

## Crossfields Institute Safeguarding Policy and Procedure

This document outlines Crossfields Institute's policy on identifying and responding to concerns regarding the safeguarding and protection of children (under 18 years old) and adults at risk of abuse. This policy, with the associated procedures, provides guidance for all staff who may have safeguarding concerns within the context of their work for Crossfields Institute.

Crossfields Institute is not a direct provider of services for children or services that are designated for adults at risk.

We may approve centres who are direct providers for services for children or adults at risk. There are therefore activities that we undertake that may bring us into contact with those who are vulnerable to abuse because of their age, physical or mental ability or ill health.

Types of relevant activity include:

- Teaching, mentoring, assessing or quality assuring the work of a learner on a Crossfields Institute Higher Education programme
- Undertaking quality assurance or administration activities that bring us into direct contact with a learner on a Crossfields Institute qualification delivered at a Crossfields Institute Approved Centre
- Providing consultancy services to education or care organisations that work with children or adults at risk
- Processing data that relates to children or adults at risk

### What does safeguarding mean?

The Department for Education (DfE) 'Keeping children safe in education' guidance, Part 1, describes safeguarding as including:

- Protecting children from maltreatment; preventing impairment of children's health or development
- Where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child. Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk.

The Counter-Terrorism and Security Act 2015 is about preventing people from being drawn into radicalisation and must also be considered within the scope of this policy. Section 26 of this Act places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

An adult at risk of abuse is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support. The Care Act 2014 states "Safeguarding adults means protecting a person's right to live in safety, free from abuse and neglect".

### We are committed to

1. The care and respect of all who engage with Crossfields Institute in any capacity
2. The safeguarding and protection of children and adults at risk.
3. The promotion of a culture of good practice in relation to the work of Crossfields Institute and its approved centres including:
  - Adopting a safeguarding policy

- A rigorous recruitment procedure for staff
  - Knowledge of, and preparedness to, refer to statutory agencies when abuse is known about or suspected
  - A willingness to respond, without delay, to any allegation or complaint made, which suggests that a child or adult may have been harmed
  - Providing training in the safeguarding of children and adults at risk to our own staff
  - Obtaining DBS checks for relevant staff before if it is possible that they will have direct contact with children or adults at risk as part of their work duties
4. Developing procedures and good practice guidelines to further these principles.

### **Policy Statement**

Our staff, including contractors and suppliers instructed by and acting on our behalf should not have any unsupervised contact with children or adults at risk during visits to centres or in any other situation as part of their work for us.

We require directly employed staff to declare unspent and exempt convictions at recruitment and appointment. We would not knowingly place an employee in a position that caused them to come into contact with children or adults at risk where the employee was unsuitable to do so.

**The Safeguarding Coordinator** has responsibility for reviewing and updating the Safeguarding Policy and Procedures annually, and following any safeguarding incident; promoting them throughout Crossfields Institute and for being the first point of contact for anyone with concerns for an adult at risk or a child.

For the period September 2019 – September 2020 Alison Richards (Head of Quality) is the Crossfields Institute Safeguarding Coordinator

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**Last Reviewed September 2019**

**Next review date: September 2020**

**Review by: Head of Quality, Alison Richards**

***Procedure when there is a safeguarding alert about a child or an adult at risk***

Any Crossfields Institute employee, third party, or trustee or quality committee member who suspects there is abuse of an adult at risk or child, or to whom another has confided such abuse, should report this as soon as possible to the Safeguarding Coordinator / Deputy. This is described as a “safeguarding alert”. If there is a concern that the child or adult is at immediate risk of harm the emergency services should also be called immediately.

- The Safeguarding Coordinator/Deputy will contact the relevant local authority Adult Helpdesk or Safeguarding Adults Service and act in accordance with their guidance in relation to an adult, or contact the relevant local authority Children and Families Helpdesk, or the Safeguarding Children Service for advice on action to be taken in relation to a child.

***When there is a safeguarding alert about a member of staff, or the Safeguarding Coordinator / Deputy***

If an alert implicates a member of Crossfields Institute staff or consultant, the Safeguarding Coordinator / Deputy, will inform the chair of trustees and the Chief Executive Officer and liaise with the Gloucestershire Children and Families’ Helpdesk **01452 426565** (office hours) or the Safeguarding Children Service **01452 583636** (out of hours **01452 614194**) or Adult Helpdesk (**01452 426868**) or Safeguarding Adults Service (**01452 427556**) (out of hours **01452 614194**) and/or the relevant Gloucestershire Safeguarding Children/Adults Board with regard to the possible suspension of the member of staff/consultant and advice regarding further action. These will advise about making a referral to the Local Authority Designated Officer (LADO) who is responsible for dealing with such allegations.

If the individual raising an alert regarding a child or adult at risk feels that the Safeguarding Coordinator / Deputy has not responded appropriately, or where they have a disagreement with the Safeguarding Coordinator(s) as to the appropriateness of a referral, it is their right and duty as a citizen to make a direct referral to the local authority designated safeguarding service (numbers given above).

If there is an alert implicating either the Safeguarding Coordinator or their Deputy, the person with that concern should inform the other, who will follow the procedure above. If the alert concerns both the Safeguarding Coordinator and their Deputy the person raising the alert should contact the chair of trustees and the local authority designated safeguarding officer.

***Guidance on concerns, disclosure and response regarding children and adults***

We are aware that anyone having a concern or receiving a disclosure that some kind of abuse has taken place may feel uncomfortable, hesitant or anxious about voicing it to someone else. It is important to report any concern to the Safeguarding Coordinator, without trying to make a judgement or assess its validity. It is the job of others to assess the risk, Crossfields staff, consultants, trustees or committee members must simply ensure that they report any concern or disclosure.

If a disclosure is made, the person first being confided in should allow the discloser to talk without rush or interruption; showing acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used. They should try to remain calm, even if on the inside they are feeling something different.

We will follow these guidelines for someone confided in:

- ensure that the adult or child at risk is and feels safe, calling emergency services if there is immediate danger of harm
- show that you take what they are saying seriously
- reassure and stress that they are not to blame
- be honest and explain that you will have to tell someone else (the Safeguarding Coordinator)
- inform them that you will make a record of what has been said as soon as possible after the event <sup>1</sup>
- if the discloser decides not to tell you after all, accept their decision but let them know that you are always ready to listen and that you will still need to tell the Safeguarding Coordinator that a conversation was initiated;
- use language that is age appropriate; and
- for those with a communication difficulty such as hearing or sight impairment, learning difficulty or where English is not their first language, try to ensure there is someone available who can interpret appropriately.

***A person who is confided in should not carry out their own investigation into an allegation or suspicion of abuse. Instead, they should report what they have been told and/or any concerns as soon as possible to the Safeguarding Coordinator /Deputy.***

It is then the job of the Safeguarding Coordinator/ Deputy to collect and clarify the details of the concern and pass these on to statutory agencies with the legal duty to investigate.

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<sup>1</sup> Using the record form in Appendix B

## APPENDICES

### Appendix A. What is meant by abuse?

A person may abuse by inflicting harm, or failing to prevent harm. They may do it within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

#### Abuse of children

##### Definitions

There are five types of child abuse. They are defined in the UK Government guidance Working Together to Safeguard Children (2006) as follows:

##### Physical abuse

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

##### Emotional Abuse

Emotional abuse is 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.

##### Sexual Abuse

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 both penetrative or non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex.

They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

##### Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance 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.

### **Bullying**

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies.

### **Other kinds of abuse**

These are defined in law as 'significant harm', as set out in Department of Health guidance. There is also spiritual abuse (such as when an intimidating leader imposes his/her will on other people, causing them to be fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval).

In recent years, the law's definitions of *domestic violence* have broadened from that which may occur between two adults who are intimate partners, to threatening behaviour (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality - mother, father, son, daughter, brother, sister and grandparents, in-laws or step-family. Children can suffer all forms of abuse in a situation of domestic violence, and will also suffer from witnessing domestic violence.

### **Recognising possible abuse**

Possible indicators may include a child:

- speaking directly or more indirectly about it
- showing unexpected changes in mood or behaviour
- nervousness
- persistent tiredness
- running away
- stealing
- lying

For further information on the signs of child abuse see:

- [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform) for the Child protection fact sheet: The definitions and signs of child abuse.

For more information see:

- Gloucestershire Safeguarding Children Board website ([www.gscb.org.uk](http://www.gscb.org.uk));

### **Abuse of adults**

Abuse is the violation of an individual's human and civil rights by any other person or persons.

Abuse might be unintentional, the important factor is whether the person is harmed or not.

### Definitions

**Physical Abuse**, which can include any form of assault, over-medication, restraint or poor manual handling practice.

**Domestic Abuse/Violence**, including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

**Sexual Abuse**, which can include rape and any sexual act which was not actively consented to or the person did not have the capacity to understand.

**Psychological/Emotional Abuse**, which can include threats, intimidation, coercion, harassment.

**Financial abuse** can include theft, borrowing money without repayment and any pressure in connection with wills or property, possessions or benefits.

**Modern Slavery** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Neglect** which can include ignoring medical or physical needs, not providing access to appropriate health or social care, the withholding of the necessities of life, such as medication, adequate food, water and heating.

**Discriminatory Abuse**, which includes all forms of harassment, slurs or similar treatment based on a person's disability, ethnic origin, gender or sexuality, this is often called hate crime.

**Organisational Abuse**, including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation

**Self-Neglect**, this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

### Other categories of adult abuse:

- Exploitation (includes radicalisation)
- Spiritual abuse
- Multiple forms of abuse
- Inappropriate restraint
- Hate crime
- Human trafficking
- Forced Marriage

- Female Genital Mutilation (FGM)

### **Recognising possible abuse**

Staff, consultants and trustees are not expected to diagnose abuse but we need to be aware, recognise and be alert to signs that all is not well with an adult.

Possible indicators may include an adult:

- Disclosing partially or fully
- Frequent or unexplained minor injuries or bruising
- Signs of depression or stress which may happen suddenly or gradually emerge
- Neglected personal care
- Weight loss
- Dramatic change of behaviour /personality – this can happen very suddenly and unexpectedly and is often associated with fear
- Confusion
- Persistent financial hardship
- Denial that anything is wrong and an emphasis that all is extremely well
- Seeking help from numerous sources/people – this may be a direct request for help or attention seeking behaviour
- Acceptance or resignation of a situation as being part of being old and/or disabled
- Deference or submission to a suspected abuser
- Not getting to medical appointments

Abuse can happen in any setting where people are dependent on the care of others for their well-being.

For more details, advice and procedures see:

- Gloucestershire Safeguarding Adults Team on [www.gloucestershire.org.uk/safeguardingadults](http://www.gloucestershire.org.uk/safeguardingadults)

## Appendix B. Template for Safeguarding Records

Subject of record	Name: Date of birth: Address: Phone: Mobile: e-mail:		
Case type (delete as appropriate)	Child/Young Person; Adult at risk; Person who may pose a risk		
Start date			
Contact person (the person who first raised the issue)	Name: Role: Address: Phone: Mobile: e-mail:		
Issue (nature of risk/ concern/behaviour)			
Other contact (1)	Name: Relationship to subject: Address: Phone: Mobile: e-mail:		
Other contact (2)	Name: Relationship to subject: Address: Phone: Mobile: e-mail:		
Other contact (3)	Name: Relationship to subject: Address: Phone: Mobile: e-mail:		
Date	Notes of what was said, actions agreed and by whom	Author	Role
	(continue overleaf as necessary)		