



Safeguarding of Young People and Vulnerable Adults Policy

Policy Statement

JLR Apprenticeship Programme is committed to promoting and safeguarding the welfare of young people and vulnerable adults and to help protect them from abuse.

Scope of the Policy

It is important that all young people and vulnerable adults are protected from abuse and this policy and procedure applies to all young people and vulnerable adults enrolled on our programmes regardless of gender, ethnicity, disability, sexuality or religion.

It is the duty of all staff to be aware of and implement this Safeguarding Policy. It is not the responsibility of staff to investigate suspected abuse. The role of staff is to identify any alleged/potential abuse and to refer this to the designated member of staff who will refer to the appropriate authorities, so that they can investigate and take action.

Promoting and safeguarding the welfare of young people and vulnerable adults includes:-

- a) Having effective arrangements in place to promote and maintain a safe learning environment
- b) Raising awareness of issues and equipping young people to keep themselves safe (opportunities through the curriculum, tutorial, preparing for work experience, through the relevant themes of Every Child Matters)
- c) Maintaining an environment where young people feel secure, are encouraged to talk and are listened to
- d) Ensuring young people know that there are staff whom they can approach if they are worried
- e) Promoting procedures for identifying and reporting cases or suspected cases of abuse
- f) Ensuring the safe recruitment of staff
- g) Providing information and training for staff on safeguarding young people - policy and procedures, recognition of signs and symptoms of abuse
- h) Maintaining procedures for reporting and dealing with allegations of bullying or abuse including any made against another student or member of staff



Legislation and Guidance

This Policy and accompanying procedures are underpinned and shaped by the relevant legislation and guidance including:-

- a) The Children Act 1989
- b) The Education Act 2002
- c) The Children Act 2004
- d) Working Together to Safeguard Children – DfES 2006
- e) Safeguarding Children and Safer Recruitment in Education – DfES January 2007
- f) Oxfordshire and Berkshire Safeguarding Children Board' s Procedure Manuals

Definitions

a) Young people

Throughout this document the term “young people” refers to a person under the age of 18

b) Vulnerable Adult

The definition of a vulnerable adult is a person aged 18 or over and who :

- is living in residential accommodation, such as a care home or a residential special school
- is living in sheltered housing
- is receiving domiciliary care in their own home
- is receiving any form of healthcare
- is detained in a prison, remand centre, young offender institution, secure training centre or attendance centre or under the powers of the Immigration and Asylum Act 1999;
- is in contact with probation services;
- is receiving a welfare service of a description to be prescribed in regulations;
- is receiving a service or participating in an activity which is specifically targeted at people with age-related needs, disabilities or prescribed physical or mental health conditions. (age-related needs includes needs associated with frailty, illness, disability or mental capacity);
- is an expectant or nursing mothers living in residential care;
- is receiving direct payments from a local authority/HSS body in lieu of social care services;
- requires assistance in the conduct of his or her own affairs.

Categories of Abuse

Working Together to Safeguard Children (2006) (s1.29-1.33) sets out definitions of the four broad categories of abuse which are used for the purposes of making a child or young person subject to a Child Protection Plan.

- i. *Physical Abuse* - 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.
- ii. *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 feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious 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
- iii. *Sexual Abuse* - involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of sexual online images, pornographic material, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- iv. *Neglect* - is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- v. *Abuse of Trust* - under the Sexual Offenders Act 2003 it is an offence for a person over 18 to have a sexual relationship with a young person under 18 where that person is in a position of trust in respect of that young person, even if the relationship is consensual. This includes teaching and a range of support staff within educational establishments.

- vi. *Specific Issues and Further Information*- Specific advice should also be sought in relation to specific situations including forced marriage, the effects of domestic violence on young people, female genital mutilation, children and young people who sexually abuse or who are exploited and those affected by drug and alcohol abuse in families. Vulnerable adults may also suffer additional types of abuse such as being manipulated financially or being discriminated against.

Procedures associated with this policy

- a) Procedure on handling student disclosure
- b) Procedure for designated members of staff
- c) Procedure for arranging support for students
- d) Procedure for staff who are made aware of allegations against another member of staff, not including student disclosure
- e) Procedure for allegations about a member of staff, for the Directors

All Procedures are in the attached appendices.

Monitoring and review

- All records relating to the safeguarding of young people and vulnerable adults must be kept in a secure confidential file separate from the learner files. This safeguarding file will be held by the designated member of staff.
- The records should be clear accurate and concise and should differentiate between opinion, judgement and hypothesis.
- Decisions, the basis for them, and who was involved should be clearly recorded.
- Records may be needed by Child Protection Case conferences or criminal/civil courts.
- Copies of any significant information concerning the history of the learner, learner behaviour and family circumstances should be copied from the learner file and placed in the

Designated member of Staff

The designated member of staff is:

David Terry Email: JLRsupport@calexuk.com Tel: 0560 3851214

Policy Review

This Policy will be reviewed annually or sooner if changes require this.

Appendix A

Procedures Associated with the Safeguarding Policy

Procedure on handling student disclosure

Any member of staff with an issue or concern relating to children or young people and vulnerable adult protection should immediately discuss it with the designated member of staff. Allegations of abuse should be given highest priority.

If a student discloses to a member of staff about possible abuse the following should be carried out:

- Stay calm and give the student time and a suitable environment in which to talk
- Reassure the learner they were right to talk to someone of their concerns
- Do not promise confidentiality and inform the student of who you will need to talk to, but reassure them that you will only pass the information on to people who need to be informed
- Listen to what the student is saying, particularly the vocabulary that is being used
- Do not put words into the student's mouth
- Do not ask leading questions or probe.
- Record the young person's account at the time if possible and as close as possible to verbatim: what is said with dates, times and names of people involved. Include the time, context and location of the disclosure. Date and sign the notes. In addition add the address, date of birth and telephone contact number. The record may be required as evidence in criminal proceedings. All notes should be passed on to the designated member of staff.
- Do not contact the young person's parents or carers
- Do not investigate any suspicions, allegations or incidents of abuse. Report the disclosure to the designated member of staff as soon as practicable (or within the hour)
- In exceptional circumstances if the designated member of staff is not available advice should be sought from the Directors.

Procedure for designated members of staff

- The designated member of staff will seek advice from Safeguarding Specialist Services, including advice on contacts with parents.
- Where there is concern that a young person is experiencing, may already have experienced abuse or neglect, is suffering or is likely to suffer 'significant harm' the designated member of staff will refer immediately to Social Care. This will be followed up with a Referral within 2 days.

- If urgent hospital treatment is needed for a young person whilst on training centre premises, a designated member of staff should be informed if it relates to a child protection issue. The designated member of staff will discuss arrangements to escort the young person, inform the hospital of the circumstances and will contact Social Care. Advice on contacting parents will also be sought.
- Copies of the referral, related notes and correspondence will be kept securely by the designated member of staff, separately from the main learner records. The learner file will be marked to show the existence of the referral file.
- Personal information about the young person's situation his/her family will be regarded as confidential and only disclosed to those who need to know. This will be discussed with the young person, who will be informed of any follow up arrangements.
- The designated member of staff will co-ordinate any requests for information which will contribute to an assessment of the young person and agree monitoring and follow up arrangements as appropriate.
- The designated member of staff must notify the Directors as soon as practicable and in any event within 24 hours of the initial concern arising.

Procedure for staff who are made aware of allegations against another member of staff, not including student disclosure

The arrangements relate to all staff and volunteers working at JLR Apprenticeship Programme.

The person to whom an allegation or concern is first reported should treat the matter seriously, keep an open mind and follow the procedure below:

They should not:

- a) Investigate or ask leading questions if seeking clarification.
- b) Make assumptions or offer alternative explanations.
- c) Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

They should:

- a) Make a written record of the information (where possible in the person's own words) including the time, date and place of incident(s), persons present and what was said.
- b) Sign and date the written record.
- c) Immediately report the matter to the designated member of staff

The designated member of staff should report the matter to the Programme Manager as soon as possible but within 24 hours.



Dealing with allegations of abuse against staff

On being notified of any safeguarding matter involving a member of staff the Directors will :

- consult the MASH (Multi Agency Safeguarding Hub) to decide whether a referral should be made under the local Safeguarding Children Board procedures

A referral must be made if a potential criminal act has been alleged, or if the learner indicates that he/she has suffered, or is likely to suffer, significant harm.

A decision not to make a referral can be taken where:

- the allegation involves the use of reasonable force to restrain a learner
- where it is absolutely clear that it is impossible for the allegation to be true.

A decision not to make a referral, after consulting with MASH, does not mean that JLR Apprenticeship Programme should take no further steps. Only when the allegation is wholly unfounded or of a trivial nature should there be no further investigation under the company's disciplinary procedures.

The company's disciplinary procedures must be clearly distinct from any investigation conducted under the local Safeguarding Children Board procedures or by the Police. In addition, these investigations will take precedence over the company's disciplinary. Conducting concurrent internal and external investigations is not appropriate.

Appendix B

Types of abuse and how to recognise them

Lists of signs and symptoms cannot provide a definitive diagnosis of abuse and many children or young people at some time of their life may exhibit one or maybe more of them. However, such signs and symptoms may suggest abuse if a young person exhibits either several of them, perhaps within a short space of time, or an extreme form of a particular symptom, or if a pattern of signs and symptoms emerges.

It is important that staff are aware of the signs and symptoms and, whilst they may be indicative of some other problem or issue, the possibility that the young person is being abused should not be discounted. Any concern about a young person who is showing signs of abuse or of being at risk of abuse should be followed up with the Designated Member of Staff.

Physical Abuse

May involved hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a young person. Female genital mutilation is extremely harmful and illegal. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Possible signs

- Fractures or any bruising
- Bruises and scratches to face and head
- Pinch bruises or bite bruises
- Bruising around both eyes simultaneously
- Torn frenulum (skin linking upper jaw and lip)
- Finger tip bruising on front and back of chest (gripping)
- Finger or hand marks on any part of the body
- Ligature marks on either neck, arms or legs
- Cigarette burns
- Linear or shaped burns or bruises (e.g. iron/radiator)
- 'non-cascade' scalds
- Head injury, may be no outward sign of injury



- Poisoning
- Bald patches
- Recurrent unexplained/untreated injuries or lingering illness

Possible behaviour

- Explanation inconsistent with injury
- Refusal to discuss injuries
- Fear of going home or parents being contacted
- Arms and legs kept covered in hot weather or fear of undressing
- Aggressive bullying behaviour
- Frozen watchfulness/cowering/flinching at sudden movements
- Withdrawal from physical contact
- Fear of medical help
- Admission of excessive punishment
- Running away
- Self destructive tendencies

Emotional Abuse

Is the persistent emotional ill treatment 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 in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions which are beyond the child's developmental capability, as well as overprotection and limitations of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill treatment of others, including domestic abuse. It may involve serious 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 forms of ill treatment of a child, though it may occur alone.

Possible Signs

- Speech delay, poor verbal ability, lack of communication skills
- Bed wetting, soiling (without physical cause)
- Lack of concentration, learning problems
- Unreasonable fear of new situations
- Eating disorders (over eating and under eating)
- Inappropriate emotional responses to stressful situations
- Low self-esteem
- Self-mutilation
- Alcohol, drugs, solvent misuse

Possible Behaviour

- Over reaction to mistakes
- Obsessive behaviour (e.g. rocking, twisting hair, sucking thumb)
- Withdrawal from relationships with other children
- Fear of parents being contacted
- Extremes of passivity or aggression
- Attention seeking
- Chronic running away
- Compulsive stealing, scavenging for food or clothes
- Impaired capacity to enjoy life

Neglect

Is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in a 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 harm and external harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.

Possible Signs

- Unkempt appearance, poor personal hygiene
- Poor skin/hair condition
- Drop through height/weight centiles
- Small stature (where not a family characteristic)
- Constant tiredness
- Repeated accidents
- Untreated medical conditions
- Inappropriate clothing
- Constant hunger
- Frequent lateness, or non-attendance at school
- Accidental self-poisoning

Possible Behaviour

- Chronic running away
- Compulsive stealing
- Scavenging of food and clothes
- Low self-esteem
- Neurotic behaviour (e.g. rocking, thumb sucking, hair twisting)
- Inability to make social relationships
- Tendency to destroy things

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts (e.g. rape, buggery or oral sex). They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Possible Signs

- Wetting and soiling themselves
- Sudden drop in training centre performance/poor concentration
- Obsessed with sexual matters as opposed to normal exploration
- Changes from being happy and active to being fearful and withdrawn
- Unexplained sources of money/gifts
- Urinary infections, bleeding or soreness in the genital/anal areas
- Vaginal discharge – vaginal warts
- Soreness and bleeding to the throat
- Chronic ailments e.g. stomach pains, headaches without obvious cause
- Eating disorders
- Becomes severely depressed
- Has a poor self image
- Uses drugs/alcohol to excess
- Not allowed to have friends around or to go out on dates
- Fearful of undressing for physical education
- Venereal infection
- Pregnancy

Possible Behaviour

- Overly compliant behaviour
- Behaves in a sexually inappropriate way in relation to their age
- Withdrawn and unhappy, insecure and 'clingy'
- Plays out sexual acts in too knowledgeable a way for their age
- Regresses to behavioural pattern of much younger children
- Say of themselves that they are bad or wicked
- Arriving early at the training centre and leaving late with few, if any, absences
- Excessive masturbation – exposing themselves
- Drawings of sexually explicit nature
- Attempts to sexually abuse another child
- Recurring nightmares and/or fear of the dark
- Had a 'friend who has a problem' and then tells about the abuse of 'a friend'
- Self-mutilates/attempted suicide
- Running away
- Prostitution

Specific Issues and Further Information

Further information and specialise advice is available on areas such as forced marriage, female genital mutilation, those affected by drugs and alcohol abuse in families, fabricated illness, children abused through prostitution, complex (organised or multiple) abuse involving one or more abusers and a number of children. Forced marriage is a marriage conducted without the full consent of both parties where duress is a factor. This should not be confused with an 'arranged marriage'. Forced marriage is regarded as a form of domestic abuse for adults, and where children are involve, as a form of child abuse. Initial concerns should be reported to the Designated Staff who will liaise with appropriate agencies, Social Care Direct or the Police. Contact should not be made with the young person's family