



LONDON  
COLLEGE OF  
INTERNATIONAL  
BUSINESS  
STUDIES



# Safeguarding of Children and Adults Policy

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<u>Created by</u>	Jennie Fisher, Operational Safeguarding Lead
<u>Agreed by</u>	
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## 1. Context, including relevant legislation and related policies:

1.1 This policy and the related procedures have been developed in conjunction with the following legislation. LCIBS acknowledges that there is no single piece of legislation that covers the entirety of Safeguarding Children and Adult at risks in the UK. Rather, there are a number of laws and pieces of guidance that are continually amended and updated. LCIBS is committed to updating the Safeguarding policy in line with any new or updated legislation, and the review date may be moved forward in line with this. This policy covers all students who attend LCIBS, not just those who are considered to be adults at risk or children.

1.2 The policies and legislation that were used to develop the following policy and legislation are as follows:

- i. [Safeguarding Vulnerable Groups Act \(SVGA\) 2006](#)
- ii. [Care Act 2014](#)
- iii. [Children Act 1989](#)
- iv. [Children Act 2004](#)
- v. [Working Together to Safeguard Children 2018](#)
- vi. [Mental Capacity Act 2005](#)
- vii. [Sexual Offences Act 2003](#)
- viii. [Deprivation of Liberty Safeguards \(amendment to MCA 2005\)](#)
- ix. [Making Safeguarding Personal Guidance 2018](#)
- x. [London Multi-Agency Safeguarding Policy and Procedures](#)

## 2. Definitions

2.1 The definitions used in the following policy have been drawn from the legislation referenced in section 1.2. If the legislation is updated and affects the following definitions, LCIBS will review the Safeguarding policy in line with this.

2.2 Definition of Child – A child is a person under the age of 18.

2.3 Definition of an Adult at risk – An adult at risk is a person who may be in need of community care services due to a 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.

2.4 Definition of a Child in Need – A Child in Need, according to Section 17 of the Children Act 1989 is a child unlikely to achieve or maintain a reasonable standard of health or development without the provision of services through the Local Authority, or if a child's health or development is likely to be significantly impaired without the provision of such services.

2.5 Significant Harm of an Adult at risk – A definition of significant harm in an adult at risk under the Care Act 2014 refers to all categories of ill treatment, including the impairment of, or an avoidable deterioration in, physical or mental health, or the impairment of physical, intellectual, emotional, social or behavioural development.

2.6 Significant Harm of a Child – There is no set definition of significant harm for a child, but under Section 31(9) of the Children Act 1989 (as amended by the Adoption and Children Act 2002), significant harm means the ill-treatment or impairment of health and development including the impairment suffered from seeing or hearing the ill-treatment of another; where development refers to the physical, intellectual, emotional, social or behavioural development of the child and where health refers to both physical and mental health. Ill-treatment includes sexual abuse and forms of ill-treatment that are not physical.

### 3. Commitment

3.1 LCIBS will ensure the following commitments are made, and any resources needed to fulfil these commitments are provided to all staff.

- Every step will be taken to ensure that students of all ages are provided a safe environment conducive to learning. Students should be able to develop their personal, social, behavioural and educational skills in a supportive environment.
- Staff will be aware of the Safeguarding policy and all other related policies, and these will be easily accessible to all staff members.
- Any forms or reporting documentation will be easily accessible and all staff will be aware of how to correctly record using such documents.
- Appropriate training will be provided to all staff to ensure they are aware of the procedures to be followed, and why this is the case.
- The Safeguarding Team will undergo an appropriate level of training (minimum Level 3) with the Local Authority, and will refresh this training every 12 months, or sooner if legislation is updated and results in a change of procedure for referrals.
- Training will be provided to all staff to ensure that they are aware and able to spot possible indicators of abuse. This training will take place every 12 months, and within 6 weeks of a new member of staff starting within LCIBS.
- LCIBS will continually liaise with external agencies including the Local Authority to ensure Safeguarding procedures are up to date and effective.
- Students will be made aware of the Safeguarding policy within their induction, and will be aware of the procedures in place to safeguard them, including the accountable Safeguarding Team in the event of a self-referral.

### 4. Responsibilities, Obligations, and Behaviour.

4.1 The Strategic Safeguarding Lead has overall responsibility for Safeguarding within LCIBS, an Operational Safeguarding Lead is in place for all day to day operations relating to Safeguarding. The Strategic Safeguarding Lead oversees the operational functioning of Safeguarding procedures and amends and updates when necessary. The Safeguarding Team, consisting of the Strategic Safeguarding Lead and the Operational Safeguarding Lead, are both also the Operational Prevent coordinators for LCIBS.

The Safeguarding Team, as defined above, are responsible for:

- Overseeing the referral of cases of suspected abuse or allegations of abuse to the relevant agency, including those in relation to extremism and radicalisation,
- Maintaining an accurate and confidential record of any referrals made, including complaints and concerns,
- Providing advice and support to staff on issues relating to both Children's and Adult at risk's Safeguarding,

- Ensuring that staff receive the appropriate level of training in relation to their contact with students, and that all staff regardless of student contact level receive at least a basic level of Safeguarding training,
- Ensuring that the Safeguarding policy and procedure are easily available to staff and are provided within 6 weeks of a new member of staff starting work within LCIBS,
- Liaising with external agencies and the Local Authority in relation to Safeguarding and ensuring knowledge relating to both Safeguarding and referrals is maintained and up to date with amendments to legislation or policy,
- Providing an annual report to the Safeguarding Operations Group on which they sit, regarding the number and type of referrals made and how effective policy and procedure is in order to constantly improve,
- Ensuring that parents, carers and other relevant sponsors are aware of the LCIBS Safeguarding policy, where to find it, and how it is implemented,
- Ensuring that procedures are in place in relation to visitors to LCIBS in terms of signing in and out and vetting of external speakers.

4.2 Behaviour of staff. All staff should be aware of the procedures around dealing with a disclosure, and should abide by the Disclosure Guidance provided in Appendix B. All staff should be aware of the names and contact details of both the Safeguarding Lead and the Strategic Safeguarding Lead in the event a disclosure requires an immediate risk assessment. All staff should also be aware of their interactions with students, and behave in an appropriate manner which maintains the Academic and Student relationship.

## 5. Categories of Abuse and Harm

5.1 Definitions provided in the following section regarding the categories of abuse and harm are from [Care Act 2014](#) when in relation to an Adult at risk, and from [Children Act 1989](#) in relation to children. Recognising abuse and signs of harm is covered in detail in Appendix A.

5.2 The following are types of abuse that may occur and what behaviour would fall under that category of abuse.

5.2.1 Physical Abuse: A form of abuse that may involve hitting, slapping, pushing, burning, drowning, suffocating, or otherwise causing physical harm to a child or adult at risk. Physical harm may also be caused by a parent or carer fabricates the symptoms of, or deliberately induces, illness.

5.2.2 Sexual Abuse: A form of abuse that may involve rape, indecent exposure, sexual harassment, inappropriate touching or looking, subjection to pornography or witnessing sexual acts, sexual assault, any non-consensual sexual act, or the grooming of a child or adult at risk in preparation for abuse (including via the internet). It should be remembered that sexual abuse can be perpetrated by anyone, including other children, women, and caregivers.

5.2.3 Emotional (or Psychological) Abuse: A form of abuse that may involve humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, threats of harm or abandonment, deprivation of contact, and unreasonable and unjustified withdrawal of services or support networks. In addition to this, in relation to children emotional abuse may involve developmentally inappropriate expectations being imposed, limitation of exploration and learning, preventing the child participating in normal social interaction, deliberately silencing a child or mocking their communication, overprotection, and interactions beyond a child's developmental capability. Some level of emotional abuse is present in all types of abuse of a child or adult at risk, though it can also occur alone.

5.2.4 Neglect and self-neglect: In relation to a child, neglect is defined as the persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. Neglect once a child is born can include the parent or carer failing to provide adequate food, clothing, and shelter which also includes exclusion from home and abandonment, the failure to protect the child from physical and emotional harm or danger, the failure to provide adequate supervision which encompasses the use of inappropriate or inadequate care-givers, the failure to provide and ensure access to appropriate medical care or treatment, and also includes the neglect of or unresponsiveness to a child's basic emotional needs. The above also relates to adult at risks in relation to the failure to provide adequate care, though self-neglect should also be taken into account in the case of an adult at risk. Self-neglect encompasses a wide range of behaviour including neglecting to care for one's personal hygiene, health, or surroundings and includes behaviour such as hoarding. Adult self-neglect should be dealt with on a case by case basis, but should still be reported to the Safeguarding Team.

5.2.5 Financial Abuse: This type of abuse will mainly affect an adult at risk possibly in the form of fraud, theft, exploitation, or pressure in connection with wills, property, power of attorney, inheritance or financial transactions. It also includes the inappropriate use, misuse, or misappropriation of property, possessions or benefits.

5.2.6 Domestic Abuse: According to the Care Act 2014, the cross government definition of domestic violence is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, sexual, physical, financial, and emotional. The definition includes so called 'honour' based violence, female genital mutilation, and forced marriage, which are all against the law. Domestic abuse can also impact on any children residing within the household, as updated in the Adoption and Children Act 2002, as significant harm of a child can include the impairment suffered from seeing or hearing the ill-treatment of another of which domestic abuse would fall under. The Safeguarding Lead is trained in the use of the MARAC Risk Identification Checklist (RIC) if a case of domestic violence arises.

5.2.7 Modern Slavery / Trafficking: Modern Slavery encompasses trafficking, and includes the UN definition of trafficking as: the recruitment, transportation, transfer, harbouring, or receipt of persons, by means of the threat or use of force or other forms of coercion, or abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purposes of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, or the removal of organs. The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means set out above. County Lines falls under human trafficking, and is the use of children to move drugs across counties and includes the use of intimidation and coercion as mentioned above.

5.2.8 Hate Crime / Incident, Discriminatory Abuse: Discriminatory abuse includes any incident which may or may not constitute a criminal offence, which is perceived by the victim or another person as being motivated by prejudice or hate. It can include harassment, slurs or similar treatment on the basis of race, gender and gender identity, age, disability, sexual orientation, and religion.

5.3 Self harm, risk to self, and suicidal intent or ideation is not a form of abuse but constitutes a risk of significant harm to the individual involved. Any case involving the above should immediately be reported to the Safeguarding Team due to the high risk of harm. The above is an instance in which consent is overridden in order to maintain the safety of the individual involved. Be aware that emergency services may need to be called in the case of welfare checks, suspected overdoses, severe self-harm injuries, or threats of suicide.

## 6. Reporting Concerns and Dealing with Disclosure

6.1 As stated in the Care Act 2014, anyone can witness or become aware of information suggesting that abuse and neglect is occurring. Regardless of how the Safeguarding concern is identified, everyone should understand what to do. LCIBS staff should be aware of the procedures involved with reporting a concern, and what to do in the event of a disclosure. This is covered in mandatory training every 12 months, and training within 6 weeks of a new member of staff working with LCIBS.

6.2 All staff should be aware of the procedures if confronted with a disclosure from a child or adult at risk, or from an adult where a child is affected. Staff are expected to act upon their concerns within a set time frame, this is due to the findings in the Care Act 2014 that states that if staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented. Staff knowledge involves the following:

- Recognising signs of abuse against adult at risks and children (this is covered in full in Appendix A),
- Record initial information from a disclosure, following the guidelines in Appendix B,
- Report the concern or disclosure within 1 hour to the Operational Safeguarding Lead, or the Strategic Safeguarding Lead if the Safeguarding Lead is unavailable,
- Report the concern immediately if there is an immediate or high risk of significant harm to a adult at risk or a child,
- Act on any advice given by the Safeguarding Team,
- Fill in the referral form found in Appendix C,
- Report any ongoing concerns to the Safeguarding Team to maintain a record of potential issues,
- Knowing their position does not involve investigating concerns, this is the position of the Safeguarding Team,
- Understanding basic Child Protection and Adult at risk Safeguarding by attending all mandatory training.

6.3 The Safeguarding Team should be aware of all of the above points but should also cover the following (full duties expanded upon in Appendix D):

- Maintain their knowledge of current legislation and procedures, cemented by refreshing training every 12 months,
- Have knowledge of who to refer to in each situation, and keep an up to date database of contacts,
- Be able to conduct an immediate risk assessment in the event of a self-harm or suicidal case,
- Be able to identify the potential for harm,
- Give advice to staff regarding Safeguarding in line with training given,
- Keep an accurate and confidential record of incidents and concerns,
- Cooperate with external agencies and understand that they may be called to testify in cases that require court intervention,

- Understand when to share information with external agencies,
- Ensure all policy and procedures are kept up to date in line with legislation.

## 7. Information Sharing

7.1 Staff are expected to share Safeguarding concerns with the Safeguarding Team within the time frame set above. This is covered in mandatory training, and there will always be a member of the Safeguarding Team available during term time and office hours. Staff are not expected to refer a Safeguarding concern to an external agency, this is the job of the Safeguarding Team only as they have had the relevant training.

7.2 LCIBS cannot offer confidentiality to students, however, information will need to be shared on a 'need to know' basis within the Safeguarding Team and to external agencies such as the Local Authority. The following confidentiality statement is found in the Pastoral Meeting Notes form, and reflects the position of any member of staff who may experience a disclosure:

*“By disclosing any personal information to the individual member of staff named above, I understand that this information will be kept on record and will only be accessed on a “need to know” basis. This may include the member of staff named above or the Safeguarding Lead. It may be passed to an external organisation in order to help with my situation but I understand consent will be sought in this circumstance, unless my situation involves any of the following exceptions. I understand that confidentiality cannot be adhered to if:*

- *it is disclosed that any person is at immediate risk of harm,*
- *it is disclosed that a child (under the age of 18) is at risk of harm,*
- *it is disclosed that a child (under the age of 18) has been, or is at risk of, abuse of any kind,*
- *it is disclosed that a adult at risk is at risk of harm or abuse.*

*I understand that in all other cases my information will be kept in a confidential manner and will be protected by data protection regulations in line with the Data Protection Act 1998 and GDPR 2018.”*

7.3 Where there are concerns that an adult at risk or child is, or may be, at risk of significant harm, their needs must always come first. The priority must always be to protect the adult at risk or child. Consent should be sought before a referral to an external agency is made if the case does not fit the exceptions mentioned above. In line with the [Mental Capacity Act 2005](#), people must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions.

## 8. Record Keeping

8.1 LCIBS works within the Data Protection Act and GDPR, and Safeguarding reports are no exception. LCIBS will:

- Keep clear, detailed, written records of concerns about adult at risks and children that follow the guidance given in Appendix B,
- Ensure all records state whether information is first, second, or third hand,
- Ensure all records are kept secure online by restricting access to folders and files with a password that is known only to the Safeguarding Team, and any paper documents are kept in a locked filing cabinet to which only the Safeguarding Team has the key,

- Ensure that reports of concerns that were referred to an external agency such as the Local Authority are kept for a period of 6 years after the user stops using our service,
- Ensure that where concerns were not referred, the documents are kept for 1 year after the user stops using our service.

## 9. Liaison with external agencies

9.1 The Safeguarding Team will work closely with the Local Authority in order to maintain training and to refer to in cases of concern. The Safeguarding Team will have an up to date record of contact numbers for the Local Authority, for both adult at risk concerns and also for child protection. This will include the out of hours' numbers in case this is needed. The Safeguarding Team will also be aware of referral protocols for the relevant Local Authority, and will have knowledge of the procedure after a referral is made.

9.2 The Operational Safeguarding Lead will attend any necessary case conferences, core groups, strategy meetings, review conferences, and MARAC's when required to. The Operational Safeguarding Lead will also produce written statements and reports for such events when required, and will ensure that all information provided is accurate and up to date. When the Operational Safeguarding Lead is unable to attend, the Strategic Safeguarding Lead will attend in their place, and will have the same expectations upon them.

9.3 The Safeguarding Team will maintain links with external agencies that may be referred to in the cases in which a Local Authority referral is not appropriate. The agency links should be maintained, and all contact information should be up to date and reviewed either termly or when new contact information is sent, whichever is sooner.

9.4 The Safeguarding Team will always cooperate with Local Authority, Police, and other investigations and enquiries. The safety of the adult at risk or child is always paramount.

## 10. Safeguarding Operations Group

10.1 The Safeguarding Operations Group consists of the Safeguarding Team, an academic representative, a member of the registry team, the General Manager, the Head of Student Support UK and Africa, and the Dean.

10.2 The Safeguarding Operations Group meets once every six months to review procedures and make any necessary amendments. The Operational Safeguarding Lead will produce a report regarding the number and nature of Safeguarding concerns for that period, and an annual report for comparison.

10.3 Where individual cases are discussed, confidentiality will be adhered to and information will only be shared on a need to know basis. Individual cases will only be discussed if there is a relevant learning point, or if the case points to a particular change in policy or procedure. Otherwise, cases will be discussed in a manner in which the student cannot be identified, in order to protect confidentiality.

## 11. Safer Recruitment of Staff

11.1 LCIBS is committed to promoting the welfare of all students who attend our campuses, and a part of this is ensuring that staff who come into contact with potentially adult at risks or children are vetted in the correct manner and receive the mandatory training necessary.

11.2 Newly recruited staff are subject to a DBS (Disclosure and Barring Service) check at the level of Enhanced DBS Check (not including barred list) where considered to be necessary, as LCIBS does not

fall under the category of regulated activity. The results of the DBS check may influence the decision to permanently hire, but this will be dealt with on a case by case basis.

11.3 References will be contacted for each member of staff, and original certificates for all qualifications must be viewed. References will be asked if there were any Safeguarding concerns related to that member of staff.

## 12. Monitoring

12.1 The Operational Safeguarding Lead will produce a report regarding the number and nature of safeguarding concerns for the six-month period prior to the Safeguarding Operations Group meeting.

12.2 In addition to the report mentioned in 12.1, the Operational Safeguarding Lead will produce an annual report running from 1<sup>st</sup> September each year. This report will contain an overview of cases and interventions for that period, a summary of staff training undertaken, a summary of student awareness of Safeguarding, and any developments. It should also contain any recommendations for changes to policy and procedure.

12.3 The Operational Safeguarding Lead will monitor the effectiveness of intervention and include this in the reports mentioned in 12.1 and 12.2.

12.4 If reports are required by external agencies such as the Local Authority or Police, the Operational Safeguarding Lead will complete these and also keep a copy to be filed in line with Data Protection regulations.

## 13. Principle and Governors

13.1 Governors will be kept updated with Safeguarding policy and procedures and any changes that may occur. A nominated governor will liaise with the Safeguarding Team regarding policy updates, and relay these back to the board of governors.

13.2 The nominated governor will also feature within the Safeguarding Operations Group and receive the reports mentioned in 12. They are expected to relay any relevant information back to the governing body.

## 14. Staff Allegations

14.1 If a member of staff receives an allegation, or has an allegation regarding another member of staff, they should report this immediately to the Operational Safeguarding Lead or Strategic Safeguarding Lead. There should be no delay in the reporting of the allegation.

14.2 The Operational Safeguarding Lead or Strategic Safeguarding Lead should report the allegation to the General Manager of that site, or a HR representative if on site. If the accused is either of these groups, the matter should be reported to the Dean.

14.3 The Operational Safeguarding Lead and the General Manager or Dean should then obtain a written report of the allegation from the person who received it, and the report should be signed by both and then countersigned by either the Dean or General Manager, whomever has not been referred to in the first instance.

14.4 The General Manager / Dean and the Operational Safeguarding Lead should make an initial assessment of the allegation. They are not to investigate the allegation, only to decide whether the allegation requires further investigation.

14.5 Where the allegation is considered to be either a potential criminal act or indicates that the child or adult at risk has suffered, or is likely to suffer, significant harm (as defined in 2.5 and 2.6), the allegation should be reported immediately to the correct external agency. This may be the Local Authority Designated Officer (LADO).

14.6 If the allegation represents inappropriate behaviour or poor practice by the member of staff and is neither potentially a crime nor a cause of significant harm to the student involved, then the matter should be addressed in line with staff disciplinary measures.

14.7 Where an external agency is contacted to conduct an investigation into the allegation, LCIBS will cooperate fully and suspend any internal investigation so as not to jeopardise the external investigation. During an external agency investigation, the General Manager / Dean and the Operational Safeguarding Lead will be involved in and contribute to the inter-agency discussions.

14.8 The General Manager / Dean and Operational Safeguarding Lead will ensure that during the investigation the appropriate level of confidentiality is maintained. They will also advise the staff member involved in regards to consultation with a representative such as a trade union. They are also responsible for informing the adult at risk or the parent / carer of the child making the allegation that the investigation is taking place and the likely process involved. They should also ensure that the member of staff against whom the allegation has been made is aware that the investigation is taking place, and the likely process involved.

14.9 A record will be kept by the Operational Safeguarding Lead of the action taken in connection with the allegation, including the outcome. Any improvement to policy, procedure, or training will be recorded.

14.9.1 A record will be kept even if the outcome of the allegation does not require further action, or if the allegation is false. This is due to false allegations sometimes being indicative of abuse elsewhere. The record will be kept and this is in line with the Data Protection Act, GDPR, and the recommendations from the Richard Report 2004.

14.9.2 In the case of a false allegation, the Operational Safeguarding Lead should inform the member of staff both orally and in writing within 5 working days of the outcome. Consideration should be taken to offer counselling and support either internally or externally. The parents / carers or adult at risk / sponsor should be informed in the same fashion. A full report should be written regarding the allegation, actions taken and why, and the conclusion including reasons why the allegation is believed to be false.

14.9.3 If a member of staff resigns prior to the ending of the investigation or prior to the ending of the disciplinary process, they will be informed of LCIBS's statutory duty to inform the Secretary of State for Education and also the Disclosure and Barring Service. Both external bodies will be informed in the case of an allegation that results in dismissal or criminal proceedings.

## [Appendix A: Recognising abuse and signs of harm](#)

The following are not exhaustive lists, but provide an overview of potential signs of abuse or harm.

### Physical Abuse:

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle, or injuries in unusual places
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries

- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP
- Flinches when approached, or frightened of others
- Very passive or very aggressive behaviour
- Reluctant to go home, or goes missing

#### Sexual Abuse:

- Repeated, inappropriate, masturbation
- Explicit sexual drawings
- Inappropriate sexual knowledge for age or mental state
- Pain, soreness, or itching in genital, anal or oral areas
- Recurrent urinary tract or genital infections
- Acting out sexual behaviours such as grabbing genitals
- Secrecy regarding internet use,
- Unexplained gifts inconsistent with previous financial information
- Eating disorders including anorexia, bulimia, or excessive eating
- Self-harm or depressive behaviour
- Pregnancy in a child or female who is unable to consent
- Incontinence or bedwetting

#### Neglect:

- Looks excessively thin or ill, unexplained weight loss
- Complains of hunger or lack of energy
- Children left home alone repeatedly, or with inappropriate care-givers
- Decayed teeth or poor oral hygiene
- Repeated accidents, especially burns
- Untreated conditions or injuries
- Absence from education or consistently late
- Poor concentration
- Poor personal hygiene

#### Emotional Abuse:

- Developmental delay in children
- Sudden onset speech disorders
- Over-reaction to mistakes
- Excessive fear of new situations
- Continual self-deprecation
- Self-harm and / or eating disorders
- Excessively sad, depressed, low self esteem

#### Domestic Abuse:

- Low self-esteem
- Evidence of physical abuse
- Evidence of emotional abuse

- Isolation, including absence from education
- Limited access to money

#### Financial Abuse:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unusual interest by outside party (including family) in assets
- Recent changes in deeds or titles to property
- Rent arrears
- Disparity between financial resources and living conditions

#### Modern Slavery:

- Signs of physical or emotional abuse
- Appears malnourished, unkempt or withdrawn
- Isolation, appears under control or influence of others
- Living in dirty, cramped, or overcrowded accommodation
- Lack of personal effects or identification documents
- Fear of law enforcers, appearing generally frightened

#### Self-Neglect:

- Poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing, or shelter
- Malnutrition or dehydration
- Living in unsanitary conditions
- Neglecting household maintenance, including hoarding
- Inability or unwillingness to take medication or treat illness / injury
- Non-compliance with health or care services

## Appendix B: Disclosure Guidance for staff

The person disclosing to you may or may not realise that they are, or have been, abused. The disclosure may also only occur many years after the event, but this should not cast doubts on the truthfulness of the disclosure itself. Remember, during a disclosure it is not your place to investigate. Following the guidance below will ensure that the person disclosing feels as comfortable as possible doing so, and that proper procedures are followed to ensure accurate recording in case it is needed by the court or local authority.

### **During a disclosure, DO:**

- Reassure them that they did the right thing by telling you. Let them know they've done nothing wrong in this situation.
- Avoid denial, a common reaction to a disclosure of abuse is denial. Take what they say seriously, it is not your job to investigate and at this point it is best to respect what they have to say.
- Remain calm. It is hard to not show emotions such as anger or shock during a disclosure, but they need you to be confident and supportive at this time. They may even misinterpret your shock and disgust as being aimed at them, and end the disclosure.
- Provide a safe environment. Are there other people around, or are you likely to be interrupted? Are they comfortable talking to you in that area?
- Listen carefully, don't interrupt and don't make assumptions. Don't be tempted to ask leading questions, again, remember it is not your job to investigate. Work at their pace and at their level of detail. Let them finish before leaving the room or interrupting, let them use their own words.
- Contact the Operational Safeguarding Lead if you feel immediate help is needed, an example of this would be a disclosure involving self-harm or a suicide attempt, or a planned suicide attempt, or a situation involving a high risk of actual and significant harm.
- Be aware that medical evidence may need to be taken, such as in the instance of rape or sexual assault. Let the Safeguarding Team know of this if you believe this is the case.
- Make a note if there are children involved, and immediately inform the Safeguarding Team.

### **During a disclosure, DON'T:**

- Promise secrecy or confidentiality. You should inform them at an appropriate time that you have to tell a Safeguarding Lead about the disclosure, and that they can work with them to help. Their consent as an adult is always taken into account, but you cannot promise not to tell anyone.
- Approach or promise to approach the abuser. This would jeopardise any investigation that may need to take place.
- Don't speculate, accuse, or offer opinions about what is being said or the people involved,
- Be judgemental. Don't question why they didn't do things, such as 'why didn't you run away / tell someone sooner / fight back.'

- Gossip about abuse. The disclosure should be kept between the person disclosed to and the Safeguarding team.
- Don't press for more details than they are willing to give. You are not investigating, and pushing them may shut them down to continuing to disclose.
- Don't assume someone else will report for you, and don't fail to pass the information to the Safeguarding Team
- Don't forget to record using the note taking guidance below.

**Note taking guidance:**

- Make accurate notes, at the time of disclosure or as soon after if you feel during would be inappropriate.
- Use their own words as far as is possible, this will aid investigations if they need to go ahead.
- Don't include your own opinion, notes should be purely factual.
- Make notes of their appearance if it is relevant, any visible bruising, shaking, marks, cuts or abrasions and their location on the body.
- Make a note of the setting, if anyone else is present, and how the disclosure came about. Was it sparked by a class discussion, or was it spontaneous?
- If they state they don't want an investigation, make a note of this so the Safeguarding Team are aware of consent issues before continuing.
- Make sure to note the date and time, and if writing then sign at the end. Forms should be readily available but if not appropriate, make notes to transfer to the official form as soon as possible.

## Appendix C: Safeguarding Referral Form

Student full name

Student number

Staff Name

Date

Time

Location of meeting:

**Disclosure notes:**

- What happened?
- When did it happen?
- Who was involved?
- Any physical observations
- Any siblings or children involved?
- Do they give consent to refer externally if needed?
- DO YOU NEED TO CALL THE SAFEGUARDING TEAM?

Your signature

Date

## Appendix D: Safeguarding Team Procedures:

It is the duty of the Safeguarding Team to ensure the following:

- They are trained to at least Level 3 in Safeguarding and maintain this with a refresher every 12 months,
- They are able to give staff advice regarding Safeguarding matters,
- They provide mandatory training to staff every 12 months, highlighting any changes in legislation, policy, and procedure,
- They are aware of external agencies to refer to,
- They upkeep the relationship between LCIBS and the Local Authority,
- They produce the relevant reports at both 6 month and annual periods in relation to the Safeguarding Operations Group,
- They should be able to conduct a swift risk assessment on every Safeguarding concern as soon as it is received in order to deem urgent or non-urgent,
- They respond to all Safeguarding concerns within a 24-hour period if deemed non urgent, or immediately for urgent concerns,
- They are available at all times during LCIBS term times and working hours, usually 9am – 5pm, and ensure that either the Operational Safeguarding Lead and Strategic Safeguarding Lead is available during this period,
- They should be prepared to deal with disclosures and distressing situations,
- They should take appropriate action when necessary in relation to disclosures or causes for concern,
- They should keep records up to date and in line with confidentiality and Data Protection regulations,
- The Operational Safeguarding Lead should maintain the policy and procedure and update when necessary and review every 12 months,
- Take appropriate action to keep the student safe, including ringing emergency services.

This list is not exhaustive and can be updated at any time in line with the needs of LCIBS. Staff should be aware of the identity of the Safeguarding Team and how to contact them in the instance of a cause for concern or a disclosure. This contact information should be readily available to all staff, visitors, and visiting speakers.