



### **Safeguarding Policy**

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Great Health Care for the Community (GHC) as part of its duty of care has appointed a Safeguarding Team with a Senior Designated Safeguarding Lead (SDSL) and Designated Safeguarding Leads (DSL) to support the process of safeguarding children, young people and adults at risk. The safeguarding team includes members of the senior management team.

***The Great Health Care for the Community Safeguarding Team includes:***

Senior Designated Safeguarding Leads (SDSL)

Luan Cridland – 0121 327 2388 – [luan@gh-c.co.uk](mailto:luan@gh-c.co.uk)

Deputy Designated Safeguarding Leads (DDSL)

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**In an emergency**

If you think a child is in immediate danger you should **call 999**

**Key External Agencies**

Birmingham Safeguarding Children's Partnership (KRSCP)

Birmingham Multi-Agency Safeguarding Hub (MASH)

‘Prevent’ Contacts DFE

[counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk)

Jennie Fisher – Regional London Prevent Co-ordinator -Jennie.fisher@education.gov.uk -M 07880 469 588

[www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance) Great Health Care for the Community believes that it is always unacceptable for a child, young person or adult to experience abuse of any kind and recognises its responsibility to safeguard and promote the welfare of children, young people and adults at risk, by a commitment to practice which protects them.

**We recognise that:**

- The welfare of the child, young person or adult at risk is paramount
- All children or adults at risk, 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
- Working in partnership with children, young people, and adults at risk, their carers and other agencies is essential in promoting the young peoples and adult at risk's welfare.

**The purpose of this policy is:**

- To provide protection for the children, young people or adults at risk who receive Great Health Care for the Community services, including the children of adult members or users
- To provide staff with guidance on procedures they should adopt if they suspect a child, young person or adult at risk may be experiencing, or be at risk, of harm or radicalisation.

This policy applies to all staff, including senior managers and any staff working on behalf of Great Health Care for the Community.

We apply the following 6 principles of safeguarding – **empowerment** (Learners being supported and encouraged to make their own decisions and informed consent), **prevention** (better to take action before harm occurs), **proportionality** (least intrusive response appropriate to the risk presented, **protection**, **partnership** and **accountability**.

**We will seek to safeguard children, young people and adults at risk by:**

- Valuing them, listening to and respecting them
- Adopting child/adult protection guidelines through procedures and a code of conduct for staff and learners
- Recruiting staff and learners safely, ensuring all necessary checks are made
- Sharing information about child/adult protection and good practice with children, parents/carers, staff and learners

- Sharing information about concerns with agencies who need to know, and involving parents/carers and young people/adults at risk appropriately
- Providing effective management for staff through supervision, support and training. Safeguarding and Prevent training will be included in the mandatory induction for staff and will be updated every 3 years.
- Staff development - All staff must complete mandatory modules on Safeguarding, Equality, Online Safety and Prevent and British Values.

### **What is Child Protection?**

**Safeguarding** is what we do as a society to protect individuals (in particular, children and vulnerable adults) from harm such as abuse, neglect, and sexual exploitation. Safeguarding ensures children grow up with the best life chances and that all individuals are given safe and effective care.

**Child protection** is very similar—however, child protection is what we do as a society to protect children who have already experienced abuse, neglect, sexual exploitation, or have otherwise been harmed.

In short terms, **safeguarding** is what we do to prevent harm, while **child protection** is the way in which we respond to harm.

### **Recognise – Respond – Record - Report**

We are committed to reviewing this policy and good practice annually.

#### **Scope of this policy**

This policy should be read in conjunction with part 1 of 'Keeping Children Safe in Education September 2021, Contextual Safeguarding (May 2020 update), The Prevent Duty (Departmental advice for schools and childcare providers 2015) and Work based Learners and the Prevent statutory duty – Guidance for providers (May 2021)

Great Health Care for the Community recognises that it has a moral and statutory duty under the Education Act 2002 and the Children Act 1989 and Section 26 of the Counter-Terrorism and Security Act 2015 to safeguard and promote the welfare of its learners. These documents offer guidance and outlines procedures that must be followed in all cases of suspected abuse and situations of serious risk.

It applies to all learners under the age of 18 or those over 18 who are considered to be 'adults at risk'.

- A '**child**' is anyone under the age of 18 years and up to their 18<sup>th</sup>

The term 'vulnerable adult' has been used to replace 'adult at risk'. This is because the term 'adult at risk' may wrongly imply that some of the fault for the abuse lies with the adult abused.

An adult aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or

exploitation' (DH, 2000). This definition is taken from the current Department of Health guidance to local partnerships. Other definitions exist in partner organisations.

Great Health Care for the Community staff may encounter child/adult protection concerns, such concerns could emerge from an assessment visit, from a member of the public or by a parental complaint.

The concern might relate to:

- What is or may be happening (or happened in the past) to a child/adult in an organisation we inspect (for instance a nursery or school)
- The concern may be brought to our attention by the child/adult themselves through what is said or a change in behaviour, alleged by others or through direct learner visits and observation.
- The concern may be about a current situation or past events and may be about allegations of disclosures of physical abuse, sexual abuse, emotional abuse or neglect, or a combination of one or more of these abuses. Where an adult at risk is concerned it could also involve discriminatory or financial abuse.

**What is abuse?** Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

### **Categories of abuse**

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

### **Types of physical abuse**

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling

- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

### **Types of domestic violence or abuse**

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- Psychological
- Physical
- Sexual
- Financial
- emotional.

### **Types of sexual abuse**

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

### **Types of psychological or emotional abuse**

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

### **Types of financial or material abuse**

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g., unauthorised use of a car
- Misuse of a power of attorney, deputy, or other legal authority
- Rogue trading – e.g., unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

### **Types of modern slavery**

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

### **Types of discriminatory abuse**

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as **'protected characteristics' under the Equality Act 2010**)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

### **Types of organisational or institutional abuse**

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care

- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

#### **Types of neglect and acts of omission**

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

#### **Types of self-neglect**

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

#### **County Lines**

**County Lines** is a very serious issue where criminal gangs set up a drug dealing operation in a place outside their usual operating area. Gangs will move their drug dealing from big cities (e.g. London, Manchester, Liverpool etc.) To smaller towns to make more money. This can have a big effect on the community who live there and bring with it serious criminal behaviour.

- Can affect any child or young person (male or female) under the age of 18 years.
- Can affect any vulnerable adult over the age of 18 years.
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Can be carried out by individuals or groups, males or females and young people or adults; and;

- Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status and access to economic or other resources.

**Some of the signs of county lines involvement and exploitation are:**

- A child or young person going missing from school or home or significant changes in emotional well-being
- A person meeting unfamiliar adults or a change to their behaviour
- The use of drugs and alcohol
- Acquiring money or expensive gifts they can't account for
- Lone children from outside of the area
- Individuals with multiple mobile phones, tablets or 'SIM cards'
- Young people with more money, expensive clothing, or accessories than they can account for
- Unknown or suspicious looking characters coming and going from a neighbour's house
- Relationships with controlling or older individuals or associations with gangs
- Suspicion of self-harm, physical assault or unexplained injuries

**Female Genital Mutilation**

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 it 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. Staff 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. Warning signs that FGM may be about to take place, or may have already taken place, can be found in the

Where a professional discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, he or she should personally report it to the police. Those failing to report such cases to the police will face disciplinary sanctions unless the professional has good reason not to. They should still consider and discuss the case with the DSL and involve Children Social Care as appropriate.

- Staff may hear about the possibility of FGM happening or having happened to a Learner's family member, e.g. sister/female cousin:
- A tutor may hear reference to FGM in conversation between Learners.
- A Learner may confide that they or a sister/cousin is to have a 'special procedure' to become a woman;
- A learner may report that they or their sister/cousin is going out of the country for a prolonged period;



A learner may disclose the worry about them or a sister/cousin being at risk:

- The referral procedures set out in this policy also apply where there are concerns about children/young people or adults who may have been drawn into terrorism. In accordance with the Department for Education Statutory Guidance 2015. Great Health Care for the Community recognises its duty to have due regard to the need to prevent learners from being drawn into terrorism and adopts appropriate protocols to minimise the risk.
- The Designated Safeguarding Lead is the designated Prevent Duty person responsible for coordinating action within GHC and liaising with other agencies. GHC will implement prevention measures such as applying appropriate restrictions to internet sites likely to promote terrorist and extremist materials, discussing these dangers with learners when appropriate in suitable forums, and undertaking Prevent awareness staff training periodically to ensure that staff are able to identify learners at risk and know how to intervene.
- The Senior Designated Safeguarding Lead will also assess and manage appropriately any risks identified in the vicinity of the organisation, including those posed by any visiting speakers, and will maintain a register of all visiting speakers.
- So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.
- Abuse linked to faith or belief is where concerns for a child's welfare have been identified, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful to a child.

Any abuse that takes place against those who are branded (or labelled) either as a witch or as having been possessed by an evil spirit is unacceptable. Significant harm (including murder) can occur because of concerted efforts to 'excise' or 'deliver' evil from a child (or vulnerable adult).

This type of abuse is under-reported.

Spotting the signs that this abuse exists can prevent escalation from 'subtle' harms that may often go unnoticed by many, to 'extreme' situations where there is loss of life. Witchcraft beliefs are used to blame a person (rather than circumstances) for misfortune that happens in life.

It can take place for some of the following reasons:

- Abuse as a result of being accused of being a 'witch'
- Abuse as a result of a child being accused of being possessed by 'evil spirits'
- Ritualistic abuse which is prolonged sexual, physical and psychological abuse
- Satanic abuse which is carried out in the name of 'Satan' and may have links to cults
- Other harmful practice linked to faith or belief

Other forms of abuse that may be a concern include:

Abuse of trust, Bullying including cyber bullying, deaf and disabled children and abuse, domestic violence and abuse, drugs, gang and youth violence, homophobia, faith abuse, fabricated or induced illness, internet abuse, mobile phone use of abusive images, peer sexual abuse, racism, trafficking/sexual exploitation and teenage relationship abuse.

### **Recognising abuse**

All staff should be aware of the signs of abuse and neglect so that they are able to identify cases of children, young people or adults who may be in need of help or protection. Staff should be advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, young person or adult, staff should always act in their best interest.

Young people who regularly go missing from home and work may be at risk of sexual exploitation and abuse, this must be viewed as a safeguarding concern.

It is recognised that some staff will have little if any contact with young people/adults at work and consequently may not be in a position to recognise abuse.

Child abuse can and does occur both within a child/young person's/adult's family and in institutional or community settings. It is acknowledged that some individuals seek to use childcare and community organisations to gain access to children, and that it is necessary to have an open mind when the possibility arises that a member of staff or a learner employed by Great Health Care for the Community is suspected of abuse or inappropriate activity.

### **Physical signs that may indicate that a child or vulnerable adult is being or has been abused:**

- Unexplained or suspicious injuries, particularly if such an injury is unlikely to have occurred accidentally
- An injury for which the child's or adult's explanation appears inconsistent
- Bruising/burns/cigarette burns/fractures which are unexplainable
- Genital injuries/infections/bleeding or discomfort
- Sudden speech disorders, delayed development, failure to grow
- Constant hunger, stealing food, frequently dirty, smelly,
- Untreated medical conditions or lack of treatment for illness or injury

## **A behavioural sign that may indicate a child or adult has been abused or is being abused:**

- Inappropriate sexual awareness or sexually explicit behaviour
- The child appears distrustful of adults
- Unexplained changes in behaviour
- Concerning behaviour
- Aggressive behaviour or severe temper outburst
- Running away, not wanting to go home
- Cover up clothing to hide injuries
- Flinching when approached, fear of adults, fear of men or women
- Depression, low mood, self-harm, eating disorders
- Sexualised language, play, drawings or knowledge
- Nightmares, bed wetting
- Behaving increasingly secretly, possessing unexplained amounts of money, gifts
- Drug and alcohol abuse, suicide
- Excessive lack of confidence, need for approval, attention or affection
- Missing classes, appointments, being continually late
- Difficulty forming relationships, no friends

The recognition of abuse is not easy, and it is not the place of staff to make such a judgement. However, it is their responsibility to act on concerns in order to safeguard the welfare of the child/adult. If you feel uneasy about something you have seen or heard which could be deemed to be as abuse, seek advice from a Great Health Care for the Community Designated Safeguarding Lead (DSL).

### **Doing nothing is not an option!!!**

In some cases of suspected abuse parents/carers may not be informed first. This is the decision of the Designated Safeguarding Lead.

Reasonable physical restraint to prevent a child from harming themselves, another person, or from causing serious damage to property is not deemed to be abuse.

## **How to respond to signs or suspicions of abuse**

All Great Health Care for the Community staff should report their concerns to a member of the Great Health Care for the Community Safeguarding Team, there will always be a member of the designated safeguarding team available to respond to any allegations/suspicions/concerns of abuse. The safeguarding team include members of the senior management team. All members of the team will receive training to carry out these roles and this will be reviewed and updated on a regular basis.

Sometimes concerns about a child/adult may not be about abuse. You may be concerned that a child or family may need some help in making sure all of a child/adult's needs are met or to address a particular problem. Examples of this might be where a child is suffering because of poverty, getting into trouble in the community, or has a disability and needs extra help. In these instances, staff would still be expected to ask for advice from a member of the safeguarding team.

## **How to respond to a child/young person or adult telling you about abuse**

There are some basic principles in reacting to suspicions, allegations, and/or disclosures of abuse.

### **What to do:**

- stay calm
- listen, hear and believe
- ask open ended questions for clarification only
- give the child/young person/adult time to say what they want
- reassure and explain that they have done the right thing in telling. Explain that only those people who need to know will be informed
- act immediately in accordance with the procedure in this policy
- record in writing as near as verbatim as possible what was said as soon as possible
- report to a member of the safeguarding team
- record the events in a 'safeguarding concerns report'
- consider their immediate safety

### **What not to do:**

- do not over-react. It is extremely unlikely that the child/young person/adult is in immediate danger
- do not probe for more information, questioning the child/young person/adult may affect how their disclosure is received at a later date
- do not make assumptions, paraphrase and do not offer alternative explanations
- do not promise confidentiality to keep secrets or that everything will be ok (it might not)
- do not try to deal with it yourself
- do not make negative comments about the alleged abuser
- do not 'gossip' or disclose any information with colleagues about what has been said to you
- do not make the child/young person/adult repeat the story unnecessarily

It is the duty of anyone who works with children/young people/ adults to report and record disclosure of abuse. An Incident Procedure form must be completed, and the required processes followed.

It is not for staff to decide whether or not a suspicion or allegation is true. All suspicions or allegations must be taken seriously and dealt with accordingly to this procedure. If the disclosure is made by a parent/guardian/carer, you should follow the same procedure and refer them to a Designated Safeguarding Lead.

Individual staff should never deal with abuse disclosures in isolation and should always refer to a Designated Safeguarding Lead with responsibility for child/adult protection. The decision whether or not to report suspected abuse to Social Services or the Police will be made collectively by the Safeguarding Team.

No member of staff should give a learner their personal phone numbers, email address or home address or have a 'Facebook' link with a learner.

### **Once a referral is made to the Designated Safeguarding Lead**

The Designated Safeguarding Lead will make an initial assessment of the allegation; consult with the staff involved and other designated staff as appropriate. This will usually involve speaking to the learner at the earliest opportunity. A first priority is to ensure that the learner is not in any immediate danger. Designated staff will seek medical attention if the learner is suffering from a serious injury.

The learner may be asked to repeat the disclosure they have made. Every effort will be made to communicate with the learner in a way that is appropriate to their age, understanding and preference. This is especially important for learners with a disability or those whose preferred language is not English.

The learner will be asked if there are younger children or any other adults who might also be at risk. However, the Designated Safeguarding Lead will avoid asking leading questions and will not attempt to investigate the allegations. A written account will be made of the disclosure and the context and the learner may be asked to sign it.

If the learner wishes to take the allegation forward, the DSL will support the learner in contacting Social Services, the Police or the NSPCC. When a learner is not sure about taking the allegation forward, the Designated Safeguarding Lead can, without necessarily identifying the person in question, discuss concerns with Social Services or the Police, so that an informed decision can be reached.

Following consultation, the Designated Safeguarding Lead will ask for the learner's views, if it is clear that they can understand the significance and consequences of a referral to Social Services or the Police (or Forced Marriage Unit or Counter-Terrorism Team).

**It remains the responsibility of the Safeguarding Team to take whatever action is necessary to ensure the learner's safety and that of any other children or adults who may be at risk. This may on occasion involve a referral against the wishes of the learner involved.**

Where practicable, concerns will be discussed with a parent or guardian unless this may, either by delay or the behavioural response it may prompt, place the learner at risk of harm. The learner's view will also be considered in deciding whether to contact their parent/guardian. A written record will be made of any discussion with parents/carers or guardians.

In the event of a decision to report, a member of the Safeguarding Team should inform the learner of the proposed action and the reasons for the decision. Ideally this should happen before the appropriate agency is informed, unless doing so would place the young person/adult at greater risk.

The Designated Safeguarding Lead should contact the Social Services Department of the appropriate local authority by telephone in the first instance and record the date and time that this took place. The Designated Safeguarding Lead will agree with the recipient of the referral what the learner and parents/carers will be told, by whom and when. The Designated Safeguarding Lead will make a confirmation of the referral in writing within 48 hours.

All concerns, discussions, decisions made and reasons for those decisions will be recorded. Written records will be kept confidential in a securely locked location and in accordance with the Data Protection Act/GDPR

At Great Health Care for the Community the Designated Safeguarding Lead will be the contact if Social Services or the Police require further information about the learner and if necessary, represent the Great Health Care for the Community at multi-agency strategy discussions or child protection case conferences.

There may be instances where more than one member of the designated staff will be involved in a particular disclosure. On occasion, they may work collaboratively to deal with a case.

### **Confidentiality**

The legal principle that the “welfare of the child is paramount” means that taking action to safeguard the child, young person is most important. Privacy and confidentiality should be respected, but if doing nothing leaves a child at risk of harm, the child’s safety has to come first. So legally, it is fine to share information if someone is worried about the safety of a child/adult. When a concern or worry is raised, not everyone needs to know about it. This respects the child/adult’s, family and or staff’s rights to privacy.

The Senior Safeguarding Lead:

- Will be a member of the senior management team
- Will deal with any concerns raised against the Designated Safeguarding Lead

Will ensure the organisation’s safeguarding policy is implemented, monitored and that safeguarding practices are regularly reviewed and evaluated.

- **Role of the Designated Safeguarding Lead's (DSL)**  
To appoint designated staff members with responsibility for child and adult protection, this will include members of the senior management team.
- To arrange and attend regular safeguarding supervision and access ad hoc advice.
- To review and monitor the policy and its procedures annually
- To ensure that all new staff are subject to an Disclosure and Barring (DBS) check
- To ensure a risk assessment is undertaken in admitting a learner who may pose a threat to others
- To frequently monitor and obtain feedback from IT Department regarding attempted breaches.
- To ensure a risk assessment is carried out on all external speakers prior to the arranged presentation, including the hire of rooms.
- To reserve the right to refuse employment to any person who may pose a risk to children, young people or vulnerable adults
- To provide appropriate staff training at the recommended level annually
- To refer any young person or vulnerable adult to Social Services or other appropriate agency e.g., the Police or NSPCC, when the person requests it, or the situation necessitates it.
- To ensure the person who discloses abuse is offered all possible appropriate support around the time of and after disclosure.

- To support staff who deal with a disclosure relating to safeguarding
- To keep records of a disclosure in a confidential file
- To make the policy & procedures available to all staff and learners on the internal communication system.
- To raise awareness of the policy and procedures to our associate organisations
- To work together with the Local Safeguarding Children's Board, Adult Protection Committees and Prevent leads.

### **Safer recruitment**

The Management team are responsible for ensuring that Great Health Care for the Community follows recruitment procedures that help to deter, reject or identify people who might abuse children whether through volunteer or paid employment. All recruitment panels will have at least one member who has completed Safer Recruitment training.

Great Health Care for the Community endeavours to ensure that we do our utmost to employ 'safe' staff by following the guidance in 'Keeping Children Safe in Education, 2021' together with the local authority and the organisation's individual procedures.

Safer recruitment means that all applicants will:

- complete an application form
- provide two referees, including at least one who can comment on the applicant's suitability to work with children
- provide evidence of identity and qualifications
- be checked through and registered with the Disclosure and Barring Service as appropriate to their role, (for more information UK) \*
- All staff must complete mandatory modules on Safeguarding, Equality, Online Safety Prevent, Action Counters Terrorism and British Values. .

A DBS check with barred list information will be required for all staff engaging in regulated activity. A person will be considered to be in 'regulated activity' if as a result of their work is responsible, on a regular basis for teaching, training, instructing, caring for or supervising learners.

### **Single Central Record**

Great Health Care for the Community have a single central record covering all members of staff:

The information recorded for all staff includes the following information:

- an identity check;
- a barred list check;
- an enhanced DBS check/certificate;
- a check of professional qualifications; and
- a check to establish the person's right to work in the United Kingdom
- Staff training.

Great Health Care for the Community recognise that we have a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult; where the harm test is satisfied in respect of that individual; where the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that individual has committed a listed relevant offence; and that individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals should be made as soon as possible after the resignation or removal of the individual.

### **Allegations of abuse made against members of GHC staff or an employer.**

Any allegation made against a member of staff, or another learner will be treated seriously and investigated immediately. A SDSL will report to the Directors and appropriate action will be taken to safeguard the welfare of the child/young person, adult at risk or any others who it may affect. If necessary, Children's social care and the Police may have to be notified.

This is about managing cases of allegations that might indicate a person will pose a risk of harm if they continue to work in regular or close contact with children, young people (and in some cases adults at risk) in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a member of Great Health Care for the Community staff has:

- behaved in a way that has harmed a learner, or may have harmed a learner;
- possibly committed a criminal offence against or related to a learner; or
- behaved towards a learner in a way that indicates he or she would pose a risk of harm.

Employers have a duty of care to their employees. They should ensure they provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. It is essential that any allegation of abuse made against a member of staff is dealt with very quickly, in a fair and consistent way that provides effective protection for the person and at the same time supports the person who is the subject of the allegation.

Allegations of abuse from a staff member towards any learner should be reported to the Senior Designated Safeguarding Lead as soon as possible.

### **Whistle blowing**

All staff should feel able to raise concerns about poor or unsafe practice and potential failures in Great Health Care for the Community safeguarding regime and know that such concerns will be taken seriously by the Senior Safeguarding Lead.

Appropriate whistle blowing procedures which are reflected in staff training and behaviour policies and these concerns should be brought to the attention of the Senior Safeguarding Lead.

Where a staff member feels unable to raise an issue within Great Health Care for the Community or feels that their genuine concerns are not being address, other whistle blowing channels may be open to them.



## Reporting Procedure if a concern is identified during a visit with a learner or workshop

Tutor witness potential safeguarding concern

The Trigger could also be related to a change in behaviour or language, which suggests something is not quite right

Is the learner in immediate danger?

NOTE: Depending on the concern, emergency services or other 3<sup>rd</sup> party will need to be called by DSL

If Yes – Tutor to contact DSL immediately for advice

If No – Speak to the Learner to explain the reason for the concern and our reporting procedure

NOTE: Opportunity to explore further

Tutor to record concerns using the safeguarding report form – Report to be sent to the DSL via the [safeguarding@enterkeytraining.com](mailto:safeguarding@enterkeytraining.com) inbox within 24hrs of reporting

DSL to ass the report to a secure folder and log = DSL to contact the learner to offer ongoing support /mentoring. DSL to use the report log to record all support provided