

# Art Academy

## Safeguarding Procedures & Guidance

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### Contacts

| Staff         | Role   | Email                   | Phone       |
|---------------|--|-------------------------|-------------|
| Darren Nairn  | Designated Safeguarding Officer (DSO)                              | darren@artacademy.ac.uk | 02074076969 |
| Geof Thompson | Safeguarding contact (SC) - contact in the event of absence of DSO | geof@artacademy.ac.uk   | 02074076969 |

The DSO will be contactable during normal office hours (9.00-17.00) by email, in person or by phone. The DSO can be contacted in an emergency outside of these times (i.e extended independent studio times as published in the student handbook) via the Evening and Weekend Duty Officers on 02074076969.

#### List of Appendices to this document:

- Appendix A: Guide to reporting procedures
- Appendix B: Glossary of terms
- Appendix C: Types and definitions of abuse
- Appendix D: Guidance on recognising signs of abuse
- Appendix E: Safeguarding Referral Form

## 1. Overview

***For the purposes of this document, all cohorts (child, young person under the age of 18 or vulnerable/ protected adult or adult at risk) will be referred to throughout this document as 'vulnerable/ protected groups'. Where the term 'individual' is used, it is in reference to a member of this group. The terms 'child' and 'young person' are interchangeable and refer to anyone who has not yet reached their 18th birthday.***

***Please refer to the Safeguarding Policy for detailed definitions of child/ young person and vulnerable adults.***

Guidance is provided to staff regarding possible signs that abuse may have taken place (see Appendix C). Staff are not required to determine whether abuse has taken place, but they must:

- Take action to protect the member of the vulnerable/ protected group from any immediate risk or further harm (see section 3.1 below).
- Collect details about the incident or concern from the parties involved (see section 3 below).
- Refer the incident or concern to the Designated Safeguarding Officer (DSO) or safeguarding contact (SC) as soon as it is safe and practical to do so using the [Safeguarding Referral Form](#) (see section 6).

The DSO will investigate the incident or concern to determine if it has substance, and will, in consultation with relevant members of senior management:

- Determine, in cases where the report involves an allegation of abuse against a member of college staff, if any individuals named should be immediately suspended, in the case of an allegation made against a visitor barred from re-entering the college premises. (see section 4 below)
- Convene the Safeguarding Panel to determine if the matter should be referred to the relevant agencies (see section 4.1)

## 2. Examples of safeguarding incidents or concerns which must be reported immediately to the DSO (this list is not exhaustive):

- A member of a vulnerable/protected group has been left unsupervised on Academy property / premises
- A member of a vulnerable/protected group is hurt accidentally
- There is a concern that a relationship is developing between a member of staff and a member of a vulnerable/protected group which may be an abuse of trust
- You have been required to take action to prevent a member of a vulnerable/protected group from harming themselves or another, or from causing significant damage to property. **Important:** Unless you have received specific training on how to restrain a member of a vulnerable/protected group this should only be done as a last resort. Do not do it alone, call for assistance, write up what happened and pass the information to the DSO
- You notice bruises or other marks on a member of a vulnerable/protected group
- You hear allegations made by a member of a vulnerable/protected group or any other person relating to events giving rise to a safeguarding concern
- A member of a vulnerable/protected group discloses that they have been a victim of female genital mutilation (FGM) or are going to be in the future
- You are concerned that a member of a vulnerable/protected group is being drawn, or may be at risk of being drawn, into terrorism or extremism
- You are concerned that a member of a vulnerable/protected group is being subjected to honour based violence.

## 3. Responding to a report of a safeguarding incident or concern

If an incident or concern which calls the wellbeing of an individual into question is disclosed, seen, heard or suspected, the person receiving the information should follow the procedure below:

- Stop other activity and focus on what you are being told or seeing – responding to the incident being reported should take immediate priority;
- consider whether immediate action is needed to protect an individual who may be at risk – think about the individual who is the immediate concern and any others who may be at risk, in light of what you have been told or seen;
- tell the individual or third party that it is right for them to share this information;
- take what the individual or third party has said seriously and allow extra time where there is a speech or language difficulty;
- keep questions to an absolute minimum necessary to gain a clear and accurate understanding of what is being said, and do not interrogate the individual or third party;
- listen and do not interrupt if they are recounting significant events;
- offer reassurance do not give assurances of confidentiality, but explain you will need to pass on this information to those that need to know; and
- refer the incident or concern to the Designated Safeguarding Officer (DSO) or Safeguarding Contact (SC) as soon as it is safe and practical to do so. If possible this should be verbally in addition to using the Safeguarding Referral form (via email)\*.

*\*If a visitor or a student has concerns about the safeguarding of a student at the Academy, they should speak to the DSO (or SC in their absence). The DSO or SC will then assist them to complete the referral form if necessary.*

### 3.1 Immediate risk situations

Inform the DSO straight away. The DSO will then take appropriate action. The DSO is responsible for ensuring that the individual is in a safe environment until the appropriate agencies/ authorities have become involved. Where appropriate the DSO will also reassure the individual of the process underway and if appropriate ascertain any relevant factual information (only that which are necessary to clarify whether there is an allegation of abuse).

If the DSO is not immediately available and the individual is in immediate danger or at risk of harm you should alert the appropriate authority and stay with those you think are at immediate risk until they can be transferred to a place of safety.

## **4. Responding to a safeguarding incident or concern involving the misconduct of member of staff, volunteer or visitor**

All employees, tutors, students, volunteers and visitors should feel able to raise concerns about poor or unsafe practice, and know that these concerns will be taken seriously by the DSO, members of senior management and the Board of Trustees and will be dealt with sensitively and appropriately.

Line managers and members of staff who are notified of concerns or incidents involving the behaviour of a member of the Art Academy staff, a tutor, a volunteer, a student or a visitor, must report these to the DSO immediately or as soon as it is safe and practical to do using the Safeguarding Referral Form.

In all cases the interests of the alleged victim must always be considered of paramount importance. Where appropriate the DSO will also reassure the individual that the allegation is being investigated and if necessary seek further factual information (only that which are necessary to clarify whether there is an allegation of abuse). Alleged victims will be offered counselling, advice and support.

### **4.1. Suspension of a member of staff, tutor or volunteer pending an investigation**

If an allegation of abuse by a member of a vulnerable/protected group has been made, the DSO will in consultation with members of college senior management, decide if the member of staff/ tutor/ volunteer should be suspended from duty in accordance with disciplinary procedures, pending an investigation (please refer to section 4.10 of the Tutor handbook and section 16 of the staff handbook). The DSO will then gather relevant further information surrounding the allegation and evidence will then be considered by the Safeguarding Panel, consisting of

- Director of Operations (HR)
- DSO
- Principal or their nominee

If the Safeguarding Panel believe there is sufficient evidence to substantiate the allegation a referral will be made to the relevant authority(ies) which may include, the Police, Local Authority Designated Officer (LADO) /Local Safeguarding Children Board (LSCB) or Local Safeguarding Adults Board (LSAB), and or the Disclosure and Barring Service (DBS) as appropriate. The authority(ies) will be presented with the evidence and findings of the Safeguarding Panel and referral within five working days of the allegation being raised.

If a referral is made the member of staff will remain suspended until the relevant safeguarding authority(ies) have concluded their investigation(s). Where necessary the Academy's staff and tutor disciplinary policy and procedures will be implemented.

The Art Academy recognises its duty of care to all members of it's community. Any member of staff or tutor facing an allegation will be offered counselling, advice and support.

### **4.2 Visitors**

If a report of a safeguarding incident or concern involves an allegation made against a visitor, they will be escorted from the Art Academy premises immediately by the DSO. The visitor will be informed that the matter will be investigated and they may not enter the premises while the investigation is taking place. The DSO will investigate the incident or concern in consultation with relevant members of senior management and may convene the Safeguarding Panel to determine if the matter should be referred to the relevant agencies referred to in section 4.1

Where the relevant Local Authority decides no further action is required, the DSO will inform the visitor. Should the authorities find that the allegations have substance, the visitor will be permanently barred from returning to the Academy in any capacity.

### **4.3 If the concern involves the Designated Safeguarding Officer**

If the allegation relates to the behaviour of the Designated Safeguarding Officer it will be referred to the Principal who will take appropriate action, as outlined in 4.1 above. In such instances the Safeguarding Panel will be comprised of two members of the Executive team. Similarly, if the allegation relates to the SC or a member of the Executive team, an appropriate substitution will be made. This may require a trustee to sit on the panel.

In the event of the behaviour of the Principal or a member of the Board of Trustees being called into question, the DSO will refer the matter immediately to the Chairperson of the Board of Trustees or to a Trustee who has been designated the 'Safeguarding Trustee'.

#### **4.4 Where the alleged victim is a child or young person**

Where the alleged victim is a child or young person, parents/ guardians should be contacted immediately by the DSO and informed of the circumstances and procedures, unless this would not be appropriate e.g. for complex cases, where the parents/ guardians have been implicated or in the case of sexual exploitation. In such cases or where there is any uncertainty, advice should be sought from the LADO before informing parents/ guardians.

#### **4.5 Disclosure**

Where it is known that an the Art Academy employee, visitor, volunteer is under investigation by a third party or an appropriate authority, for actions that may have occurred either as a result of their work with the Academy or in their private life and which might give cause for concern about their suitability to work with protected groups this must be reported to the DSO. In such instances, the member of staff/ volunteer will be suspended from duty and subject to the consideration of evidence as outlined in 4.1 above. Visitors will be instructed to leave the Academy immediately and the relevant authorities informed as outlined in 4.2 above.

#### **4.6 Appropriate action**

If an employee is concerned that appropriate action is not being taken about the conduct of an employee, student, member, volunteer or visitor they are able to raise their concerns directly with the Principal (or Chair of Trustees should the Principal be involved in the allegation).

### **5. Responding to a safeguarding incident or concern involving the misconduct of a student (towards another student)**

In all cases the interests of the alleged victim must always be considered of paramount importance. Where appropriate the DSO will also reassure the individual of the process underway and if appropriate ascertain any relevant factual information (only that which are necessary to clarify whether there is an allegation of abuse). Alleged victims will be offered counselling, advice and support.

#### **5.1 Incidents on Academy premises.**

Where the allegation relates to an incident that took place within the Art Academy or relates to two Academy students or vulnerable adults, the following should happen:

- keep the involved individuals separate during the remainder of the activity or classes taking place to avoid collusion or intimidation.
- establish what is alleged to have taken place and then avoid talking to the individuals any further about the incident.
- keep a detailed log of actions, discussion and decisions (using the Safeguarding Report Form)

*Be aware that whether the incident(s) happened at the Academy or elsewhere, other Academy students may know what has happened (or is alleged to have happened). Other individuals may have been involved, either directly or indirectly.*

#### **5.2 Allegations against students**

If the allegation concerns behaviour or actions towards an individual by a student, the student will be suspended in accordance with the Student Disciplinary Policy and Procedure, pending an investigation. The DSO will then gather relevant information which will be considered by the Safeguarding Panel, consisting of:

- Director of Operations
- a member of the Executive Team
- DSO.

If the Safeguarding Panel believe there is sufficient evidence to substantiate the allegation a referral will be made to the relevant authority(ies) which may include, the Police, Local Authority Designated Officer (LADO) /Local Safeguarding Children Board (LSCB) or Local Safeguarding Adults Board (LSAB). The authority(ies) will be presented with the evidence and findings of the Safeguarding Panel and referral within five working days of the allegation being raised.

If a referral is made the student will remain suspended until the relevant authority(ies) have concluded their investigation(s). Where necessary the Academy's student disciplinary policy and procedures will be implemented.

The Art Academy recognises its duty of care to all members of it's community. Any student facing an allegation will be offered counselling, advice and support.

### **5.2.1 Where an allegation is made against a member of vulnerable/ protected group**

Where an instance of young person on young person or vulnerable adult on vulnerable adult abuse comes to light, is disclosed or where there is evidence to indicate it has occurred, the normal reporting procedures outlined above in 5.2 should be followed including, where appropriate, referral to appropriate authorities in respect of both individuals involved.

The decision as to whether or not the behaviour directed at another child/ young person or vulnerable adult is harmful is dependent on the individual circumstances. The following considerations may apply:

- the relative chronological and developmental age of the children / vulnerable adults involved
- any differentials such as race, gender, or physical, emotional or intellectual vulnerability of the victim
- the actual facts of the behaviour
- whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation
- the degree of coercion, physical aggression, intimidation or bribery
- the victim's experience of the behaviour and the impact it is having on them
- attempts to ensure secrecy
- duration and frequency of the behaviour.

In cases where the abuse is considered serious enough to refer to the authorities, the case will be dealt with for each individual separately.

### **5.3 Where the identified victim is a child or young person**

Where the identified victim is a child or young person, parents/ guardians should be contacted immediately by the DSO and informed of the circumstances and investigation, unless this would not be appropriate e.g. for complex cases, where the parents/ guardians have been implicated or in the case of sexual exploitation. In such cases or where there is any uncertainty, advice should be sought from the LADO before informing parents/ guardians.

## **5.4 Disclosure**

Where it is known that an Art Academy student is under investigation by a third party or an appropriate authority, for actions that may have occurred either as a result of their studies with the Academy or in their private life and which might give cause for concern to study alongside vulnerable/ protected groups this must be reported to the DSO. In such instances, the student will be suspended and subject to an investigation as outlined in 5.2 above.

## 6. Reporting a safeguarding incident

Accurate written records must be made of the material facts and circumstances relating to any allegation or disclosure of abuse, or concern about possible radicalisation. These records will be the basis for any onward referral to the Police, LADO or any other relevant authority..

Concerns will be listened to sensitively and in a confidential manner. The identity of the person raising the concern will not normally be disclosed to the subject of the concern (unless it becomes apparent that the concern was not made in good faith, see section 7 below).

Those reporting should make a comprehensive record of what is said or seen and actions taken at the earliest possible opportunity, using the Safeguarding Referral Form. The Form is available in Appendix E of this document and on Moodle ([Policies and Procedures section](#)). If you have any concerns or need any advice or guidance about filling in a Safeguarding Referral Form then contact the DSO. Once received, for the purposes of consistency of reporting, the DSO may revise the form together with the person reporting the allegation or making the disclosure.

The comprehensive and confidential record should include the following:

- a detailed record of the incident in the individual's own words or the words of the third party reporting it. You should note that there may be occasions when this record may be used later in a criminal trial and therefore needs to be as full and accurate as possible
- details of the nature of the incident
- a description of any injury (please note that you must not remove the individual's clothing to inspect any injuries)
- dates, times or places and any other information that may be useful such as the names and addresses of potential witnesses; and
- written records including emails and letters.
- Keep all original notes as they may be needed as evidence.

The DSO should be informed verbally and the form submitted to the DSO as soon as possible, preferably immediately, and certainly within one working day. If the concerns relate to the DSO, then it should be reported to the Principal. Apart from the Designated Person(s), records may only be shared with the Principal, a designated HR representative (if appropriate), and any legitimate investigating authority.

Whilst individual members of the Academy community have the right to report incidents directly to the relevant authorities, they should, where possible, consult first with the DSO.

If the incident being reported is considered of low level concern requiring no action other than monitoring this should be stated in the details of concern field. If on review this is agreed, in these circumstances a referral to an appropriate authority will probably not be made, but the situation will be monitored.

## 7. Appropriate action

If the person who initially reported the incident/ concern/ allegation is concerned that appropriate action is not being taken about the conduct of an employee, student, member, volunteer or visitor they are able to raise their concerns directly with the Principal (or Chair of Trustees should the Principal be involved in the allegation).

However, it should be noted that in the majority of situations there will not be a report back to the person who has raised the concern. Their involvement in the case will usually end when they pass the concern on. If it is possible to report back to them that the concern has been investigated and found to be baseless, then this will happen, but if it does not happen it does not necessarily mean that the concern was verified. In the majority of cases it is very likely that the person who raises the concern will not see any action occurring. This does not mean that no action is taking place; rather that the case is being handled in the strictest confidence. Information about cases will only be shared with those that need to know in order to ensure the continuing safety of the victim (i.e it may be appropriate to inform personal tutors).

The Academy encourages a responsible and transparent approach to working with young people and vulnerable adults and will promptly respond to all concerns raised under the Safeguarding Policy and Procedures. There will be no repercussions where concerns/allegations are reported in good faith, and not for personal gain, but any reported concerns/allegations will not be taken further by the Academy or external authorities if found to be vexatious in nature. Such instances may lead to the implementation of relevant disciplinary policies and procedures.

## 8. Early intervention and help

When an individual is or may be experiencing difficulties, support is most effective when it is provided as early as possible and “Early Intervention” can sometimes be appropriate. When emerging problems are identified staff, tutors, students, volunteers and visitors should liaise with the DSO so that information can be shared with the IPOC so that where necessary an Early Help Assessment (EHA) can be conducted to identify the individual’s needs and enable professional support to be provided.

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### **Policies and documents that supplement and reference this document:**

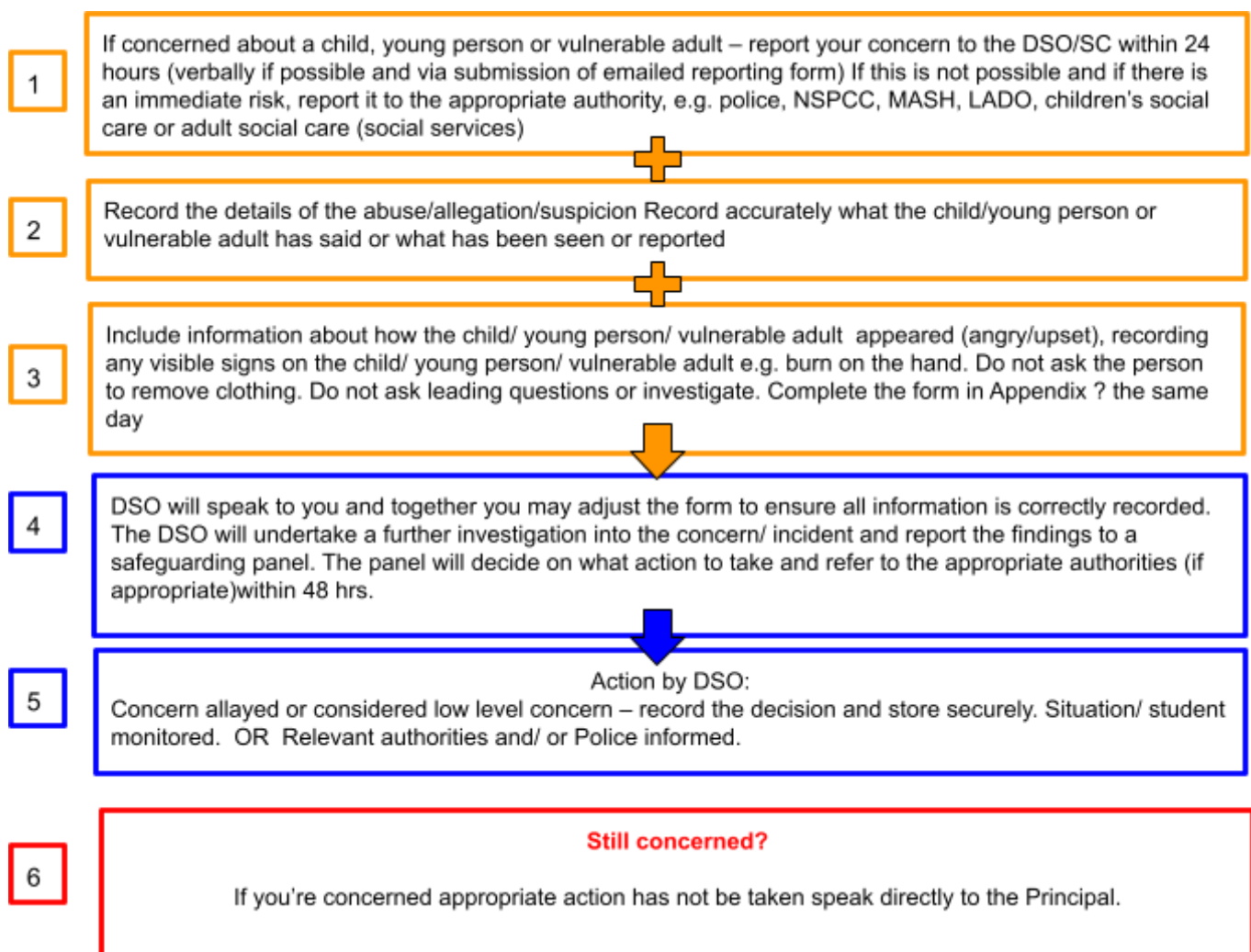
Safeguarding Policy  
IT User Policy  
Equality and Diversity Policy and Strategy  
Student Support and Guidance (including Tutoring Policy)  
Prevent Policy  
Student Handbook  
Staff Handbook  
Tutor Handbook  
Moodle guide  
Data Protection Policy  
Criminal Convictions Policy and Procedure  
Code of Practice - Off Campus Activities

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|---------------|---------------------------|----------------|--------------|
| Document name | Safeguarding Procedures & | Document owner | Darren Nairn |
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## Appendix A - A quick guide to reporting procedures

*If you see, hear of or suspect abuse, are aware of serious poor practice or have concerns about behaviour of anyone in relation to the abuse of a student at the Academy (child, young person or a vulnerable adult) follow the steps below.*





## Appendix B - Glossary of terms

**Appropriate/ relevant authority:** This is the correct authority to which to refer an incident, allegation or suspicion. It might be the police, IPOC, social services (children's social care or adult social care), the local safeguarding children's board or statutory committee.

**CHANNEL:** A programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people identifying individuals at risk; assessing the nature and extent of that risk; and developing the most appropriate support for the individual.

**Child / children/ young person:** Persons under the age of 18 years

**Child Sexual Exploitation (CSE):** CSE is a form of child sexual abuse. It occurs where 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 18 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.

**DSO:** Designated Safeguarding Officer. At the Academy, the DSO has overall responsibility for safeguarding. The DSO reports to and is responsible to the board of trustees.

**Early intervention:** Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan.

**Employees (Staff):** Permanent, fixed term and temporary employees, casual workers, freelancers (including examiners), or any other person working on a paid or unpaid basis on behalf of the Academy. Tutors at the Academy are contracted on a termly or yearly basis and subject to different HR procedures. Tutors are therefore, referred to separately.

**LADO:** Local Authority Designated Officer. The role of the LADO is set out in the HM Government guidance 'Working Together to Safeguard Children (2013)'. The LADO works within Children's Services (alongside IPOC) and should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child; or
- behaved towards a child or children in a way that indicates they are unsuitable to work with children.

The LADO helps coordinate information sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible. You can find the LADO via the local authority in the area where the child/young person resides.

**MASH:** Multi-Agency Safeguarding Hub. The MASH brings together a team of multi disciplinary professionals from partner agencies into the same room to deal with all safeguarding concerns, where someone is concerned about the safety or wellbeing of a child.

**IPOC:** Initial Point of Contact for a team of individuals under the remit of a local authority / council who come from different organisations. for example, the council, the health service and the police working together to protect children and young people from harm.

**SC:** Safeguarding Contact, deputises for the DSO at the Academy.

**Prevent duty:** The duty in the Counter-Terrorism and Security Act 2015 on specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.

**Visitors:** Guest speakers, external hirers, contractors, delivery persons, general visitors, parents/guardians attending an Academy activity on or off Academy premises.

**Volunteers:** People who fulfil a responsibility or role at the Academy in a voluntary (unpaid) capacity

**Vulnerable adults:** Persons aged 18 or over whose physical or mental impairment or condition places them at risk of exploitation or abuse.

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## Appendix C - Types and definitions of abuse

### 1. Children/ Young people.

The statutory guidance document 'Working Together to Safeguard Children' (2010) defined four areas of abuse relating to children. This guidance has been replaced by the later editions in 2013 and 2015, which cover the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. The definitions are also from the guidance 'Keeping children safe in Education' (2016) and are as follows:

**Abuse:** 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 in an institutional or community setting by those known to them, or more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

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

**Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

It is important to recognise that many children will be living (or may have lived) in families where domestic abuse is a factor and that these situations have a harmful impact on children emotionally, as well as placing them at risk of physical harm.

**Sexual abuse:** This involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration, or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual images, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment.

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

## 2. Vulnerable Adults

The following definitions of abuse relating to vulnerable adults are from No Secrets, DoH 2000 and from the 1997 Consultation 'Who Decides' issued by the Lord Chancellor's Department.

What constitutes abuse? The term 'abuse' can be subject to wide interpretation. The starting point for a definition is the following statement: *abuse is a violation of an individual's human and civil rights by any other person or persons.*

The core definition of a 'vulnerable adult' taken from the above Consultation is a person "who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care or unable to protect him or herself against significant harm or exploitation." This definition covers all people over the age of 18 years.

Consideration, however, needs to be given to a number of factors:

- abuse may consist of a single act or repeated acts
- it may be physical, verbal or psychological
- it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent; and
- abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse can happen anywhere:

- in a person's own home
- in a residential or nursing home
- in a hospital
- in the workplace
- at a day centre or educational establishment
- in supported housing; or
- in the street.

Who can abuse? The person responsible for the abuse is often well known to the victim, and could be:

- a paid carer in a residential establishment or from a home care service
- a social care worker, health worker, nurse, doctor or therapist; or
- a relative, friend or neighbour.

The following are the main different forms of abuse in relation to a vulnerable adult:

**Physical abuse:** includes hitting, slapping, pushing, kicking, scratching, biting, burning, misuse of medication, restraint or inappropriate sanctions

**Sexual abuse:** including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent 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 withdrawal from services or supportive networks

**Financial or material abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or 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, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and

**Discriminatory abuse:** including racist, sexist, based on a person's disability, and other forms of harassment, slurs or similar treatment.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm. Some instances of abuse will constitute a criminal offence. In this respect vulnerable adults are entitled to the protection of the law in the same way as any other member of the public.

In addition, there are statutory offences which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are: assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

**Criminal offences:** These offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action rests with the Police and the Crown Prosecution Service. Also, when complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency.

### 3. Bullying

The Anti-Bullying Alliance defines bullying behaviour as follows:

- deliberately causes hurt (either physically or emotionally)
- repetitive (though one-off incidents such as the posting of an image on the internet, or the sending of a text or sexting (sexually explicit photographs or messages) which is then forwarded to a group, can quickly become repetitive and spiral into bullying behaviour); and
- involves an imbalance of power (the person on the receiving end feels like they cannot defend themselves).

Bullying is not:

- teasing and banter between friends without intention to cause hurt
- falling out between friends after a quarrel or disagreement; or
- behaviour that all parties have consented to and enjoy (though this needs to be carefully monitored as coercion can be very subtle)

Bullying can take the following forms:

- emotional – being unfriendly, ignoring someone, not involving them in activities, sending hurtful or tormenting texts, humiliating or ridiculing someone
- physical – pushing, kicking, hitting, punching or pinching or any use of violence
- racist – racial taunts, graffiti or gestures
- related to a disability – because of how somebody looks or presents related to their disabilities (children with disabilities are more likely than their non-disabled peers to be excluded from activities)
- sexual – unwanted physical contact or sexually abusive comments (sexual bullying can also relate to gender and gender identity and includes those who do not fit with the gender role prescribed to them)
- homophobic – because of, or focusing, on the issue of a young person's actual or perceived sexual orientation; or
- verbal (in the case of children with hearing disabilities this can take place in sign language) – name calling, sarcasm, spreading rumours or teasing.

## Bullying behaviour should not be passed off as “banter” or as “part of growing up”

It is important to be conscious that an individual who is engaging in bullying or abusive behaviour towards others may have been subject to abuse from others. There is significant research evidence which indicates that abuse is likely to be repeated without appropriate intervention and treatment. This should be kept in mind when dealing with and managing cases of abuse perpetrated by individuals from protected/ vulnerable groups.

***Instances of bullying should be dealt with in line with the Academy's Bullying and Harassment Policy.***

### **4. Self - harm**

Self-harm is where a person hurts themselves intentionally. This can occur in a range of ways:

- cutting (usually with a knife or razor)
- burning their body
- banging their head (not to be confused in situations when working with a young person who may have additional (special) needs, but this could be an indicator)
- throwing their body against something hard
- punching themselves
- sticking things in their body; or
- swallowing inappropriate objects or pills

### **5. Eating disorders**

Eating disorders are not just about food – they are a way of coping with emotional distress. They can affect both sexes, people of any background and any age.

Eating disorders can be recognised by a persistent pattern of unhealthy eating or dieting behaviour that can cause health problems and/or emotional and social distress.

There are three official categories of eating disorders:

- anorexia nervosa
- bulimia nervosa; and
- eating disorder not otherwise specified (EDNOS).

People with EDNOS do not have the full set of symptoms for either anorexia or bulimia but may have aspects of both. EDNOS is as serious as other eating disorders and as potentially damaging to health.

#### **Anorexia nervosa:**

- the rarest – typically affects young people aged 12-20 years
- individuals with anorexia nervosa do not maintain or have a body weight that is normal or expected for their age and height – they are usually less than 86% of their expected weight
- even when underweight, individuals with anorexia continue to be fearful of weight gain. Their thoughts and feelings about their size and shape have a profound impact on their sense of self-esteem as well as their relationships
- women with anorexia often stop having their periods
- they often do not recognise or admit the seriousness of their weight loss and deny that it may have permanent adverse health consequences.

#### **Bulimia nervosa:**

- mainly affects individuals between the ages of 18-25 years
- individuals with bulimia nervosa experience binge-eating episodes which are marked by eating an unusually large amount of food within a couple of hours, feeling compelled to eat and find it difficult if not 'impossible' to stop eating

- this is then followed by attempts to 'undo' the consequences of the binge by using unhealthy behaviour such as self-induced vomiting, misuse of laxatives, enemas, diuretics, severe caloric restriction or excessive exercising
- individuals are obsessed and preoccupied with their shape and weight and often feel their self-worth is dependent on their weight or shape.

### **Binge-eating disorder:**

- individuals with binge-eating disorder (BED) engage in binge eating, but do not regularly use inappropriate or unhealthy weight control behaviour such as fasting or purging to counteract the binges
- BED is more common amongst individuals who are overweight or obese, terms used to describe these problems include: compulsive overeating, emotional eating or food addiction
- BED is not an officially recognised disorder, but is included in the EDNOS category

Eating problems never exist in isolation; they are usually a symptom of other problems e.g. coping with painful feelings and/or situations, boredom, anxiety, anger, shame, sadness, loneliness. Adolescence can be a key time. Stressful or traumatic events can trigger an eating problem (e.g. bullying, bereavement, family tensions, school problems, self-harm, low self-esteem, sexual, physical, emotional abuse or neglect, negative criticism, fragile sense of self) and it can be more about control than about food itself.

More information is available on: [www.b-eat.co.uk](http://www.b-eat.co.uk)

## **6. Female genital mutilation (FGM)**

Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long lasting harmful consequences.

People working with children and vulnerable adults should be alert to the possibility of a girl being at risk of FGM or already having suffered FGM and **must** report all suspicions or known cases to the relevant authorities.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted in the Serious Crime Act 2015) places a statutory mandatory duty upon teachers (along with other social workers and healthcare professionals) to report to the police where they discover through disclosure by the victim or visual evidence that FGM appears to have been carried out on a girl under 18 years old. Employees should also follow normal safeguarding procedures including completing a Safeguarding Report Form, referring to the DSO / SC, and the DSO to refer to IPOC or local authority as applicable.

## **7. Sexual exploitation**

Child sexual exploitation involves exploitative situations, contexts and relationships where young people receive something (for example, food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Vulnerable adults can also be subject to sexual exploitation.

Sexual exploitation can take many forms ranging from the seemingly consensual relationship where sex is exchanged for gifts, to serious organised crime by gangs or groups. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying and grooming. However it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

## **8. Radicalisation**

The Academy is committed to safeguarding the welfare of its students, tutors and staff and to meeting its duty under the Counter-Terrorism and Security Act 2015 and the UK Government's associated Prevent strategy. Where possible the Academy will intervene to support children, young people, students, vulnerable adults and employees from being radicalised.

Whilst there is a low risk of extremist activity at the Academy our duty of care to children, young people, students and employees is of the utmost importance.

Radicalisation refers to the process by which a person or group of people come to adopt increasingly extreme political, social or religious ideals. The outcome of radicalisation can be both violent and non-violent and is reflected in vocal or active opposition to fundamental British values (including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs). The definition of extremism also includes calls for the death of members of British armed forces, whether in this country or overseas.

The process of radicalisation has multiple pathways. Identification of individuals who are likely to be susceptible to extremism can happen in many different ways. Background factors, which are often reinforced by family, friends or online, and/or combined with specific needs for which an extremist or terrorist group may appear to provide an answer, may contribute to vulnerability. The internet and use of social media in particular has become a major factor in radicalisation of young people.

Tutors and staff should be alert to changes in children, students, vulnerable adults and colleagues' behaviour which could indicate that they may be in need of help or protection. RAD employees should use their professional judgement in identifying children and students or colleagues who might be at risk of radicalisation and act proportionately, which may include reporting the concern using the Incident Report Form and associated procedure. An SSO may then make a referral to the appropriate authorities (including CHANNEL and/or IPOC, where applicable).

***Please refer to the Academy's Prevent Policy for further information.***

## **9. Honour based violence**

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged or forced marriage; or
- wear clothes or take part in activities that might not be considered traditional within a particular culture.

Women are the most common victims of honour based violence; however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

A forced marriage is one that is carried out without the consent of both people. This is very different to an arranged marriage, which both people will have agreed to

## Appendix D - Guidance on recognising signs of abuse

### Physical abuse

The following are often regarded as indicators of concern:

- an explanation which is inconsistent with an injury
- several different explanations provided for an injury
- unexplained delay in seeking treatment
- parents / carers are uninterested or undisturbed by an accident or an injury
- repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- family use of different doctors and A&E departments; and
- reluctance to give information or mention previous injuries.

### Bruising

Individuals can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation is provided:

- bruising in or around the mouth, which may indicate force-feeding
- two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or in places unlikely to be injured accidentally
- variation in colour possibly indicating injuries caused at different times
- the outline of an object used e.g. belt marks, hand prints or a hair brush
- bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- bruising around the face
- grasp marks on small children; and
- bruising on the arms, buttocks and thighs (may be an indicator of sexual abuse).

### Burns

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and this will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g.:

- circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- linear burns from hot metal rods or electrical fire elements
- burns of uniform depth over a large area
- scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
- old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation; or
- scalds to the buttocks of a small child, particularly in the absence of burns to the feet (indicative of dipping into a hot liquid or bath).

### Fractures

Fractures may cause pain, swelling and discoloration over a bone or a joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type
- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

### Scars

A large number of scars, or scars of different sizes or ages, or on different parts of body, may suggest abuse.



## **Behavioural indications**

Some individuals may behave in ways that alert you to the possibility of physical injury, for example:

- withdrawal from physical contact
- fear of returning home
- self-destructive tendencies; or
- aggression towards others.

## **Emotional abuse**

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- developmental delay
- abnormal attachment between a child and parent / carer e.g. anxious, indiscriminate or no attachment
- aggressive behaviour towards others
- scape-goated within the family
- low self-esteem and lack of confidence
- withdrawn or seen as a 'loner' – difficulty relating to others
- over-reaction to mistakes
- fear of new situations
- inappropriate responses to painful situations
- neurotic behaviours
- running away

## **Neglect**

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- failure by parents or carers to meet basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- listless, apathetic and unresponsive with no apparent medical cause
- failure to grow within normal expected pattern, with accompanying weight loss
- thrives away from home environment
- frequently absent or late
- left with adults who are intoxicated or violent
- abandoned or left alone for excessive periods; or
- compulsive stealing or scavenging

## **Sexual abuse**

Individuals of both genders and all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for an individual to talk about and full account should be taken of the cultural sensitivities of any individual / family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Some behavioural indicators associated with this form of abuse are:

- inappropriate sexualised conduct
- sexually explicit behaviour, play or conversation, inappropriate for the child's age
- continual and inappropriate or excessive masturbation
- self-harm (including eating disorder, self-mutilation and suicide attempts)
- involvement in prostitution or indiscriminate choice of sexual partners
- concerning changes in behaviour or general presentation

- regressive behaviour
- distrust of a particular adult
- unexplained gifts of money
- sleep disturbances or nightmares
- phobias or panic attacks

Some physical indicators associated with this form of abuse are:

- pain or itching of genital area
  - blood on underclothes
  - pregnancy in a younger girl where the identity of the father is not disclosed
  - physical symptoms such as injuries to the genital or anal areas, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen in vagina, anus, external genitalia or clothing
  - wetting or soiling
- 

## **Appendix E - Safeguarding Referral Form**

*This form is also available digitally via [Moodle](#) .*