



SAFEGUARDING CHILDREN AND VULNERABLE ADULTS POLICY

MIDLANDS ACADEMY OF DANCE AND DRAMA

VERSION 1.0



Safeguarding Children and Vulnerable Adults Policy

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VERSION	REVIEWER NAME	DATE	NEXT REVIEW	COMMENTS
1.0		Nov 2022	Nov 2023	First Policy

Safeguarding Children and Vulnerable Adults Policy

Introduction

Midlands Academy of Dance & Drama (MADD) was founded in 1967 by the Principal, Frances Clayton and is based in Nottingham. MADD offers diplomas in Professional Dance, Musical Theatre, classes to 3-18-year-olds, and qualifications in Teacher Training in Dance with the International Dance Teachers Association (IDTA).

Children and vulnerable/at-risk adults are particularly vulnerable groups in society due to:

- Their possessing personal characteristics that may include, but are not limited to; age, disability, special educational needs, illness, mental or physical frailty, impairment of or disturbance in the functioning of the mind or brain; and/or
- Their life circumstances may include, but are not limited to, isolation, socio-economic factors, and environmental living conditions; and/or
- Their inability to protect their own well-being, property, assets, rights, or other interests; and/or
- Where the action or inaction of another person or persons is causing or is likely to cause them to be harmed.

It is a frightening fact that abuse can be inflicted by a wide range of individuals or groups, and it is therefore appropriate to consider anyone a potential threat to the welfare of children and vulnerable adults. Therefore, all efforts must be made to safeguard this group in society.

Working Together to Safeguard Children, HM Government 2018 states that:

“Everyone who encounters children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- *Protecting children from maltreatment.*
- *Preventing impairment of children's health or development.*
- *Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.*
- *Taking action to enable all children to have the best outcomes.”*

Taking an active role in safeguarding vulnerable adults should also apply to everyone who has contact with this group.

As an education provider MADD acknowledges its moral and legal duty to safeguard the children and vulnerable adults accessing our service and/or working for us.



Safeguarding Children and Vulnerable Adults Policy

Scope

This policy applies to all employees, agency staff, self-employed contractors, and volunteers, who will be collectively referred to as staff throughout this policy.

Although this policy is primarily aimed at safeguarding our student learners, this policy and the procedures within also apply to concerns regarding:

- The family, friends, carers, and others associated with our student learners; and
- Any child or vulnerable adult who reaches out to or engages with our service; and
- MADD staff who are under 18 years of age or are by definition vulnerable.

Roles and Responsibilities

The Principal

Accountability for this policy ultimately rests with the Principal, whose responsibility it is to ensure that it is embedded into practice and adhered to.

Designated Safeguarding Lead

The Designated Safeguarding Lead is responsible for:

- Providing expert advice to the organisation about all elements of safeguarding.
- Escalating to the Principal and jointly managing any concerns raised by staff members, students, or any other stakeholder on a day-to-day basis.
- Managing the Referrals to the Local Authority Safeguarding teams and/or supporting staff to complete referrals.
- Working with the Principal and authorities to manage safeguarding issues; investigating concerns and determining how to minimise risk of harm.

All Staff

All staff have a duty to prevent the abuse of children and adults and report any safeguarding concerns to the Designated Safeguarding Lead.



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Staff Training

All MADD staff having contact with learners hold the NCFE Cache Level 2 Certificate in Understanding Safeguarding and Prevent (anti-terrorism and extremism).

The Designated Safeguarding Lead will be trained to the appropriate level.

All training and renewals will be paid for and recorded/renewed by MADD.

In-house training, which includes the reading and understanding of this policy and attending safety briefings is completed on an annual basis and as required, respectively.

Data Protection and Sharing Information

The Data Protection Act and UK GDPR do not prevent the sharing of information for the purposes of keeping children safe and promoting their welfare. Similarly, there are legitimate reasons where personal and sensitive data may be shared with third parties where there are safeguarding concerns relating to vulnerable adults whether the adult consents or not.

If in any doubt about sharing information, staff should speak to the Designated Safeguarding Lead. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare of children and vulnerable adults.

Safeguarding Children Definitions

Working Together to Safeguard Children defines **Safeguarding** as:

- Protecting children from maltreatment.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children grow up in the circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Children: In this document, a child is defined as anyone who has not yet reached their 18th birthday.

Young People: A young person may be referred to as an adolescent or young person who they are between 16 and 18 years of age. This group has certain rights, including but not limited to

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being asked to consent to a report being made on their behalf in relation to certain safeguarding concerns.

Harm is defined as the ill-treatment or impairment of health and development. This definition was clarified by section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) to include "impairment suffered from seeing or hearing the ill-treatment of another" (for example, in the case of a child who witnesses domestic abuse).

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; the act places a duty on local authorities to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or is likely to suffer Significant Harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm, but more often, it is an accumulation of significant events, both acute and longstanding, which interrupt, damage, or change the child's development.

Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm.

Types of Abuse: Children

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology can be used to facilitate offline abuse. Children may be abused by an adult or adults, or other children.

Physical Abuse

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning, 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.

The Royal College of Paediatrics and Child Health has developed an evidence-based resource for clinicians to help inform clinical practice, child protection procedures and professional and expert opinion in the legal system. Formerly known as CORE Info, it comprises 15 systematic

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reviews covering a range of issues, including bites, bruising, fractures, burns, dental neglect, oral injuries and spinal injuries - see [Royal College of Paediatrics and Child Health website, Child Protection Evidence](#).

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child 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 as far as they meet the needs of another person.
- Not giving the child opportunities to express their views, deliberately silencing them, or ridiculing what they say or how they communicate.
- Imposing age or developmentally inappropriate expectations 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 from participating in normal social interaction.
- Seeing or hearing the ill-treatment of another.
- Serious bullying (including cyberbullying).
- Causing children frequently to feel frightened or in danger.
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect

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 misuse.

Once a child is born, neglect may involve a parent failing to fulfil any of the following:

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.

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- Ensure adequate supervision (including the use of inadequate caregivers).
- Ensure access to appropriate medical care or treatment.

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

These definitions are used in combination with the [Threshold of Need Framework and Guidance](#) when determining significant harm or the likelihood of significant harm.

In addition, Working Together to Safeguard Children advises that assessments should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare.

Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of several different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child.

They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess the potential risk to the child.

Potential Risk of Harm to an Unborn Child

The parents' background, or current behaviour, may indicate that significant harm to an unborn child is likely.

Any concern should be addressed as early as possible before the birth so that a full assessment can be undertaken, and support offered to enable the parent/s (wherever possible) to provide safe care to the baby.

Examples of circumstances where this may be the case include:

- Where a parent has a conviction for harming another child.
- Where another child has been removed from the care of one of the parents.
- Where a parent's lifestyle is such that there is the likelihood of significant harm to the child, for example, exposure to domestic abuse, severe emotional, behavioural, or mental health difficulties, or dependency on drugs, alcohol, or other substances.

Harmful sexual behaviour: Children's sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected to inappropriate, problematic, abusive, and violent.

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Problematic, abusive, and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. A useful umbrella term is “harmful sexual behaviour” (HSB). The term has been widely adopted in child protection and is used in this advice. HSB can occur online and/or face-to-face and can also occur simultaneously between the two. HSB should be considered in a child protection context.

When considering HSB, both ages and the stages of development of the children are critical factors. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years’ difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature.

Sexual Violence: When referring to sexual violence in this guidance, we do so in the context of child-on-child sexual violence.

When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003/134 as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents. (NOTE - Schools and colleges should be aware that sexual assault covers a very wide range of behaviour so a single act of kissing someone without consent or touching someone’s bottom/breasts/genitalia without consent, can still constitute sexual assault).

Causing someone to engage in sexual activity without consent: A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (NOTE – this could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party).

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What is consent? Consent is about having the freedom and capacity to choose.

Consent to sexual activity may be given to one sort of sexual activity but not another, e.g., to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

A child under the age of thirteen can never consent to any sexual activity.

The age of consent is sixteen.

Sexual intercourse without consent is rape.

Child-on-child abuse (peer abuse) is most likely to include, but may not be limited to:

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- Abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse')
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- Sexual violence such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive, but children still need to know it is illegal. Non-consensual image sharing and sharing images of younger children, however, is illegal and abusive. UKCIS provides detailed advice about sharing of nudes and semi-nude images and videos.
- Sexual harassment, such as sexual comments, remarks, jokes, and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)

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- Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and
- Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

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Principles

Safeguarding and promoting the welfare of children – and in particular, protecting them from significant harm - depends upon effective joint working between agencies and professionals that have different roles and expertise.

Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need coordinated help from health, education, children's social care, and quite possibly the voluntary sector and other agencies, including youth justice services.

For those children who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard and promote the welfare of the child(ren) and, where necessary, to help bring to justice the perpetrators of crimes against children.

All agencies and professionals should:

- Be alert to potential indicators of abuse or neglect.
- Be alert to the risks which individual abusers, or potential abusers, may pose to children.
- Share and help to analyse information so that an assessment can be made of the child's needs and circumstances.
- Contribute to whatever actions are needed to safeguard and promote the child's welfare.
- Take part in regularly reviewing the outcomes for the child against specific plans.
- Work cooperatively with parents/guardians unless this is inconsistent with ensuring the child's safety.



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Safeguarding Staff Code of Conduct

It is the policy that all staff must, whilst working for or on behalf of MADD must:

- Work safely and responsibly and take responsibility for their own actions, omissions, and behaviour.
- Ensure that they understand their role, duties, and limitations under this policy.
- Ensure that they are aware of the local safeguarding policies, procedures, and contact details of the local authorities.
- Keep up to date with training.
- Respect confidentiality - not talk about student learners or staff or give out personal or sensitive information to individuals outside of the organisation unless there is a legal and/or legitimate reason.
- Avoid any conduct towards children which would lead any reasonable person to question their motivation and intentions – this includes becoming over-familiar, giving, or asking for personal favours, gifting items or money.
- Ensure that they do not place themselves in a situation where they are alone with a child or young person. If this occurs by chance, the staff member must immediately summon another adult to act as a companion.
- Not make physical contact with any children or young people unless necessary for the role or required in the situation, for example, helping them if they are injured, and again, another staff member or adult should be summoned to act as a chaperone.
- Never give personal contact details to children.
- Not share lewd or indecent images with children.
- Not use profane or inappropriate language or make comments or jokes which may cause offence while at work or representing the organisation.
- Not take photographs of student learners on personal devices.
- Respect the dignity and privacy of others.
- Be professional and act respectfully when dealing with safeguarding concerns.
- Dress appropriately - dress in a way that:

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- Is unlikely to be viewed as offensive, revealing, or sexually provocative.
- Does not distract, cause embarrassment, or give rise to misunderstanding.
- Is absent of any political or otherwise contentious slogans.
- Is not considered to be discriminatory and is culturally sensitive.

Early Help

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

- Is disabled or has certain health conditions and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- Has a mental health need
- Is a young carer
- Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- Is frequently missing/goes missing from care or from home
- Is at risk of modern slavery, trafficking, sexual or criminal exploitation
- Is at risk of being radicalised or exploited
- Has a family member in prison, or is affected by parental offending
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing alcohol and other drugs themselves
- Has returned home to their family from care
- Is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage
- Is a privately fostered child, or
- Is persistently absent from education, including persistent absences for part of the school day.

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Where early help may be beneficial the staff member should inform the Designated Safeguarding Lead who will make a referral where appropriate.

Low Level Concerns

The term 'low-level' concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the school or college may have acted in a way that:

- Is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and
- Does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO through the Local Authority Safeguarding team.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children
- having favourites
- taking photographs of children on their mobile phone, contrary to school policy
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door, or
- humiliating children.

Low-level concerns may arise in several ways and from a number of sources for example, suspicions, complaints, a disclosure made by a child, parent, or other adult within or outside of the organisation, or as a result of vetting checks undertaken.

In order to create and embed a culture of openness, trust and transparency in which MADD's values and expected behaviour set out in the staff code of conduct are adhered to, monitored, and reinforced constantly by all staff it is crucial that low level concerns are acted upon appropriately.

All concerns **must** be shared with the Designated Safeguarding Lead or the Principal immediately to ensure that appropriate action is taken in a timely manner to safeguard children.

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The Principal will be the ultimate decision maker in respect of all low-level concerns, although it is recognised that depending on the nature of some low-level concerns the Principal may wish to consult with the Designated Safeguarding Lead and take a more collaborative decision making approach when investigating, applying sanctions, or referring to the LADO.

Low-level concerns which are shared about supply staff and contractors should be notified to their employers, so that any potential patterns of inappropriate behaviour can be identified.

If there is any doubt as to whether the information which has been shared about a member of staff as a low-level concern in fact meets the harm threshold, the DSL should consult with the LADO.

Investigations Involving Harm or Suspected Harm

The Designated Safeguarding Lead will ensure they understand the local authority arrangements for managing allegations, including the contact details and what information the LADO will require when an allegation is made before contacting the LADO.

The Principal and Designated Safeguarding Lead will establish, at the start of any investigation what basic enquiries should be made in line with local procedures to establish the facts and to help them determine whether there is any foundation to the allegation, being careful not to jeopardise any future police investigation. For example:

- was the individual in the school or college at the time of the allegations
- did the individual, or could the individual have come into contact with the child
- are there any witnesses, and
- was there any CCTV footage?

Safeguarding Children Referral Procedure

Where concerns meet the definition of harm or significant harm staff must follow the procedure below.

What to do if you have concerns about a child or young person

You may have concerns about a child because of something you have seen or heard, or a child may choose to disclose something to you.

The following process is further detailed below; however, in short, all staff must:

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1. Accept the disclosure and/or record any concerns noted without a disclosure.
2. In an emergency – call the Police on 999 and continue with the process as appropriate.
3. If a child or young person has a physical injury or requires medical assistance, this should be sought immediately by phoning for an ambulance.
4. Ask for consent if appropriate (see below).
5. Speak to a Designated Safeguarding Lead, who may, in turn, discuss the matter with the LADO and/or Police to seek guidance on how to act.
6. If required, with the support of the Designated Safeguarding Lead, make a report to the local Safeguarding Board LADO and/or Police non-emergency line.
7. The Designated Safeguarding Lead will provide support, liaise with the safeguarding partners, inform the Principal, and manage internal concerns where an accusation is made against a staff member.
8. The local Safeguarding Board LADO and/or Police will manage any investigation but may ask for more information from the staff member(s).

Accepting a disclosure

If a child or young person discloses information to you, you should:

- ✓ If you are with the individual - make the area safe and call the Police if necessary.
- ✓ Do not promise confidentiality; you have a duty to share this information and refer to the local authority and/or the Police.
- ✓ Listen to what is being said without displaying shock or disbelief.
- ✓ Accept what is said.
- ✓ Reassure the child, but only as far as is honest, do not make promises you may not be able to keep e.g., 'Everything will be alright now', 'You'll never have to see that person again'.
- ✓ Reassure and alleviate guilt if the child refers to it. For example, you could say, 'You're not to blame.'
- ✓ Not interrogate the child; it is not your responsibility to investigate.

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- ✓ Not ask leading questions e.g., ‘Did he touch your private parts?’ ask open questions such as ‘What happened?’ or ‘Anything else to tell me?’.
- ✓ Not ask the child to repeat the information for another member of staff.
- ✓ Explain what you have to do next and who you have to talk to.
- ✓ Take notes if possible or write up your conversation as soon as possible afterwards.
- ✓ Record the date, time, place, any non-verbal behaviour and the words used by the child (do not paraphrase).
- ✓ Record statements and facts and not interpret a situation or make assumptions.
- ✓ Ask the young person (16/17 years of age) if they consent to a report being made (the section below outlines the need for consent in certain circumstances).

Whatever the nature of your concerns, you do not need consent to, and you MUST discuss them with a Designated Safeguarding Lead as soon as possible. The Designated Safeguarding Lead will then decide whether to share the information outside of MADD and will make a referral where appropriate.

Do you need consent to report abuse or a concern?

- You DO NOT need the permission of a child under the age of sixteen, or over the age of sixteen and lacks the mental capacity to consent, to report genuine suspicions or allegations of abuse or neglect to the Designated Safeguarding Lead and the Local Authority and/or Police.
- You DO NOT need the permission of anyone to report a crime or any situation where there is a concern that a child and/or children is/are in immediate danger to the Police.
- You DO need to try and obtain the consent of a person aged sixteen or seventeen to share the information outside of MADD if you believe that they have the mental capacity to consent. However, if consent is not given, you may still share the information with the local authority and/or Police if it is in the public interest, if there is a legal basis for sharing the information, or if a child or children are at risk of significant harm, for example, their life in danger or a crime is/has been committed against a child.

A person lacks mental capacity where they have a reduced ability to make informed decisions “in the moment”. This may be transient (e.g., due to fear, shock, injury, illness) or long-term (e.g., due to learning differences, disability, or mental health issues). Staff should always try and

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use plain language and aid the young person wherever possible to understand the concern, weigh up the pros and cons of the situation and give or refuse their consent.

Whilst capacity to consent is a complex issue. It should not get in the way of genuine concerns going unreported. Staff should seek the help of the Designated Safeguarding Lead or contact the local authority LADO in an emergency for advice if they are unsure whether an individual has capacity.

Should I tell the parents/guardians?

Best practice shows that parents/guardians should be notified of the intended referral, although only if doing so would not put the child or young person at further risk of harm. Advice on whether to inform the parents or guardians must be sought from the Local Safeguarding team, however, the following are circumstances where disclosure to the parent, guardian or responsible adult is **not** appropriate:

- Where sexual abuse or sexual exploitation is suspected.
- Where organised or multiple abuses is suspected.
- Where Fabricated or Induced Illness (previously known as Munchausen Syndrome by Proxy) is suspected.
- Where Female Genital Mutilation is the concern.
- In cases of suspected Forced Marriage.
- Where it would place a child or young person, yourself, or others at immediate risk.

Where to report concerns

Whether to make a safeguarding referral is a decision made by the Designated Safeguarding Lead and LADO.

However, all staff must be aware that the Police should be contacted on 999 immediately and that they DO NOT need consent to make this call:

- If a crime is being committed.
- If life is at risk.
- If a child or young person is in immediate danger or is at risk of significant harm.



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Contacting the Local Authority

If HEP Horizons is required to make the referral to the local authority, the safeguarding concerns or request for early help should be referred immediately to:

Nottingham Children's Social Care

Monday to Friday at 8:30 am to 5:00 pm or in an emergency outside of these hours: 0115 876 4800

Nottingham LADO

Email: caroline.hose@nottinghamcity.gov.uk

Tel: 0115 876 4762

What information will you need when making a referral?

You will be asked to provide as much information as possible such as the child's full name, date of birth, address, school or college, GP, languages spoken, any disabilities the child may have, and details of the parents/guardians.

If you do not have all these details; you should still make the call/referral.

General Advice

Staff may call or contact the following for general advice:

ChildLine on 0800 1111 or visit the [ChildLine website](#)

NSPCC on [0808 800 5000](tel:08088005000) or visit the [NSPCC website](#)

Safeguarding Vulnerable Adults Definitions

An at risk or vulnerable adult is defined as 'Aged 18 years or over who 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.'

Types of Abuse: Adults

- Physical abuse – including hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

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- Sexual abuse – including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Exploitation – either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain.
- Financial or material abuse – including theft, fraud, exploitation, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- Neglect and acts of omission – including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.
- Discriminatory abuse – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs, or similar treatment.
- Organisational or Institutional Abuse – including neglect and poor care practice within an institution or specific care setting like a hospital or care home, for example. This may range from isolated incidents to continuing ill-treatment.
- Domestic Abuse – including physical, emotional, financial abuse etc, but also covers Forced Marriage, other ‘honour-based violence’ and controlling or coercive behaviour in an intimate or family relationship.
- 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, and/or inability or unwillingness to manage one’s personal affairs
- Radicalisation.
- Modern Slavery.

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- Female Genital Mutilation.

Safeguarding Vulnerable Adults Policy

Principles

Safeguarding and promoting the welfare of vulnerable adults and in particular protecting them from significant harm depends upon effective joint working between agencies and professionals that have different roles and expertise.

Some of the most vulnerable adults and those at greatest risk of social exclusion will need coordinated help from health, education, social care, and quite possibly the voluntary sector and other agencies, including justice services.

For those vulnerable adults who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard and promote their welfare and, where necessary, to help bring to justice the perpetrators of crimes against them.

MADD takes seriously the welfare of all vulnerable adults who access its services or who are involved in its activities.

MADD recognises that it is the responsibility of each one of its staff, paid and unpaid, to prevent the abuse of vulnerable adults and to report any abuse discovered or suspected and acknowledges its responsibility to implement, maintain, and regularly review procedures, which are designed to prevent such abuse.

Safeguarding Vulnerable Adults Referral Procedure

Whatever initiates a concern, the following process must be followed to report safeguarding adults' concerns.

What to do if you have concerns about a potentially vulnerable adult

You may have concerns because of something you have seen or heard, or an adult may choose to disclose something to you.

The following process is further detailed below, however in short, all staff must:

1. Accept the disclosure and/or record any concerns noted without a disclosure.



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2. In an emergency – where life is in danger, a serious crime is being committed, or where children associated with that adult are in immediate danger, call the police on 999 and continue with the process as appropriate.
3. If the individual has a physical injury or requires medical assistance this should be sought immediately by phoning for an ambulance if they consent to this.
4. Ask for consent from all adults (see below).
5. Inform the Designated Safeguarding Lead.
6. If required, with the support of the Designated Safeguarding Lead, make a report to the local Safeguarding Board and/or Police non-emergency line.
7. The Designated Safeguarding Lead will provide support, liaise with the safeguarding partners, inform the Principal, and manage internal concerns where an accusation is made against a staff member.
8. The local Safeguarding Adults team and/or Police will manage the matter but may ask for more information from MADD staff members.

Accepting a disclosure

If an adult has reported to you that they have been abused, are being abused, or are at risk of abuse you should:

- ✓ If you are with the individual - make the area safe and call the police if necessary.
- ✓ Encourage the individual to talk to you.
- ✓ Ask open questions to gather as much information as you can such as what, when, how and how they feel.
- ✓ Act in a calm manner, speak slowly and clearly and obtain an interpreter or another communication aid if necessary.
- ✓ Try to assess capacity; is the adult able to understand information about the decision, remember that information, use that information to make a decision, and communicate their decision by talking, using sign language or any other means.
- ✓ Explain your concern and explain that you will/or would like to share information with the Police and/or a Local Authority and ask for their consent.



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- ✓ Never promise that you will keep a secret, as consent may be overridden if there is a legal and legitimate reason to do so.

Do you need consent to report abuse or a concern?

Unlike with children, adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.

The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.

The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented, where children are in immediate danger, and/or in emergency or life-threatening situations involving adults or children.

Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

Therefore, every staff member **MUST** try to gain consent from an adult before sharing information outside of MADD.

If the adult is believed to lack capacity or if there is a legitimate and lawful reason (as above) to share information, it may be shared externally. However, this decision **MUST** be made by the Designated Safeguarding Lead.

All staff must also remember that just because a decision is unwise in their eyes this does not override the law and however difficult it is, an adult with capacity has the right to make informed decisions no matter how this negatively impacts on their own life. For example, self-neglect may not be a safeguarding issue if the adult has capacity to make the decision not to provide themselves with adequate care.

Where to report your concerns

The police should be contacted on 999 immediately and you DO NOT need consent:

- If a crime is being committed.
- If life is at risk.



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- If a child or young person is in immediate danger.

Nottingham City Council Access Duty Team for Adults:

Tel: 0300 131 0300 and select option two if within the city boundaries

Tel: 0300 500 8080 if within County boundaries call Nottinghamshire County Council

Offices are open from 8.30am to 5 pm Monday to Friday.

PREVENT: Radicalisation and Extremism

Staff members with concerns relating to radicalisation or extremism should immediately inform the Designated Safeguarding Lead.

Staff and students are reminded that radicalisation and extremism must not be confused with religious beliefs that differ from their own, and that MADD will not tolerate any hate speech or discrimination.

Record Keeping

Records (information recorded when taking a disclosure, sharing information, and attempting to gain consent) must be legible, factual, timely and accurate records of what you did and why to demonstrate transparent, defensible decision making.

Records should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant (if known) and, where different, the name of the individual who has allegedly been abused (if known), the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation, and the name of the person at the agency to whom the concern was passed onto (if relevant).

If consent was requested, the records must reflect if it was or was not obtained and why the concern was or was not reported if consent was withheld.

Any records should also note who you informed of your concerns/the disclosure, what their advice was and what was done.

Any referrals to other organisations must be documented, as should any follow-up communications.

Safeguarding records will be stored in a secure MADD cloud-based account.

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Support For Those Who Report Abuse

All those making a complaint or allegation or expressing concern, whether they are students, staff, or members of the general public, should be reassured that:

- ✓ They will be taken seriously.
- ✓ Their comments will usually be treated confidentially but may be shared if there is a legal and legitimate reason.
- ✓ They will be given support.
- ✓ That the allegation or concern will be acted on at the earliest possible opportunity.
- ✓ If staff have acted as whistleblowers, they will be afforded protection.
- ✓ MADD will contact emergency or other support services where we consider it necessary or appropriate to do so.

Whistleblowing

Please see the Whistleblowing Policy for further information.

Managing Allegations Against Staff

If there is cause to suspect that a child or vulnerable adult has or is suffering, or is likely to suffer significant harm, the Designated Safeguarding Lead will immediately refer the matter to the LADO or appropriate Local Authority safeguarding team and inform the Principal.

Where there are legitimate concerns or where allegations are made, consideration must be given to the following three strands:

1. The Police being informed of a possible criminal offence; and/or
2. A referral being made to the local Safeguarding Team as to whether the child or vulnerable adult is in need of protection or in need of services; and/or
3. Consideration by MADD of suspension or other sanction in respect of the individual, and in the interim, whether the individual is safe to remain in their current role.

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Investigation

All concerns and allegations will be investigated and, as a minimum, will involve an initial process to establish the facts and decide whether a formal investigation is warranted.

The Principal and Designated Safeguarding Lead will advise on the investigative process and appoint an appropriate person to carry out any investigation. This will usually be the Scheduling and Compliance Officer and/or the Principal and/or a senior leader.

Adjustments to Role/Suspension

From the outset of the investigation, consideration must be given as to whether the staff member is able to continue in their normal duties or whether adjustments should be made to their role to protect them and/or others.

Adjustments may include:

- Changing their role to temporarily remove them from having direct contact with children and vulnerable adults; or
- Temporarily suspending them from working.

Making an adjustment to a role does not in any way imply guilt. It is purely an action designed to allow an investigation to be carried out as quickly as possible while minimising risk.

All staff facing such accusations will be offered appropriate support by MADD.

In no circumstances should MADD cease to use a supply teacher due to safeguarding concerns, without finding out the facts and liaising with the LADO to determine a suitable outcome.

The Principal and Designated Safeguarding Lead should discuss with the supply agency or agencies where the supply teacher is working across a number of schools or colleges, whether it is appropriate to suspend the supply teacher, or redeploy them to another part of the organisation whilst we/they carry out the investigation.

Confidentiality

All documentation relating to incidents or allegations of people being harmed, or placed at risk of harm, will be kept, and treated confidentially and in accordance with the Data Protection Act 1998 (DPA) and UK GDPR 2021.

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Complaints

Any complaint about the way MADD has managed a particular safeguarding issue will be logged through our Complaints Policy.

If the complaint concerns sensitive or confidential information or information which is the subject of an ongoing investigation, it may be referred to the Designated Safeguarding Lead who will discuss it with the relevant people on a 'need to know basis' and respond to the complaint as appropriate having established the facts and bearing in mind the competing interests that may be at stake.

Failure to Comply

Where MADD find that a job applicant has applied for a regulated role or a current staff member in a regulated role is barred from engaging in regulated activity working with children and/or vulnerable adults the appropriate authorities will be informed.

Monitoring and Reviewing

This policy should be reviewed periodically to ensure that it remains compliant with current legislation, meets best practices, and is not discriminatory.

Monitoring will include reviewing the number and type of safeguarding concerns and whistleblowing complaints to assess how MADD's procedures are working in practice.

During reviews, the Principal, Designated Safeguarding Lead, and senior management will also review whether procedures were followed and whether the actions of MADD were in line with best practice.

Where we identify the need for modification of policy or if there are legal changes, they will be implemented; additional controls will be put in place and reflected in an updated version of this policy document.

The version number on new policies is always 1.0 and should be increased by one whole number each time the policy is edited other than to make simple changes, where they may increase in increments of 0.1.

Appendix 1 – Possible Signs of Abuse

Neglect

Warning signs include:

- Non-organic failure to thrive, e.g., weight loss where no medical cause is found.
- A consistently unkempt, dirty appearance.
- Unmet medical needs, e.g., failure to seek medical advice or attend appointments for illness, severe untreated sores, or wounds.
- Developmental delay without any other clear cause.
- Lack of social responsiveness.
- Self-stimulating behaviours such as head banging or rocking (note that some children with special needs may exhibit this behaviour due to their disability, but this should also be evaluated for context).
- Repeated failure by parents/carers to prevent injury.
- Consistently inappropriately clothed for the weather.

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- Hazardous living conditions.

Physical Abuse

Bruises

Symmetrically bruised eyes are rarely accidental, although they may occur where there is a fracture of the head or nose, and blood seeps from the injury site to settle in the loose tissue around the eye. A single bruised eye may be the result of an accident or abuse. Careful consideration is required whenever there is an injury around the eye. It should be noted whether the lids are swollen and tender and if there is damage to the eye itself.

- Bruising in or around the mouth (especially in small babies).
- Grasp marks on legs and arms - or chest of a small child.
- Finger marks (e.g., you may see three or four small bruises on one side of the face and one on the other).
- Symmetrical bruising (especially on the ears).
- Bruising behind the ears.
- Outline bruising (e.g., belt marks, handprints).
- Linear bruising (particularly on the buttocks or back).
- Bruising on soft tissue with no obvious explanation, e.g., the inner aspect of the thigh.
- Bruising of different ages; some lighter yellow/purple and some darker black/blue.

The following are uncommon sites for accidental bruising:

- Back of legs, buttocks, except occasionally along the bony protuberances of the spine
- Mouth, cheeks, behind the ear.
- Stomach, chest.
- Under the arm.
- Genital, rectal area.
- Neck.

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Babies or others who are not yet mobile, i.e., are developmentally unable to move on their own, should not get bruises or other injuries. If they have bruises or other injuries, these must be adequately explained before they are accepted as accidental.

Note: Bruising may be difficult to see on a child who is black. Blue-grey spots are natural pigmentation on the skin, which may be mistaken for bruising. These purplish-blue skin markings are most commonly found on the backs of children.

Scars

Children may have scars, but notice should be taken if a child has a large number of scars of different ages (especially if coupled with current bruising), unusually shaped scars (e.g., round ones from possible cigarette burns) or large scars that are from burns or lacerations that did not receive medical treatment.

Fractures

These should be suspected if there is pain, swelling and discolouration over a bone or joint. Fractures should be suspected if the child is not using a limb, especially in younger children. The most common non-accidental fractures are to the long bones in the arms and legs and ribs. It is very rare for a child under one year to sustain a fracture accidentally. Fractures also cause pain, and it is very difficult for a parent to be unaware that a child has been hurt.

Burns/Scalds

It can be very difficult to distinguish between accidental and non-accidental burns; however, burns or scalds with clear outlines are suspicious, as are burns of uniform depth over a larger area.

Bites

These can leave clear impressions of the teeth. Human bites are oval or crescent shaped. If the impression of the bites is more than 3 cm across its width, they must have been caused by an adult or older child with permanent teeth.

Other injuries which may be deliberately caused

- Poisoning.
- Ingestion or other application of damaging substances, e.g., bleach.
- Administration of drugs to children where they are not medically indicated or prescribed.

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- Female Genital Mutilation (FGM) and Breast Ironing are Physical Abuse and criminal offence regardless of cultural or other reasons.

Injuries may also be caused as a result of a parent fabricating or inducing illness in a child.

Sexual Abuse

Indicators that a child has been sexually abused include:

- Changes in behaviour, including becoming more aggressive, withdrawn, and clingy.
- Problems in school, difficulty concentrating, drop off in academic performance.
- Sleep problems or regressed behaviours, i.e., bed wetting/soiling when previously dry.
- Frightened of or seeking to avoid spending time with a particular person.
- Knowledge of sexual behaviour/language that seems inappropriate for their age.
- Physical symptoms include pregnancy in adolescents where the identity of the father is vague or secret, STIs, discharge or unexplained bleeding.
- Poor hygiene, which often leads to social isolation in school.
- Injuries and bruises on parts of the body where other explanations are not available, especially bruises, bite marks or other injuries to breasts, buttocks, lower abdomen, or thighs; and
- Injuries to the mouth, which may be noted by dental practitioners.

Child sexual exploitation is also a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of eighteen into sexual activity (a) in exchange for something the victim needs or wants and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Emotional Abuse

Behaviour in a child which may indicate emotional abuse includes:

- Very low self-esteem, often with an inability to accept praise or to trust.

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- Lack of any sense of fun, over-serious or apathetic.
- Excessive clingy or attention-seeking behaviour.
- Over-anxiety, either watchful and constantly checking or over-anxious to please.
- Developmental delay, especially in speech.
- Substantial failure to reach potential in learning is linked with a lack of confidence, poor concentration, and a lack of pride in achievement.
- Self-harming; compulsive rituals; repetitive stereotypic behaviour.
- Unusual pattern of response to others showing emotions.

Bullying/Cyber-Bullying

Bullying is defined as 'behaviour by an individual or group, usually repeated over time, which intentionally hurts another individual or group either physically or emotionally' (DfE definition). Repeated bullying usually has a significant emotional component, where the anticipation and fear of being bullied seriously affect the behaviour of the victim.

It can be inflicted on a child by another child or an adult. Bullying can take many forms (for instance, cyber-bullying or online bullying via text messages or the internet) and is often motivated by prejudice against particular groups, for example, on the grounds of race, religion, gender, sexual orientation, or can be because a child is adopted or has caring responsibilities.

It might also be motivated by actual differences between children or perceived differences.

It can take many forms, but the three main types are:

- Physical - for example, hitting, kicking, shoving, theft.
- Verbal - for example, threats, name-calling, racist or homophobic remarks.
- Emotional - for example, isolating an individual from activities/games and the social acceptance of their peer group.

Cyberbullying is bullying that takes place using technology. Whether on social media sites, through a mobile phone, or on gaming sites, the effects can be devastating for the young person involved. It is another form of bullying which can happen at all times of the day, with a potentially bigger audience.



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By its very nature, cyberbullying tends to involve several online bystanders and can quickly spiral out of control. Children and young people who bully others online do not need to be physically stronger, and their methods can often be hidden and subtle.

Bullying often starts with apparently trivial events such as teasing and name-calling, which nevertheless rely on an abuse of power. Such abuses of power, if left unchallenged, can lead to more serious forms of abuse, such as domestic violence and abuse, racial attacks, sexual offences and self-harm or suicide.

Bullying is a type of behaviour which needs to be defined by the impact on the child being bullied rather than by the intention of the perpetrator.