

Safeguarding Policy and Procedure

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Approval by	SLT
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Responsibility/Main point of contact	Assistant Principal Quality Assurance and Support
Associated Documents	<ul style="list-style-type: none"> • The Equality and Diversity Policy • The Health and Safety Policy • The Learner Health and Wellbeing Policy • The Risk Assessment Procedure • The Data Protection Policy • The Learner Code of Conduct and Behaviour Policy • The Learner Anti-Bullying and Harassment Policy • The Staff Code of Conduct and Disciplinary Policy • The Staff Recruitment Policy • The Admissions Policy • The Complaints, Comments and Compliments Policy • The Teaching, Learning and Assessment Policy • The Whistleblowing Policy
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1.0 Policy Statement

1.1 Walsall Adult and Community College is committed to safeguarding and promoting the welfare of young people and adults at risk of harm in our care.

1.2 This policy and procedure focuses on how we recruit and train our staff, support our learners, make referrals and deal effectively with allegations against staff.

2.0 Definition and Scope

2.1 Throughout this policy and procedure, reference is made to 'children and young people'. This term is used to mean those under the age of 18. Keeping Children Safe in Education, 2016 defines the safeguarding and promoting the welfare of children as: "... protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes."

2.2 Reference is also made throughout to 'adults at risk of harm'. Adults at risk of harm are defined as people aged 18 or over and who may need or receive community care services by reason of mental health or other disability, age or illness and who may be unable to take care of themselves or protect themselves against significant harm or exploitation. The procedure will be applied, with appropriate adaptations to all learners.

3.0 Board of Directors/Governors Responsibilities

3.1 The Board of Directors/Governors at Walsall Adult and Community College stand by their responsibilities as stated in Keeping Children Safe in Education, 2016: p.14-21. Directors/Governors also have a specific responsibility for ensuring that the College monitors the impact of its work and learns lessons from Serious Case Reviews.

The Board of Directors/Governors recognise that the Local Authority and the Local Safeguarding Children Board has a statutory responsibility to monitor schools' and colleges' compliance with statutory guidance.

The Board of Directors/Governors instructs the College to:

- Provide a safe environment for children, young people and adults to learn in.
- Identify those who are suffering, or are likely to suffer significant harm or who are at risk of radicalisation
- Take appropriate action to see that learners are kept safe at College, and that disclosures of potential abuse occurring at home or elsewhere are reported appropriately.
- Refer concerns that a young person or adult at risk of significant harm or might be at risk of significant harm to the appropriate referral agents.
- Work effectively with others as required by 'Working Together to Safeguard Children, March 2015'.
- Listen to the voice of the child/young person/adult and always act in the interest of the child/ young person/adult.
- Ensure appropriate safeguarding response for learners who go missing from College (see appendix 1)

- Ensure there is an effective Safeguarding Policy in place together with a Staff Code of Conduct which includes staff/learner relationships and communications including social media.

3.2 The Board of Directors/Governors will approve and review annually the Safeguarding Policy and Procedure, and receive regular information on safeguarding with the aim of:

- Maintaining awareness of progress across the College and/or issues relating to the welfare of children, young people and adults at risk of harm.
- Being reassured by the Principal and AP Quality Assurance and Support that systems are in place and effective in relation to the identification of young people and adults at risk of harm, and procedures for reporting concerns are widely known.
- Ensuring effective procedures for reporting and dealing with allegations of abuse by members of staff or others who come into contact with learners through College activity are in place including referral to Designated Officer at the Local Authority (LADO).
- Ensuring safe recruitment of staff and volunteers
- Ensuring staff are appropriately trained to discharge their duties in relation to safeguarding.
- Ensuring procedures are in place to make referral to the Disclosure and Barring Services (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been if they had not resigned.

3.3 In developing policies and procedures, the Board of Directors/Governors will take account of guidance issued by Walsall Safeguarding Children Board (WSCB), Walsall Safeguarding Adult Board (WSAB) and the Counter-Terrorism and Security Act, 2015.

3.4 The Principal, Directors/Governors and all staff working with children, young people and adults at risk of harm will receive adequate training to familiarise them with their safeguarding roles and responsibilities. They will be familiar with College procedures and policies and receive annual updates. A member of the College Management Team will be the Designated Safeguarding Lead who will be assisted by the Safeguarding Team who share responsibility for safeguarding learners.

3.5 The Board of Directors/Governors will receive from the AP Quality Assurance and Support an annual report which reviews how the duties have been discharged.

4.0 Definitions of Abuse and Neglect

Abuse is a form of maltreatment. A learner may be abused or neglected by having harm inflicted upon them or by a person failing to act to prevent harm. Learners may indirectly or directly witness, or be subject to such forms of abuse.

Physical abuse which may cause harm. It may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating. It may be done deliberately or recklessly or be the result of failure to prevent injury occurring. It can also occur when a parent or carer fabricates the symptoms of ill-health or deliberately causes ill-health to the child, young person or vulnerable adult who they are looking after.

Emotional abuse is persistent emotional ill-treatment such as to cause severe and persistent adverse effects on 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 feature age or developmental inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capacity as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may include not giving the child opportunity to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate it. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying) 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, although it may occur alone.

Sexual abuse involves a child, a young person, or vulnerable adult being allowed, forced or coerced into participating in or watching sexual activity. It is not necessary for the child to be aware that the activity is sexual and the apparent consent of the child is irrelevant. The acts may involve physical contact including penetrative or non-penetrative acts. They may involve non-contact activities such as involving children in looking at or in the production of pornographic material watching sexual activities or encouraging children to behave in a sexual inappropriate way 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 is the persistent or severe failure to meet basic physical or psychological needs. Neglect is likely to result in a physical impairment of the individual's health or impairment. It may involve a failure to provide adequate foods, clothing or shelter. Failure to protect from physical harm or danger or ensure adequate supervision (including the use of inadequate care-givers), or failure to ensure access to appropriate medical care or treatment. A child going missing from education (failing to attend with no reason given) is also a potential indicator of neglect abuse especially on repeat occasions. Neglect may occur during pregnancy as a result of maternal substance abuse. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Forced Marriage involves a young person, or adult at risk of harm being forced into a marriage against their will, not to be confused with arranged marriage. The Forced Marriage Unit have issued guidance on Forced Marriage and vulnerable adults due to an emerging trend of such marriages involving people with learning difficulties.

Child Sexual Exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18. It is a crime not a choice made by victims. The manipulation or 'grooming' process involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins. The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim's options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited (Barnardo's 2012).

Children who run away or who are missing from home – there are no exact figures for the number of children who go missing or run away, but estimates suggest that the figure is in the region of 100,000 per year. Children may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be. They may have been coerced to run away by someone else. Whatever the reason, it is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm. There are particular concerns about the links between children running away and the risks of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse.

Peer on Peer Abuse - safeguarding issues may arise as a result of peer on peer abuse. This is most likely to include, but is not exclusively limited to, bullying and cyberbullying, gender based violence / sexual assault and sexting. Abuse is abuse and should not be passed off as 'banter'. Abuse issues can sometimes be gender specific e.g. girls being sexually touched / assaulted and boys being subjected to initiation / hazing type violence (the induction of newcomers, typical in private schools and sports teams).

Domestic Violence is defined by the Home Office as "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years old or over who are or have been intimate partners or the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Children who live in households where domestic violence is taking place are seen to be highly vulnerable. There are other forms of abuse and behaviours that put children at risk, the links below provide useful information.

'Honour' based violence (HBV) is a form of domestic abuse which is carried out in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family. Transgressions may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, perceived inappropriate dress or make-up and even kissing in a public place.

HBV can exist in any culture or community where males are in position to establish and enforce women's conduct, examples include: Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling community (this is not an exhaustive list).

Males can also be victims, sometimes as a result of a relationship which is considered to be inappropriate, if they are gay, have a disability or if they have assisted a victim.

This is not a crime which is committed by men only, sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed.

Female Genital Mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or injury to the female genital organs for non-medical reasons.

Radicalisation – some young people and adults at risk of harm may be vulnerable to radicalisation for the purpose of violent extremism. Concerns regarding radicalisation will be referred to Channel which is a multi-agency panel who will offer guidance and support with

the aim of preventing activity which could be deemed as criminal. The Counter Terrorism Unit (CTU) will be advised of any emerging themes or immediate concerns / disclosures.

Financial or Material Abuse applies to largely adults at risk of harm and relates to circumstances where trust in relation to financial matters is abused. This includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Where specific safeguarding issues arise, expert and professional organisations will be contacted to provide up to date guidance and practical support. These will include the NSPCC advice which can be found on the TES website and on www.nspcc.org.uk. Below are links that provide further, expert and up to date information from professional organisations.

- [Child sexual exploitation](#)
- [Bullying including cyberbullying](#)
- [Child missing from Education](#)
- [Child missing from home or care](#)
- [Domestic violence](#)
- [Drugs](#)
- [Fabricated or induced illness](#)
- [Faith abuse](#)
- [Female genital mutilation](#)
- [Forced marriage](#)
- [Honour based violence \(HBV\)](#)
- [Gangs and youth violence](#)
- [Gender-based violence/violence against women and girls \(VAWG\)](#)
- [Mental health](#)
- [Private fostering](#)
- [Radicalisation](#)
- [Sexting](#)
- [Teenage relationship abuse](#)
- [Trafficking](#)

For signs of symptoms of the above see appendix 2.

5.0 FGM Mandatory Reporting Duty for under those 18

FGM is illegal in the UK and a form of child abuse with long last harmful physical and psychological consequences.

Section 5B of the Female Genital Mutilation Act 2003 places a statutory duty upon teachers to report to the police where they discover that FGM appears to have been carried out on a girl under 18.

- If a learner tells you she has had FGM (also known as female circumcision) or a girl has signs which appear to show she has had FGM, the police must be informed on non-emergency crime number 101
- This should be done as soon as possible, best practice is before close of working day
- The duty to report falls on the professional who identifies FGM, the responsibility should not be handed over to a colleague.

There is no requirement for automatic referral of adult women with FGM to adult social services or the police. Where disclosure or signs of FGM in women over the age of 18 staff should follow local safeguarding procedures.

See appendix 3 for the Home Office duty for health and social care professionals and teachers to report FGM to the police.

6.0 Prevent

The Prevent Strategy is part of the Government's overall counter terrorism strategy known as CONTEST. The aim of Prevent is to stop people being drawn into terrorism: terrorist groups who pose a threat to the UK, seek to radicalise and recruit people to their cause. Early intervention is at the core of Prevent, aiming to divert people away from being drawn into terrorist activity.

The College has a statutory duty under Section 26 of the Counter Terrorism and Security Act 2015 to have "due regard to the need to prevent people from being drawn into terrorism". The Designated Safeguarding Lead is the College's Single Point of Contact (SPoC).

The Government has defined extremism in the Prevent Strategy as: "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". British values are defined as: "democracy, the rule of the law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs".

The College recognises that extremism and exposure to extremist materials and influences can lead to poor outcomes for learners and so should be addressed as a safeguarding concern. We also recognise that if we fail to challenge extremist views we are failing to protect our learners. Therefore, the Prevent agenda will be addressed as a safeguarding concern.

6.1 College Staff to be aware of

As part of the Colleges' wider safeguarding responsibilities staff will be alert to:

- Disclosures by learners of their exposure to extremist actions, views or materials by others, both inside or outside of the College, including in their homes, community groups, especially where learners have not actively sought these out
- Learners expressing opinions that indicate a support for terrorism or violence/ or for the leaders of terrorist organisations
- Attempts to impose extremist views or practices on others
- Possession of violent or extremist material in digital or hard format including possession of material relating to weapons and explosives
- Graffiti symbols, writing or art work promoting extremist messages or images
- Learners accessing extremist material online, including through social networking sites
- Parental reports of changes in behaviour, friendships or actions and request for assistance
- Intolerance of difference, whether secular or religious or views based on, but not exclusive to, gender, disability, homophobia, race or culture

The above is not exhaustive and it should be noted that those behaviours listed above are not themselves indicators of criminality or criminal intent. Prevent is about looking for signs that an individual may be at risk and benefit from some supportive intervention. For further signs that may indicate radicalisation, see appendix 4.

Prejudice, discrimination or extremist views, including derogatory language will be challenged and where necessary dealt with in line with our Behaviour Policy for Learners and Code of Conduct for staff

6.2 British Values

WACC consider British Values to underpin what it is to be a citizen in our modern and diverse society and as such are of significant importance to everyone involved in any College activity. These values are promoted through the College's themed event programme and embedded into curriculum. The five part definition of British Values is:

- Democracy
- The Rule of Law
- Individual Liberty
- Mutual Respect
- Tolerance of Different Faiths and Beliefs

6.3 Use of External Agencies and Speakers

The College is committed enriching our learners' experience at WACC and to the health and wellbeing of our learners via themed events. We value the opportunities presented by external speakers and the diverse opinion that they afford. We value freedom of opinion and speech but recognise that, in the interests of the WACC community, this must exist within formal guidelines. WACC will not accept the use of language by external speakers that offends and is considered to be intolerant. Specifically, this means offensive 'street' misogynistic, misanthropic, sexual or racist language irrespective of context. Direct attacks on any religions or beliefs are not permitted.

We proactively vet those organisations that we invite into our College to ensure their suitability, effectiveness and benefit to our learners. This is to ensure that we do not unwittingly use agencies that contradict each other with their messages or that are inconsistent with, or are in opposition to the College's values and ethos.

All requests for an external speaker must be submitted by the individual or College group, on the WACC Checklist External Speaker/Guest form (appendix 5) to the manager of the area for approval at least 5 working days before the event.

7.0 Roles and Responsibilities

7.1 Walsall Adult and Community College's Safeguarding Board will meet a minimum of three times a year to:

- 7.1.1 Oversee the review and development of WACC's Safeguarding Policy and Procedures, including any linked policies.
- 7.1.2 Raise awareness of developments and good practice in relation to safeguarding and prevent
- 7.1.3 Monitor the single record
- 7.1.4 Review College security arrangements
- 7.1.5 Receive and review the College's annual Safeguarding Report prior to its presentation to SLT and the Board of Directors/Governors.

7.2 The AP Quality Assurance and Support, Jacky Matthews, has a key duty to take lead responsibility for ensuring that staff are aware of issues relating to the welfare of children, young people and adults at risk of harm. On instruction from the Principal the AP Quality Assurance and Support will contact the Local Authority Designated Officer for children and young people under 18 or the Adult Safeguarding Unit for adults at risk of harm to discuss referral and action when in relation to an allegation against a staff member. She will report to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been if they had not resigned.

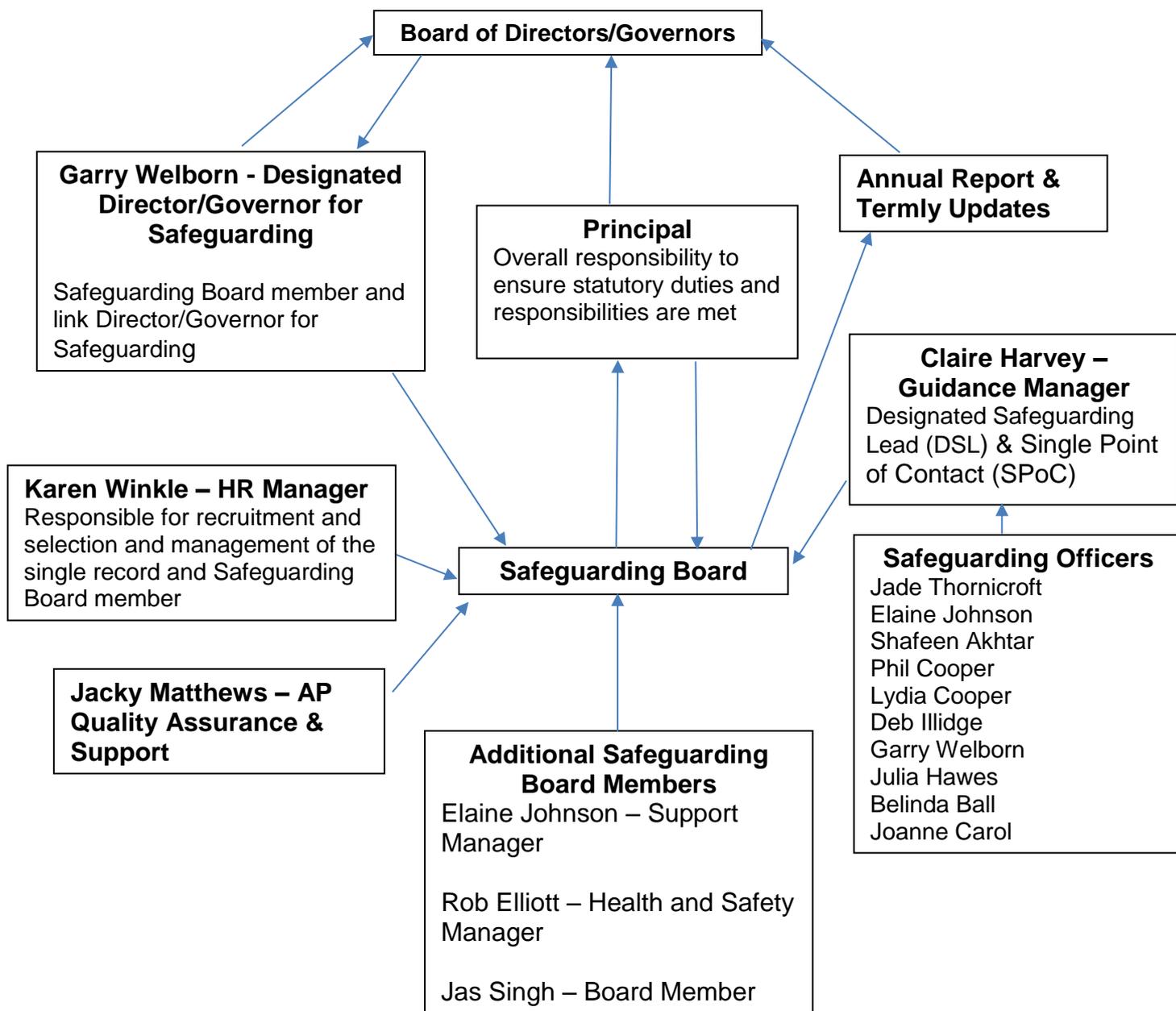
7.3 The Designated Safeguarding Lead (DSL), Claire Harvey, the Guidance Manager is responsible for ensuring that:

- 7.3.1 Cases of suspected abuse or allegations are appropriately referred to relevant agencies.
- 7.3.2 Provide advice and support to staff on issues relating to safeguarding.
- 7.3.3 A record of any safeguarding referral, complaint or concern is kept, even where that concern does not lead to a referral.
- 7.3.4 Parents/carers/employers of children, young people or adults at risk of harm with the College have access to the College's Safeguarding Policy.
- 7.3.5 Liaison takes place with employers and training organisations that receive children, young people or adults at risk of harm from the College on placements to ensure that appropriate safeguards are put in place.
- 7.3.6 WACC works with appropriate partners to safeguard children, young people and adults at risk of harm.
- 7.3.7 A member of the Safeguarding Team or tutor attends case conferences and review meetings, contributes to assessments and provides reports when requested.
- 7.3.8 Where staff discover that an act of FGM has been carried out report to the police as our mandatory duty.
- 7.3.9 Prepare an annual safeguarding report for SLT and the Board of Directors/Governors
- 7.3.10 She attends refresher training at least every two years and keeps up-to-date.

7.4 The Safeguarding Team members will:

- 7.4.1 Liaise with the Designated Safeguarding Lead regarding referrals.
 - 7.4.2 Appropriately refer cases of suspected abuse or allegations to relevant agencies.
 - 7.4.3 Provide advice and support to other staff on issues relating to safeguarding.
 - 7.4.4 Attend case conferences and review meetings as appropriate, contributing to assessments and providing reports when requested.
 - 7.4.5 Attend refresher training at least every two years and keep up-to-date.
- 7.5 There is a designated Director/Governor for safeguarding and prevent. As part of his duties he will take lead responsibility for overseeing any allegations made against the Principal and other Directors/Governors in relation to safeguarding matters. Where an allegation is made against the designated Director/Governor the Chair of Directors/Governors will then take the lead. He is responsible for overseeing the liaison between the LADO, Social Services and/or the police, in connection with such allegations. This will not involve undertaking any form of investigation but will ensure good communication between the parties and provision of information to assist enquiries.

7.1 Safeguarding Team



Local Safeguarding Children's Board	www.wlscb.org.uk Tel: 01922 659520
Disclosure and Barring Service	www.gov.uk/government/organisations/disclosure-and-barring-service Tel: 0870 90 90 811
Adult Team Access and Responsive	0300 5552922

8.0 Safeguarding Procedure

8.1 How to deal with suspicions/concerns of abuse or neglect

Key things to remember if a young person or adult at risk of harm tells you about possible abuse:

- 8.1.1 Never promise confidentiality – you will have to break it, and with it the person's trust in you.
- 8.1.2 Listen carefully and stay calm – you need to listen without making assumptions or judgements.
- 8.1.3 Do not interview a child, young person or adult at risk of harm. Question without pressure and only to confirm your understanding of what you have heard. Never ask leading questions or act as an investigator. Do not put words into their mouth.
- 8.1.4 Reassure them that by telling you, they have done the right thing.
- 8.1.5 Inform them that you must pass the information on, but only that those that need to know will be told. Tell them who you will report the matter to.
- 8.1.6 Find out what the child, young person or adult at risk of harm would like to happen, but make them aware that you may have to act against their wishes (they may ask you not to disclose to anyone else).
- 8.1.7 Make a note of the main points.
- 8.1.8 Do not investigate concerns or allegations yourself, but report them immediately to a member of the Safeguarding Team via Confide.
- 8.1.9 You may be asked to complete the Referral to Safeguarding Team Form (appendix 6) if further information is required.
- 8.1.10 Adults have the right to make their own choices where they are capable of doing so.

The procedures vary slightly for the different types of young person or adult at risk of harm in College:

8.2 Under 16 year olds on formal taster event, or work experience within the College

- 8.2.1 Information about a learner's vulnerability, travel arrangements, supervision needs and emergency contact details is collected at interview prior to taster event.
- 8.2.2 The referral will go back to the Designated Safeguarding Lead at the School to discuss the referral and agree actions.

8.3 Learners (16-17 year olds)

- 8.3.1 Staff will advise the learner that action may have to be taken as a result of the disclosure.
- 8.3.2 A written record (using the Referral to Safeguarding Team Form) of the disclosure or allegation should be made if possible
- 8.3.3 Referral will be made to a member of the Safeguarding Team immediately; in person if possible.
- 8.3.4 Where possible learner's wishes regarding action will be noted. However, the learner will be made aware that this will not affect the final decision to make a referral.
- 8.3.5 Do not involve other members of staff as this reduces confidentiality.
- 8.3.6 Make learner aware of services either within or outside of College which may be able to help them (details can be found on the website and learner handbook).
- 8.3.7 Where possible the Safeguarding Lead will talk to the learner about the report and their wishes and inform them of action which has or will be taken. However, some circumstances may prevent this.
- 8.3.8 Where action is decided upon that requires contacting the Social Care team (telephone 0300 555 2922), College procedures for referral will be followed within 24 hours using a Multi-Agency Referral Form (appendix 6) emailed to initialintake@walsall.gov.uk.
- 8.3.9 Electronic records will be kept of all discussions and stored confidentially.

8.4 Apprentices

- 7.4.1 Workplace providers will be issued with a link to the Safeguarding Policy and information relating to their responsibility for safeguarding.
- 7.4.2 Assessors will carry out all risk assessments and include safeguarding discussion as part of workplace reviews with apprentices/learners.
- 7.4.3 Apprentices will receive information relating to safe practice in the workplace and safeguarding contact details.
- 7.4.4 When dealing with a disclosure or allegation, follow the procedure for learners (16-17 year olds) or adults at risk of harm.

8.5 Adults at risk of harm

- 7.5.1 Follow the procedure for learners (16-17 year olds). Do not promise confidentiality and explain what might happen as a result of disclosure.
- 7.5.2 The adult has a right to make their own decisions if they are competent to do so in line with the Mental Capacity Act 2005.
- 7.5.3 If appropriate, further advice will be sought or a referral made to the Social Care team (telephone 0300 555 2922, email initialintake@walsall.gov.uk).

8.6 Learners at risk of radicalisation

- 7.4.1 Follow standard safeguarding procedure of relevant age group.
- 7.4.2 Designated Safeguarding Lead would seek advice from West Midlands Counter Terrorism Unit (telephone 101)
- 7.4.3 Designated Safeguarding Lead will send Multi-Agency Referral Form to Social Care Team and West Midlands Counter Terrorism Unit (email prevent_inbox@west-midlands.pnn.police.uk)

8.7 See appendix 8 for a pictorial representation of the process.

9.0 Reporting and Dealing with Allegations made against members of staff

This procedure applies to all staff, whether teaching, administrative, management or support, as well as to volunteers. The generic term “staff” is used for ease of description and refers to all the staff groups.

9.1 Introduction

- 9.1.1 The College recognises that an allegation of abuse made against a member of staff may be made for a variety of reasons and that the facts of the allegation may or may not be true.
- 9.1.2 It is imperative that those dealing with an allegation maintain an open mind and that investigation is thorough and not subject to delay.
- 9.1.3 The College recognises that the Children Act 1989 states that the welfare of the child is the paramount concern. It also recognises that hasty or ill-informed decisions in connection with a member of staff can irreparably damage an individual’s reputation, confidence and career. Therefore, those dealing with such allegations within the College will do so with sensitivity and will act in a careful, measured way, and with appropriate external support.
- 9.1.4 All staff are advised that they must report worries or concerns about other members of staff through the Whistleblowing Policy or direct to Children’s or Adult Services if they prefer.
- 9.1.5 There may be three strands in consideration of the allegation:
- A Police investigation of a possible criminal offence.
 - Enquiries and assessment by Children’s/Adult Social Care about whether a child, young person or adult at risk of harm is in need of protection or in need of services.
 - Consideration by an employer to investigate and if necessary disciplinary action.

9.2 Allegations and Investigations

- 9.2.1 A member of staff who receives an allegation about another member of staff from a child, young person or adult at risk of harm will follow the guidelines in 8.0 for dealing with the disclosure. In some instances the concern may not arise from a direct disclosure but from observations of inappropriate staff behaviour, any such concerns must be shared directly with Designated Safeguarding Lead
- 9.2.2 All allegations in the first instance must be reported to the Principal. If the allegation is against the Principal then the case should be dealt with by the designated Director/Governor for safeguarding and prevent.
- 9.2.3 The AP Quality Assurance and Support will collect the details of referral and will call the Local Area Designated Officer (LADO) for children under 18 or the Adult Safeguarding Unit for adults at risk of harm for advice on how to proceed. The Principal and Chair of Directors/Governors must be advised of proceedings on a regular basis.

- 9.2.4 If advised that the case needs investigating by the Police and/or Social Care, the College will support the investigation, but will not conduct an internal investigation. To do otherwise may prejudice the investigation.
- 9.2.5 Where the police are involved the College will ask the police to obtain consent to share the evidence and statements for use in the College disciplinary process.
- 9.2.6 If the LADO advises the College to conduct the investigation, AP Quality Assurance and Support should contact the HR Manager who will appoint an independent Investigating Officer.
- 9.2.7 The Investigating Officer will keep a detailed account of investigation to include, interviews, telephone calls and any contact in relation to the case.
- 9.2.8 Subject to no objections from the Police or other investigating agency, the AP Quality Assurance and Support shall:
- Inform the child/children, young person or parent/carer, or adult at risk of harm making the allegation that the investigation is taking place and what the likely process will involve.
 - Ensure that the parents/carers of the child, young person or adult at risk of harm making the allegation have been informed that the allegation has been made and what the likely process will involve.
 - Inform the member of staff against whom the allegation was made that an investigation is taking place and what the likely process will involve.

The Designated Safeguarding Lead (or designated person) shall keep a written record of the action taken in connection with the allegation. Detailed guidance is available in the DFE “Keeping Children Safe in Education” regarding people living with perpetrators.

The Designated Safeguarding Lead has overall responsibility for oversight of the procedures for dealing with allegations, for resolving any inter-agency issues, and for liaison with the Local Safeguarding Children Board (LSCB) on the subject. The designated officer(s) will provide advice and guidance to the case manager, in addition to liaising with the police and other agencies, and monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

9.3 Disqualification by association

- 9.3.1 Is the requirement for staff to provide the relevant information about a person who lives or works in the same household as them, guards against an individual working with young children who may be under the influence of a person who lives with them and where that person may pose a risk to children i.e. ‘by association’.
- 9.3.2 College may choose to ask staff to complete and sign a declaration which would help identify those caught by the ‘by association’ requirement, particularly where an individual may be reluctant to self-declare. When it is identified that an individual is disqualified or the ‘by association’ criteria is met, where possible, employees who work in the specified early or later years provision should be asked to provide the

following information to their employer about themselves or any person who lives in the same household as them:

- Details of any order, determination, conviction, or other ground for disqualification from registration under the Childcare (Disqualification) Regulations 2009
- The date of the order, determination or conviction, or the date when the other ground for disqualification arose; information about the body or court which made the order, determination or conviction, and the sentence (if any) imposed; and
- A certified copy of the relevant order (in relation to an order or conviction).

9.3.3 Any relevant information passed to the College must be provided to Ofsted as soon as reasonably practicable, but at the latest within 14 days of the date the College became aware of the information or ought reasonably to have become aware of it if they had made reasonable enquiries.

9.4 Suspension of Staff

9.4.1 Suspension will not be automatic. In respect of staff other than the Principal, suspension can only be carried out by the Principal, Vice Principal or Assistant Principal. If the allegation is against the Principal, suspension can only be carried out by the Chair of the Board of Directors/Governors (or in his/her absence, the Vice Chair).

9.4.2 Suspension can be considered at any stage of the investigation. It is a neutral, not a disciplinary act and shall be on full pay. Consideration should be given to alternatives: e.g. paid leave of absence; agreement to refrain from attending work; change of, or withdrawal from, specified duties.

9.4.3 Suspension should only occur for a good reason. For example:

- Where any learners are at risk.
- Where the allegations are potentially sufficiently serious to justify dismissal on the grounds of gross misconduct.
- Where necessary for the good and efficient conduct of the investigation.
- Where the police are involved the Designated Safeguarding Lead should seek their advice to ascertain whether the accused staff member should be suspended from their contact with learners.

9.4.4 If suspension is being considered, the member of staff should be encouraged to seek advice, for example from a Trade Union.

9.4.5 If the Principal (or Chair or Vice Chair of the Board) considers that suspension is necessary, the member of staff shall be informed that he/she is suspended from duty. Written confirmation of the suspension, with reasons, shall be despatched as soon as possible and ideally within one working day.

9.4.6 Where a member of staff is suspended, the Principal should address the following issues:

- The Chair of Directors/Governors should be informed of the suspension.
- The Board of Directors/Governors should receive a report that a member of staff has been suspended pending investigation; the detail given to the Board of Directors/Governors should be minimal.
- Where the Principal has been suspended, the Chair or Vice Chair of the Board will need to take action to address the management of the College.
- The parents/carers of the child, young person or adult at risk of harm making the allegation should be informed of the suspension. They should be asked to treat the information as confidential.
- Consideration should be given to informing the child, young person or adult at risk of harm making the allegation of the suspension.
- Senior staff members that need to know the reason for the suspension should be informed.
- Depending on the nature of the allegation, the Principal should consider, with the nominated Governor, whether a statement to the learners of the College and/or parents/carers should be made, taking due regard of the need to avoid unwelcome publicity.
- The Principal shall consider carefully and review the decisions as to who is informed of the suspension and investigation. The LSCB and external investigating authorities should be consulted.
- The suspended member of staff should be given appropriate support during the period of suspension. He/she should also be provided with information on progress and developments of the case at regular intervals.
- The suspension should remain under review in accordance with the College disciplinary procedures.

9.5 The Disciplinary Investigation

9.5.1 The disciplinary investigation should be conducted in accordance with the existing staff disciplinary procedures.

9.5.2 The member of staff should be informed of:

- The disciplinary charge against him/her.
- His/her entitlement to be accompanied or represented by a Trade Union representative or workplace colleague.

The following definitions should be used when determining the outcome of allegation investigation;

- Substantiated: there is sufficient evidence to prove the allegation
- Malicious: there is sufficient evidence to disprove the allegation and there has been deliberate act to deceive

- False: there is sufficient evidence to disprove the allegation
 - Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence
- 9.5.3 Where the member of staff has been suspended and no disciplinary action is to be taken, the suspension should be lifted immediately and arrangements made for the member of staff to return to work. It may be appropriate to offer a phased return, mentoring or counselling. Where the member of staff is a tutor or support worker consideration will be given to amending the timetable if the learner is still attending College.
- 9.5.4 The child, children, young person(s) or adult(s) at risk of harm making the allegation and/or their parents should be informed of the outcome of the investigation and the proceedings. This should occur prior to the return to College of the member of staff (if suspended).
- 9.5.5 The Principal (or designated person) should give consideration to what information should be made available to the general population of the College.
- 9.5.6 If an allegation is determined to be unsubstantiated or malicious, the Designated Safeguarding Lead should refer the matter to Children's / Adult's Social Care to see whether the child, children, young person(s) or adult(s) at risk of harm is in need of services, or may have been abused by someone else. If the allegation is shown to be deliberately invented or malicious, the Principal will consider whether disciplinary action is appropriate against the young person(s) or adult(s) at risk of harm who made it, if they are a learner at WACC. The Principal will also consider if the police need to be asked to consider action against the person(s) who made the allegation.
- 9.5.7 Details of any allegations that are found to be malicious will be removed from the personnel records.
- 9.5.8 Where an allegation is substantiated and the member of staff dismissed / resigns, the HR Manager will make a referral to the DBS for consideration of whether inclusion on the barred list is required.
- 9.5.9 Following the conclusion of a case that an allegation is substantiated the Designated Safeguarding Lead should review the case with the HR Manager to determine whether improvements can be made to the College's processes and practice to help avoid similar situation arising in the future.

10.0 Monitoring and Review

- 10.1 This Policy has been approved by the Board of Directors and is to be reviewed by the Board on an annual basis.
- 10.2 The internal monitoring of the implementation of this policy will be the responsibility of the Assistant Principal Quality Assurance and Support.

Missing Learner Procedure

Safeguarding children, young people and adults at risk of harm within our College is a key priority. This becomes more imperative when they go missing from College.

What do we deem as missing?

There are many occasions where we may deem that a learner has gone missing:

- Learner has not returned from lunch.
- Learner has not been in College and there has been no contact from learner or their parent/guardian.
- Child, young person or adult at risk of harm (e.g. learner with high level of learning difficulty and/or disability) has gone missing on site.

What action should we take?

1. In all cases our first priority is to ensure that the missing child, young person or adult at risk of harm is safe and well. In the first instance if the child, young person or adult at risk of harm has a mobile phone, try to contact them immediately.
2. If a child, young person or adult at risk of harm has gone missing from College, ask staff/fellow learners when they last saw the learner. If the learner cannot be contacted directly then every effort should be made to contact the next of kin to confirm the safety of the learner.
3. If no contact can be made with the learner and/or their next of kin, please contact Guidance Manager or one of the Safeguarding Team immediately on 3009. A team of staff will be deployed to search the immediate local area.
4. The Guidance Manager will contact any external support organisations known to be working with the learner to ascertain if they know of their whereabouts. If the person who goes missing from College is a supported learner then the police will be contacted immediately.
5. If the learner can still not be located the AP Quality Assurance and Support (or their nominee) will decide if it is appropriate to conduct a home visit. If a home visit is undertaken and the College is unable to make direct contact with the learner then a referral should be made to Children's or Adult Services and the Police. AP Quality Assurance (or their nominee) must keep the Principal and relevant staff informed of progress made.

Signs and Symptoms of Abuse

If you are worried that a child, young person or adult at risk of harm is being abused, watch out for any unusual behaviour. They may:

- be withdrawn
- suddenly behaves differently
- be anxious
- be clingy
- be depressed
- be aggressive
- have problems sleeping
- have an eating disorder
- wet the bed
- soil clothes
- take risks
- miss college
- have a change in eating habits
- show obsessive behaviour
- have nightmares
- start taking drugs
- drink alcohol excessively
- self-harm
- have thoughts about suicide

Physical Abuse: there is no one sign to look out for that will say that a child is definitely being physically being abused. However, if a child, young person or adult at risk of harm has injuries, there seems to be a pattern, or the explanation does not match the injury then it should be reported.

Physical Signs:

Bruises

- commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body
- bruises with dots of blood under the skin
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object

Burns or Scalds

- can be from hot liquids, hot objects, flames, chemicals or electricity
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds

Bite Marks

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth

Fractures or Broken Bones

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing

Other Physical Signs

- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning

Sexual Abuse: children who are sexually abused experience a range of short and long term symptoms. Sexual abuse can ruin childhood, and the impact can last a lifetime.

Physical Signs:

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)
- pregnancy

Children may:

Stay away from certain people

- they might avoid being alone with people, such as family members or friends
- they could seem frightened of a person or reluctant to socialise with them

Show sexual behaviour that is inappropriate for their age

- a child might become sexually active at a young age
- they might be promiscuous
- they could use sexual language or know information that you would not expect them to

Neglect: is the ongoing failure to meet a child's basic needs and is the most common form of abuse. Neglect is serious and can often lead to long term damage – even death. Neglect can be hard to identify, making it difficult for us to take early action to protect a child. Having one of the signs or symptoms below does not necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there is a serious problem. They may have:

Poor Appearance and Hygiene

- be smelly or dirty
- have unwashed clothes
- have inadequate clothing, e.g. not having a winter coat
- have frequent and untreated nappy rash in infants

Health and Development Problems

- untreated injuries, medical and dental
- repeated accidental injuries caused by lack of supervision
- recurring illnesses or infections
- not been given appropriate medicines
- missed medical appointments such as vaccinations
- poor muscle tone or prominent joints
- skin sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- anemia
- tiredness
- faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- poor language, communication or social skills

Housing and Family Issues

- living in an unsuitable home environment for example dog mess being left or not having any heating
- left alone for a long time
- taking on the role of carer for other family members

Other Signs

- seem hungry or turn up to school without having breakfast or any lunch money

Emotional Abuse: emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child; it can seriously damage a child's emotional health and development. Changes in emotions are a normal part of growing up, so it can be really difficult to tell if a child is being emotionally abused.

Babies and pre-school children who are being emotionally abused or neglected may:

- be overly-affectionate towards strangers or people they have not known for very long
- lack confidence or become wary or anxious
- not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc
- be aggressive or nasty towards other children and animals

Older children may:

- use language, act in a way or know about things that you would not expect them to <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/healthy-sexual-behaviour-children-young-people/know> for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends

Child Sexual Exploitation: is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online.

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Young people who are being sexually exploited may:

- be involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- go missing from home, care or education

Domestic Abuse: is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It is not just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse.

It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers.

Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Domestic abuse can seriously harm children and young people.

It is often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges

Female Genital Mutilation (FGM): is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision, cutting or sunna.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It is dangerous and a criminal offence.

A girl or woman who has had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear



Home Office

New duty for health and social care professionals and teachers to report female genital mutilation (FGM) to the police

What is the new duty?

On 31 October 2015 a new duty was introduced that requires health and social care professionals and teachers to report 'known' cases of FGM in girls aged under 18 to the police.

For example, if a doctor sees that a girl aged under 18 has had FGM they will need to make a report to the police. Or, if a girl tells her teacher that she has had FGM, the teacher will need to report this to the police.

What will happen after the case has been reported to the police?

FGM is a serious crime and the police will need to investigate each reported case appropriately. The police will work with social care professionals to make sure that the girl is safe and her needs are put first.

Why is it being introduced?

When a girl has undergone FGM, a serious crime has taken place so it is very important that the police are involved as soon as possible. This will make sure that a proper investigation can take place.

The purpose of the new duty is to help make sure that professionals have the confidence to confront FGM and to help increase the number of referrals to the police so that cases can be investigated appropriately.

What the new duty won't do

It **doesn't mean** that police will take action without consulting appropriately with social care professionals and other relevant professionals.

It **won't require** professionals to report cases to the police where they suspect FGM may have been carried out or think a girl may be at risk. The duty also doesn't apply to women aged 18 or over.

Professionals will follow existing safeguarding procedures in these cases.

Summary: Mandatory reporting of FGM*

Duty applies to regulated health and social care professionals and teachers in England and Wales.

Requires these professionals to make a report to the police if, in the course of their professional duties, they:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

*introduced in Section 5B of the FGM Act 2003, as inserted by section 74 of the Serious Crime Act 2015

Signs of Radicalisation

The following signs could mean that somebody could be at risk of radicalisation or is going through a radicalisation process:

Physical Changes

- sudden or gradual change in physical appearance
- sudden or unexpectedly wearing religious attire
- getting tattoos displaying various messages
- unexpectedly growing a beard
- unexpectedly shaving their head (skinhead)
- possesses unexplained gifts, such as a mobile phone and clothing

Social Changes

- cuts ties with their friends, family or community
- starts to become socially withdrawn
- becoming dependent on social media and the internet
- begins to associate with others who hold radical views
- bullies or demonises other people freely
- begins to attend rallies and demonstrations for extremist causes
- associates with known radicals
- visits extremist websites, networks and blogs

Emotional and Verbal Changes

- begins to complain, often with anger, about governmental policies, especially foreign policy
- advocates violence or criminal behaviour
- begins to believe in government conspiracies
- exhibits erratic behaviour such as paranoia and delusion
- speaks about seeking revenge
- starts to exhibit extreme religious intolerance
- demonstrates sympathy to radical groups
- displays hatred or intolerance of other people or communities because they are different

Appendix 5



WACC Checklist External Speaker/Guest

Name of Teacher		Line Manager				
Partner Agency		Course				
Session Title		Date of Session				
Aim of Session		Guest Speaker				
Name and address of Organisation Telephone number		Name, address telephone number of Organisation confirmed	Yes	No	Location of information	
Resources to be used		Resources received in advance of event	Date:	Contents checked and suitable	Yes	No
If no, actions taken:						
Approval of speaker to be signed off by Line Manager						
Name of Teacher present during session						
Other information						



Referral to Safeguarding Team

Please use this form to record incidents or concerns or abuse or neglect of children, young people and adults. It is important that we maintain records to pass onto local safeguarding agencies such as Social Services and the Police. These records will also be used to produce a statistical annual report on Safeguarding for the WACC board.

Name: Full contact details if possible:
Concern or incident:
Date time and location when disclosure or concern was made to you:
Follow up by Safeguarding and Prevent team:

Name (print):

Signature:

Date:

Walsall Metropolitan Borough Council	Adult Safeguarding Unit Adult Services	Appendix 7	Form No: WSS 220
			Date: August 2013

ADULT SAFEGUARDING INITIAL REFERRAL FORM

(Incomplete forms will not be accepted and will be returned to referrer)

Section 1 - Referral

Referral received Date: Time:

Referral taken by:

Service area & Office base:

THE ALLEGED VICTIM

Paris Number:	Category	Code No.	
Name:	Male (Code 01) Female (Code 02)		
Address:	Ethnicity		Refer below
Post Code:	Primary Care Group		Refer below
Telephone number:	Age	D.O.B	
	Marital Status S / M / CP / D / W (Please circle) Single / married / civil partnership / divorced / widowed		
Next of Kin:	Ethnicity		Ethnicity
Relationship:	White British	01	Pakistani
Address:	White Irish	02	Bangladeshi
Post Code:	Traveller of Irish heritage	03	Any other Asian background
Telephone no:	Gypsy / Roma	04	Caribbean
	Any other white background	05	African
Main Carer:	White and Black Caribbean	06	Any other black background
Relationship:	White and Black Caribbean	07	Chinese
Address:	White and Asian	08	Any other ethnic background
Post Code:	Any other mixed background	09	Refused
Telephone no:	Indian	10	Information not yet obtained
Advocate:	Primary Care Group		Primary Care Group
Address:	Physical disability, frailty	01	Learning disabilities
Post Code:	Sensory impairment	02	Substance misuse
Telephone no:	Mental health needs	03	Chronic illness
	Dementia	04	Other vulnerable people

ADDITIONAL INFORMATION

GP:	GP telephone no.
Any known disability or chronic illness?	Yes/No If YES give details:
Are there any specific communication needs?	Yes/No If YES give details:
Is the person at immediate risk?	Yes/No If YES give details:
Have police / emergency services been contacted?	Yes/No If YES give details:
Does alleged victim know of and consent to this referral?	Yes/No If YES give details:
Does alleged victim consent to referral to police if relevant?	Yes/No If YES give details:
Is there any legislation (criminal or other) that potentially may be of relevance?	Yes/No If YES give details:

THE ALERTER					
Who made the allegation?					
Relationship to alleged victim					
Address					
Post Code					
Telephone number					
Does the alerter consent to the alleged victim having access to the information they have given?			Yes/No		
Source of referral (Please circle relevant no.)					
Social Care Staff					
Domiciliary	01	Acute Hospital Staff	07	Care Quality Commission	14
Residential	02	Secondary Health Staff	08	Housing	15
Day care	03	Mental Health Staff	09	Education	16
Social Care Staff	04	General		Training	17
Other	05	Self-referral	10	Work Place	18
Health Staff		Family member	11	Police	19
Primary Community Health Staff	06	Friend / neighbour	12	Emergency Services	20
		Other service user	13	Other	21
AGENCIES INVOLVED AT POINT OF REFERRAL					
SC&I – Social Work			Yes/No If YES give details:		
Domiciliary Care / Day Care			Yes/No If YES give details:		
SC&I – Neighbourhood Care Officers			Yes/No If YES give details:		
SC&I - Complaints			Yes/No If YES give details:		
GP			Yes/No If YES give details:		
Community Health Services			Yes/No If YES give details:		
OT			Yes/No If YES give details:		
Other Health			Yes/No If YES please specify:		
Police			Yes/No If YES give details:		
Care Quality Commission			Yes/No If YES give details:		
Other			Yes/No If YES please specify:		
Is the service user self-funded?			Yes/No		

DETAILS OF ALLEGATIONS OR CONCERNS (Record all information; differentiate between fact, suspicion and opinion. Include dates, times and if alleged abuse is ongoing).

Allegations / Concerns		Location of Abuse			
Please circle relevant no.		Please circle relevant no.		Please circle relevant no.	
Physical	01	Own home	01	Community Hospital	09
Sexual	02	Care home (permanent)	02	Other care setting	10
Emotional / Psychological	03	Care home with nursing (permanent)	03	Supported accommodation	11
Financial	04	Care home (temporary)	04	Day Centre	12
Neglect	05	Care home with nursing (temporary)	05	Public Place	13
Discriminatory	06	Alleged Perpetrators home	06	Education / training / work	14
Institutional	07	Mental health setting	07	Other	15
		Acute Hospital	08	Not known	16

Type of service for vulnerable adult at location of abuse (Please circle relevant no. below)

Commissioned by own council	01	Commissioned by an outside council	02	Self-funded service	03	Self-directed support	04	Service funded by health	05	No service	06
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DETAILS OF PERSON ALLEGEDLY RESPONSIBLE FOR ABUSE

Name	
Any other names used	
Address	
Post code	
Telephone number	
Relationship to alleged victim	

Relationship of alleged perpetrator to vulnerable adult (Please circle relevant number)

Partner	01	Residential	06	Other professional	11
Other family member	02	Day care	07	Other Vulnerable Adult	12
Health Care Worker	03	Social Worker / Care Manager	08	Neighbour	13
Volunteer / befriender	04	Self-directed care staff	09	Friend	14
Social Care Staff		Other	10	Stranger	15
Domiciliary	05			Not known	16

Do they give any care support to the alleged victim?	Yes/No
Does the alleged perpetrator live with the vulnerable adult?	Yes/No
Is the alleged perpetrator the main family carer?	Yes/No
Do they live with the alleged victim?	Yes/No
Where is the alleged abuser now?	
Is he / she aware of the referral?	Yes/No

Result of Paris check on alleged abuser:

END OF REFERRAL TAKING – CONFER WITH SOCIAL WORK MANAGER

Referral taken by (print name)	Signature	Date	Time

End of section 1 **Send this form to Social Work Manager**

Section 2 Decision Taken by Social Work Manager

Decision to proceed with investigation under the Adult Safeguarding Procedure?	Yes/No If NO state reasons:		
Is this a possible criminal matter?	Yes/No If YES , consult police for advice prior to any contact or discussions with service user.		
Case allocated to Senior grade worker for initial investigation?	Yes/No If YES , state name of worker:		
Co-worker?	Yes/No If YES , state name of worker:		
Senior Manager notified?	Yes/No If YES , state Date: Time:		
ASU notified?	Yes/No If YES , state Date: Time:		
Social Work Manager (print name)	Signature	Date	Time

End of section 2 **Copy this form to ASU and send original to Investigating Officer**

Section 3 – Initial Information Gathering Summary

DATE AND TIME COMMENCED	Date: Time:		
Information received from other agencies about alleged victim, alleged abuser and other relevant persons (Record contacts made with date / time and information obtained on Record of Contact form). Number of Record of Contact forms completed.			
INITIAL UNDERSTANDING OF THE CASE What is the evidence for considering that this a case of abuse? In the case of physical abuse have the injuries been medically investigated?			
SUMMARY			
Does the victim confirm the allegation?	Yes/No/NK		
Are there any concerns about the alleged victim's mental capacity / memory?	Yes/No/NK		
Is he / she agreeing to police involvement?	Yes/No/NK		
Is he / she agreeable to Social Work involvement?	Yes/No/NK		
<u>Managing risk:</u> Is immediate action necessary? Are other vulnerable people at risk? Risk assessment completed?	Yes/No/NK		
	Yes/No/NK		
	Yes/No/NK		
Is there a need for interim support services?	Yes/No/NK		
Are other people potentially at risk?	Yes/No/NK If YES give details:		
END OF INITIAL ASSESSMENT – CONFER WITH OPERATIONAL MANAGER			
Initial assessment completed by (print name)	Signature	Date	Time

End of section 3

Send this form to Social Work Manager

Section 4 – Decisions Confirmed

Case conclusion at this stage in relation to alleged abuse (Please circle relevant no. below)

Substantiated	01	Partly substantiated	02	Not substantiated	03	Inconclusive	04
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Proceed to strategy meeting/discussion? Yes 01 No 02 Please circle relevant no.

Please state reasons for above answer.

If decision is not to proceed to strategy complete referral outcomes below

Referral outcomes for vulnerable adult subject to alleged abuse (Please circle relevant no. below)

Increased monitoring	01	Moved to increase / different care	09
Vulnerable Adult removed from property or service	02	Management of access to finances	10
Community Care Assessment and Services	03	Guardianship / Use of Mental Health Act	11
Civil action	04	Review of self-directed support	12
Application to the Court of Protection	05	Restriction / management of access to alleged perpetrator	13
Application to change appointee-ship	06	Referral to MARAC	14
Referral to advocacy scheme	07	Other	15
Referral to counselling / training	08	No further action	16

Referral outcomes for alleged perpetrator (Please circle relevant no. below)

Criminal prosecution / Formal caution	01	Continued monitoring	10
Police action	02	Counselling / Training / Treatment	11
Community care assessment	03	Referral to Court Mandated Treatment	12
Removal from property of service	04	Referral to MAPP A	13
Management of access to the vulnerable adult	05	Action under Mental Health Act	14
Referred to Adult List / ISA	06	Action by contract compliance	15
Referral to registered body	07	Exoneration	16
Disciplinary Action	08	No further action	17
Action by Care Quality Commission	09	Not known	18

Details of any further measures recommended

Reasons:

Senior manager notified? **Yes/No**
Date: Time:

ASU notified? **Yes/No**
Date: Time:

Strategy meeting / discussion arranged? **Yes/No**
Date: Time: Venue:

Social Work Manager (print name)	Signature	Date	Time
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End of section 4

Copy this form to ASU and Investigating officer and send original to senior social work manager.

Section 5 – Initial Referral Form Signed Off

Senior Social Work Manager (print name).	Signature	Date	Time
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End of section 5

Send the completed form to InitialIntake@walsall.gov.uk and also attach a copy to PARIS Case note (Confidential Legal / Third Party)

Appendix 8

- Something you have been told by the learner
 - Something you have been told by someone else
 - Something you have observed in their appearance
 - Something you have observed in their behaviour
-
- Name, Address, and date of birth of learner
 - Date and time of observation or disclosure
 - Objective record of the observation or disclosure
 - Exact records of learner if possible
 - Names of any other person present if possible

