include:

- Name and position of the person who reported the matter
- Whether the matter is a direct disclosure from a child, young person or vulnerable

- adult, a suspicion or an overheard conversation
- A factual account of what has been overheard or what has been disclosed, including any questions, they needed to ask to clarify understanding
- The Report should contain as much detail as possible including observations (including physical signs of apparent abuse). It must not include opinions or personal interpretation of the facts
- Signed, dated and forwarded to the DSL who will store it in a secure place.

6.10 Detailed information about a case will be confined to the DSL, the SLT, board of directors and (if not implicated) the parents/carers.

6.11 The reporting member of staff will be kept informed on the progress of the case on a 'need to know' basis only.

6.12 If the Children's Social Care Team or Social Care Services deem it a safeguarding issue the DSL will advise the Board of directors without disclosing any detail on a need to know basis

7.0 Confidentiality

7.1 Confidentiality and trust should be maintained as far as possible. The degree of confidentiality will be governed by the need to protect the child, young person or adult at risk who is always the primary concern. The child, young person or adult at risk must at the earliest opportunity in the disclosure be informed of the need to pass information on.

7.2 All conversations regarding an adult at risk should always be held in private.

7.3 SSG complies with the requirements of the Data Protection Act 1998, and Data Protection (Amendment) Act 2003 which allows for disclosure of personal data where this is necessary to protect the vital interests of a vulnerable adult.

In all cases the main restrictions on disclosure of information are:

- Common Law duty of confidence
- Human Rights Act 1998
- Data Protection Act 1998 and Data Protection (Amendment) Act 2003
- SSG Services Privacy Policy

Each of these has to be considered separately and in line with GDPR regulations., legislation does not prevent sharing of information if:

- those likely to be affected consent; or
- the public interest in safeguarding the child's welfare overrides the need to keep the information confidential; or
- disclosure is required under court order or other legal obligation.

Whatever happens, you should always be open and honest with the young person or adult at risk if you intend to take the case further.

7.3 The member of staff reporting a disclosure, suspicion of abuse/ neglect or overheard rumors of abuse/neglect must not discuss the case with anyone other than a DSL.

8.0 Allegations against a member of staff

The primary concern of SSG is to ensure the safety of the child, young person or vulnerable adult. It is essential in all cases of suspected abuse by a member staff that action is taken quickly and professionally whatever the validity. SSG DSL will seek supervisory advice from DSS in order to ensure that even apparently less serious allegations are seen to be followed up and examined objectively by someone independent of the centre. Where the DSL or DSS considers that a concern or allegation indicates that a member of staff has behaved in a way that has harmed or may have harmed a child, young person or vulnerable adult, or possibly committed a criminal offence against

or related to a child, young person or vulnerable adult; or behaved towards a child, young person or vulnerable adult in a way that indicates s/he is unsuitable to work with them then a discussion will always take place with the DSS.

8.1 The term 'member of staff' applies to all contracted personnel within SSG, volunteers and people employed by other agencies that are providing services for SSG.

8.2 In the event that any member of staff suspects any other member of staff of abusing a student, it is their responsibility to bring these concerns to either the DSL or the DSS for Safeguarding except where the suspect is either of the aforementioned.

If the allegation concerns a SLT member, the matter should be discussed the most senior member of non-accused SLT, in addition to following the normal procedures for Child and Vulnerable Adult Protection.

If the allegation concerns all SLT members the matter should be discussed directly with the board of directors for Child and Adult at Risk Protection as outlined in Section 6.

8.4 Where there is suspicion that a child or adult at risk may suffer significant harm a Strategy Discussion will take place where the DSL will be asked to represent SSG.

If it is determined that there is no cause to suspect significant harm but a criminal offence might have been committed, they will immediately inform the police and a similar discussion will take place with the DSL being asked to represent SSG.

8.5 Referral to the Disclosure and Barring Service

The Safeguarding Vulnerable Groups act 2006 places a legal duty on SSG to refer any person who has:

- harmed or poses a risk of harm to a child or adult at risk
- satisfied the harm test
- received a conviction or caution for a relevant offence Such a referral will be made under the guidance of the Local Authority Designated Officer.

9.0 Type of Investigations

9.1 All investigations must follow the correct outlined procedures, found in the staff hand book 13.10-13.13.

9.2 Any and all disciplinary procedures must follow the correct outlined process as stated in the staff hand book.

This revised Policy was last agreed by the SSG Training SLT on: 02/12/2019

APPENDIX A Staff safeguarding code of conduct

1: No member of staff shall engage in sexual contact or in any relationship with a child or vulnerable adult other than a properly conducted staff to student relationship. This condition applies regardless of the age of the child and also when the child is over the age of consent, i.e. 16 years of age. (It should be noted that a sexual relationship between an adult teacher and a 16-year-old student is in breach of professional teaching guidelines. The Government is reviewing whether it should also constitute a criminal offence).

2: No member of staff shall engage in conduct towards a child or vulnerable adult which is intended to be oppressive, threatening or manipulative or in any way improper or with a view to causing the child or vulnerable adult physical or mental harm.

3: It is unrealistic and inappropriate for SSG to prohibit physical contact between its staff and children or vulnerable adults. Physical contact is an essential part of sports coaching as a means of directing movement, encouraging performance and providing comfort and reassurance. However, staff must bear in mind that even innocent actions can be misconstrued. It is important for staff to be sensitive to a participant's reaction to physical contact and to act appropriately. No child or vulnerable adult should ever be touched on part of his/her body or in a way that is indecent. Touch must always be related to the needs of the participant rather than to those of the member of staff.

4: It is the primary duty of every member of staff to ensure the safety and wellbeing of every child or vulnerable adult in their care or the care of SSG. Each member of staff must ensure that all reasonable steps are taken to minimise risk of harm or injury to any child or vulnerable adult and must abide by the policies, procedures and guidelines set out in this document.

5: Where there is any reason for believing that a child or vulnerable adult has been abused or is being abused or is at risk of being abused, in any way arising as a result of that child or vulnerable adult's association with SSG, it shall be the duty of any person employed by SSG to whom that information is made known, to take action at once, according to the procedure laid down in the Reporting Forms (appendix.A).

6: Any instance of inappropriate behaviour towards a child or vulnerable adult, by any person employed by SSG shall be subject of an enquiry and report by an expert or experts appointed by the Director(s) of SSG and separate from any criminal investigation. The report of such an enquiry will be presented to the Director(s) of SSG who will decide what further action is necessary and whether there are sufficient grounds to institute disciplinary proceedings.

7: A member of staff who finds him/herself alone with a child or vulnerable adult must exercise particular care. There should be no apprehensiveness in the mind of either person if such a situation should arise, but physical contact should be avoided whenever possible and the presence of an additional person sought as soon as reasonably practicable. It is better to prevent such situations occurring at all.

8: Children or vulnerable adults must at all times be treated with respect in attitude, language and behaviour. Sexual innuendo whether by word or gesture is prohibited.

9: No child or vulnerable adult of any age shall have the responsibility for supervising any other child or vulnerable adult.

10: When, at the conclusion of any session, a child or vulnerable adult has not been promptly collected by a parent or carer, it shall be the sole responsibility of the staff member to remain with that participant until the participant is handed into the care of their parent/carer or other responsible adult designated by the parent/carer.

11: Children or vulnerable adults must not be allowed to leave the premises during sessions unless pre-arranged with appropriate adults.

12: Contact between children or vulnerable adults and the staff of SSG should take place only in the course of business of SSG. Members of staff are encouraged not to give private tuition to a child or vulnerable adult whom the member of staff has come to know as a direct result of his/her participation as a member of SSG. Should this happen, management and staff must be aware that it takes place outside SSG Child Protection Policy.

13: All chaperones of children or vulnerable adults must be licensed by the Local Authority and subject to Police checks.

14: All persons employed by SSG must read and sign the Safeguarding Children and Young People 'Confidential Declaration', certifying that they understand and are bound by the requirements of the Code of Conduct.

15: Permission must be obtained by SSG before any photographs/visual images are taken. If consent is not provided/obtained then the photographs/visual images cannot be used for any reason.

16: Any photographs or video imagery taken by SSG staff members, must only be taken for the use of assessment, feedback or marketing purposes. These images must not be taken on non-SSG devices. If staff members are using personal cameras/phones/tablets to take photos or record video footage they are breaching policy and putting themselves in a vulnerable position.

17: As stated in the induction policy, all employees must provide all evidence of previous employment and qualifications. A current SSG DBS or annual service registration will need to be submitted for screening before starting employment with SSG. The mandatory CPD and update of certification of safe guarding children/vulnerable adults and child protection must also be completed within the first period of probation in role.

18: Every employee of SSG Services will undergo compulsory (internal) CPD on PREVENT and anti-radicalisation. Staff involved at various positions with SSG Training will specifically focus on Post 16yrs training through online video CPD course.

19: Staff have a duty to prevent radicalisation at all levels. Acknowledging the actions, behaviours and language used by any persons known or in contact with SSG Services is imperative, and reporting changes in behaviours, conversations, opinions and language being used by any individual (relating to terrorism and extremist views) must be reported in through the relevant process and procedure.

20: Staff must not engage in inappropriate rough, physical games including horseplay with children/students.

21: Staff must not physically restrain a child unless the restraint is to prevent physical injury of the child/other children/visitors or staff/yourself. In all circumstances physical restraint must be appropriate and reasonable, otherwise the action can be defined as assault.

22: Staff must not have children or vulnerable adults on their own in a vehicle. Where circumstances require the transportation of children in their vehicle, another member of staff/volunteer must travel in the vehicle. Also, it is essential that there is adequate insurance for the vehicle to cover transporting children as part of the business of your work. In extreme emergencies (for medical purposes) where it is required to transport a child on their own, it is essential that another leader and the parent is notified immediately.

APPENDIX B

Designated Safeguarding Leads

DSL Name	Location	Contact details
Lisa Nixon; Centre Manager	Virtual Centre	lisa.nixon@ssgservices.co.uk 07950281553 or 01234 340782 ext3
Daniel Gaskin; Centre Manager	Bedford Centre	daniel.gaskin@ssgservices.co.uk 07792693477 or 01234 340782 ext3
Rhea Pearce-Roberts, Sales & Marketing Manager	SSG Activities	rhea.pearce-roberts@ssgservices.co.uk 01234 340782 ext1 07468 964912
Emily Wallbank; Operations Manager	SSG Activities	emily.wallbank@ssgservices.co.uk 01234 340782 ext1 07467 148823
Matt Ricketts; Operations Manager	SSG Activities	matt.ricketts@ssgservices.co.uk 01234 340782 ext1 07782 375090

Designated Safeguarding Supervisor

DSL Name	Location	Contact details
Danny Burke; Director	SSG-cross company	danny.burke@ssgservices.co.uk 07964420663

Board Members

DSL Name	Location	Contact details
Danny Burke; Director	SSG – cross company	danny.burke@ssgservices.co.uk 07964420663
Dan Yusuf; Managing Director	SSG Trainings	dan.yusuf@ssgservices.co.uk 07791553343
Chris Watson; Managing Director	SSG Activities	chris.watson@ssgservices.co.uk 07595229676

SSG Training; Adult Safeguarding Glossary of terms

This document explains the meaning of commonly used terms relating to safeguarding:

Abuse: includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse.

ACPO (Association of Chief Police Officers): an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services): the national leadership association for directors of local authority adult social care services.

Advocacy: support to help people say what they want, secure their rights, represent their interests and obtain services they need. Under the Care Act, the local authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

Alert: a concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Alerter: the person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer.

Assessment: a process to identify the needs of the person and how these impact on the wellbeing and outcomes that they wish to achieve in their day to day life.

Best interests' decision: a decision made in the best interests of an individual defined by the Act) when they have been assessed as lacking the mental capacity to make a particular decision. The best interest decision must take into consideration anything relevant such the past or present wishes of the person, a lasting power of attorney or advance directive. The is also a duty to consult with relevant people who know the person such as a family member, friend, GP or advocate.

Care Act 2014: came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Clauses 42-45 of the Care Act provide the statutory framework for protecting adults from abuse and neglect.

Care and support needs: the support a person needs to achieve key outcomes in their daily life as relating to wellbeing, quality of life and safety. The Care Act introduces a national eligibility threshold for adults with care and support needs which consists of three criteria, all of which must be met for a person's needs to be eligible.

Care settings or services: health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget.

Carer: unpaid carers such as relatives or friends of the adult. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

CCG (Clinical Commissioning Group): these were formally established on 1 April 2013 to replace Primary Care Trusts and are responsible for the planning and commissioning of local health services for the local population.

Central Referral Unit: is where all referrals to the police are received, risk assessed, graded and allocated for action by the most appropriate police team and/or partner agency.

Clinical governance: the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care and treatment.

Community safety: a range of services and initiatives aimed at improving safety in the community. These include Safer Neighbourhoods, anti-social behaviour, hate crime, domestic abuse, PREVENT, human trafficking, modern slavery, forced marriage and honour violence.)

Community Safety Partnership: a strategic forum bringing agencies and communities together to tackle crime within their communities. Community Safety Partnerships (CSPs) are made up of representatives from the responsible authorities, these are Police, police authorities, local authorities, Fire and Rescue authorities, Clinical Commissioning Groups and Community Rehabilitation Companies and the National Probation Service.

Consent: the voluntary and continuing permission of the person to an intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

Contemporaneous notes: notes taken at the time of meetings with individuals, telephone calls, visits to premises during the course of an investigation. These may also be important in the context of giving evidence in legal proceedings.

County Lines: a process involving a vulnerable person being 'used' in the transportation, selling or enforcement of drugs and/or other organised crime activity.

CPA (Care Programme Approach): an approach introduced in England in the joint Health and Social Services Circular HC(90)23/LASSL(90)11, The Care Programme Approach for people with a mental illness, referred to specialist psychiatric services, published by the Department of Health in 1990. This requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

CPS (Crown Prosecution Service): the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission): the body responsible for the registration and regulation of health and social care in England.

CSE: Child Sexual Exploitation.

Cuckooing: The process involving a vulnerable person having their residency exploited by an organised gang i.e., financial gain from criminal activity by selling drugs from the address.

DASH (Domestic Abuse, Stalking and Harassment and 'Honour' Based Violence): a risk identification checklist (RIC) is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.

DBS (Disclosure and Barring Service): a government body established in 2012 through the Protection of Freedoms Act and the merger of two former organisations, the Criminal Records Bureau and the Independent Safeguarding Authority. The DBS is designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. The DBS search police records and barring lists of prospective employees and issue DBS certificates. They also manage central barred lists of people who are known to have caused harm to adults with needs of care and support.

Defensible decision making: providing a clear rationale based on legislation, policy, models of practice or recognised tools utilised to come to an informed decision. This decision is based on the information known at that particular time and it is important to accurately and concisely record the decision-making process, in order to explain how and why the decision was made at that time.

Designated Adult Safeguarding Manager: the person responsible within an organisation for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid

DOLS (Deprivation of Liberty Safeguards): measures to protect people who lack the mental capacity to make certain decisions for themselves which came into effect in April 2009 as part of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

Domestic abuse: 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. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (Home Office 2012).

Domestic Homicide Reviews: statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the Domestic Violence Crime and Victims Act 2004. The basis for the domestic homicide

review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

DSL: Designated Safeguard Lead. This person holds the responsibility for the welfare of staff and public within their centre.

DSS: Designated Safeguarding Supervisor. This person supports, advises and maintains a supervisory role across the whole of SSG's safeguarding provision.

Duty of Candour: a requirement on all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The duty of candour means that providers have to act in an open and transparent way in relation to service user care and treatment.

Family Group Conferences: an approach used to try and empower people to work out solutions to their own problems. A trained FGC coordinator can support the person at risk and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again.

Harm: involves ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

Hate crime: any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

Health Watch: an independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms - local Healthwatch and Healthwatch England at a national level. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch has taken on the work of the Local Involvement Networks (LINKs).

Health and Well-being Board: a statutory, multi-organisation committee of NHS and local authority commissioners, coordinated by the local authority which gives strategic leadership across the local authority area regarding the commissioning of health and social care services.

Human trafficking: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation".

Independent mental capacity advocate (IMCA): established by the Mental Capacity Act 2005, IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including decisions about where they live and serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services (such as a family member or friend) who is able to represent the person. However, in the case of safeguarding concerns, IMCAs can be appointed anyway (i.e. irrespective of whether there are friends or family around and irrespective of whether accommodation or serious medical treatment is an issue).

Local Safeguarding Adults Board (LSAB): a statutory, multi-organisation partnership committee, coordinated by the local authority, which gives strategic leadership for adult safeguarding, across the local authority. A SAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area.

Making Safeguarding Personal (MSP): an approach to safeguarding work which aims to move away from safeguarding being process driven and instead, to place the person at risk at the centre of the process and work with them to achieve the outcomes they want. MAPPAs (Multi-Agency Public Protection Arrangements): statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-Agency Risk Assessment Conference): a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour' based violence.

MASH (Multi-Agency Safeguarding Hub): a joint service made up of Police, Adult Services, NHS and other organisations. Information from different agencies is collated and used to decide what action to take. This helps agencies to act quickly in a co-ordinated and consistent way, ensuring that the person at risk is kept safe.

Mate Crime: a form of exploitation which occurs when a person is harmed or taken advantage of by someone they thought was their friend.

Mental Capacity: refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the code of practice outlines how agencies should support someone who lacks the capacity to make a decision.

NHS (National Health Service): the publicly funded health care system in the UK.

No Delay: the principle that safeguarding responses are made in a timely fashion commensurate with the level of presenting risk. In practice, this means that timescales act as a guide in recognition that these may need to be shorter or longer depending on a range of factors such as risk level or to work in a way that is consistent with the needs and wishes of the adult.

Organised crime: a structure of activity which has been focusing on profits made from criminal activity. Structural in nature, police will categorise in order to focus resources on disruption of the 'group'; i.e. Gangs using county lines and cocooning and CSE to benefit financially.

PALS (Patient Advice and Liaison Service): a NHS service created to provide advice and support to NHS patients and their relatives and carers.

Public interest: a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Office of the Public Guardian (OPG): the administrative arm of the Court of Protection and supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PREVENT: the Government strategy launched in 2007 which seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy and aims to respond to the ideological challenge of terrorism and the threat from those who promote it; prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation that need to be addressed. It is the preventative strand of the government's counterterrorism strategy, CONTEST.

Prevention: describes how the care and support system (and the organisations forming part of this system) work to actively promote the wellbeing and independence of people rather than waiting to respond when people reach a crisis point. The purpose of this approach is to prevent, reduce or delay needs escalating.

Protection of property: the duty on the local authority to protect the moveable property of a person with care and support needs who is being cared for away from home in a hospital or in accommodation such as a care home, and who cannot arrange to protect their property themselves. This could include their pets as well as their personal property (e.g. private possessions and furniture).

Radicalisation: involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers often using a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The PREVENT Strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism.

Referral: an alert becomes a referral once it has been assessed and it has been determined that the concerns raised fall within the remit of adult safeguarding arrangements.

Safeguarding: activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their wellbeing and safety is promoted.

Safeguarding activity: actions undertaken upon receipt of a safeguarding referral. This may include information gathering, holding a safeguarding planning meeting, activities to resolve the risks highlighted, safeguarding review meetings and developing a safeguarding plan with the adult at risk.

Safeguarding support plan: one outcome of the enquiry may be the formulation of agreed action for the adult which should be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.

Safeguarding planning meeting: a multi-agency meeting (or discussion) involving professionals and the adult if they choose, to agree how best to deal with the situation as determined by the views and wishes of the individual.

Safeguarding work: describes all the work multi-agency partners undertake either on a single agency basis (as part of their core business) or on a multi-agency basis within the context of local adult safeguarding arrangements.

Safeguarding Adult Review: a statutory review commissioned by the Safeguarding Adults Board in response to the death or serious injury of an adult with needs of care and support (regardless of whether or not the person was in receipt of services) and it is believed abuse or neglect was a factor. The process aims to identify learning in order to improve future practice and partnership working.

Safeguarding enquiry: the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. This is sometimes referred to as a section 42 enquiry'.

Self-neglect: the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.

Significant harm: the ill treatment (including sexual abuse and forms of ill treatment which are not physical), and impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

SIRI (Serious Incident Requiring Investigation): a process used in the NHS to investigate serious incidents resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Vital interests: a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life-threatening situations.

Wilful neglect or ill treatment: an intentional, deliberate or reckless omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.

Source; <http://www.hampshiresab.org.uk/wp-content/uploads/Glossary-of-safeguarding-adult-terms.pdf>