THE LEEDS SCHOOL OF ENGLISH

Last revision: January 2018

Safeguarding Policy and Procedures

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Version Control Record

Version	Version or document being superseded	Changes from previous version (record origins of document if new)
1	No previous version	
2	Version 1	Version 2 expanded to meet ISI/Accreditation UK requirements in light of legislative change. Policies and Procedures currently only refer to "Adults at Risk", as no "Under 18" provision occurs.
3	Version 2	Version 3 amended to meet the changes in governmental policy and guidance, as "No Secrets" was repealed on 1st April 2015 by the Care Act 2014. Policies and Procedures now include "Children & Young People", as ECX is expanding its remit to include "Under 18" provision, in line with ISI/Accreditation UK requirements.
4	Version 3	Version 4 amended to reflect the change in the designated Safeguarding Lead
5	Version 4	Version 5 has got revised guidelines to reflect our current practices and to accommodate the new requirements set by the junior summer school operation.

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1. Policy Statements

The Leeds School of English has a strong commitment to ensuring that we safeguard and promote the welfare of all students at the School. The Leeds School of English will not tolerate the abuse or neglect of students in any of its forms.

The Leeds School of English (hereafter referred to as LSE) is committed to:

- Managing its services in a way which minimises the risk of abuse or neglect occurring
- Taking all appropriate action to address concerns about the welfare of a student, or students, working to agreed local policies in full partnership with other local services
- Supporting students who are experiencing or have experienced abuse or neglect
- Working with students and other agencies to end any abuse or neglect that is taking place.

In achieving these aims LSE will:

- Have a senior member of staff to take lead responsibility for safeguarding issues, providing advice and support to other staff, liaising with other staff, and working with other agencies, who will be known as the Principal Safeguarding Officer (PSO)
- Endeavour to create an open and accountable environment permitting students and staff to voice their concerns about inappropriate behaviour and misconduct while providing strong sanctions to deter abuse, victimisation and cover up of serious malpractice
- Ensure that all managers, employees and volunteers have access to and are familiar with this safeguarding policy and procedure and their responsibilities within it
- Ensure concerns or allegations of abuse are always taken seriously
- Ensure Safe Employment practices are observed as we recognise this is an important part of safeguarding all students, no matter their age
- Ensure all staff receive training in relation to safeguarding children and adults at a level commensurate with their role
- Ensure that students, their relatives or informal carers have access to information about how to report concerns or allegations of abuse
- Ensure that the safeguarding policy and procedures are reviewed annually to make sure they are still relevant and effective.

The policy and procedures herein are grounded within the requirements of UK legislation, namely the 1989 and 2004 Children Acts, the 2006 Safeguarding Vulnerable Groups Act and the 2014 Care Act, as detailed in "Working Together to Safeguard Children" (March 2015), "Keeping Children Safe in Education" (March 2015) and "Care and Support Statutory Guidance issued under the Care Act 2014" (October 2014).

As a private education provider accredited by the Independent Schools Inspectorate for Educational Oversight and by Accreditation UK for our EFL provision, we are aware that both bodies have strict standards for the safeguarding of Under 18s, and endeavour to meet their Standards herein.

The policy and procedures have been developed to be consistent with the West Yorkshire Safeguarding Children Board Consortium Procedures Manual and the Safeguarding Adults Multi Agency Policy and Procedure for West Yorkshire and North Yorkshire, which can be referred to for additional guidance at www.leedslscb.org.uk and www.leedssafeguardingadults.org.uk, alongside the local protocols of Leeds Safeguarding Children Board (LSCB) and Leeds Safeguarding Adults Board (LSAB).

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This document will be shared with all staff and volunteers within their induction process to ensure they are familiar with LSE's beliefs and guidelines, and that they understand their own responsibilities.

This policy is available in full at the School's website, and is also published in a simplified form in the Student Handbook.

2. Policy Definitions

"All staff and volunteers" will be used to refer to any member of staff, whether they are employed or volunteers, who must abide by this policy and the procedures detailed herein.

For the purposes of this policy, the term "Student" will be used to refer to all students within LSE, no matter their age, and will illustrate that any member of our student population could be at risk of abuse or harm.

2.1 Safeguarding and Promoting the Welfare of Children

Safeguarding and promoting the welfare of children is defined 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
- Taking action to enable all children to have the best outcomes

(Working Together to Safeguard Children, March 2015)

For the purposes of this policy, "Children" includes everyone under the age of 18.

2.2 Who is an 'Adult at Risk'?

An adult at risk is described as an individual aged 18 years or over, who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

(Care & Support Statutory Guidance, October 2014)

Such a definition includes adults with physical, sensory and mental impairments, and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury.

Also included are people with a mental illness, dementia or other memory impairments, people who misuse substances or alcohol.

The definition also includes carers (family and friends who provide personal assistance and care to adults on an unpaid basis).

LSE also recognises that the definition of an adult at risk may include those who have recently entered the UK and have limited use and understanding of the English Language.

2.3 What is Abuse and Neglect?

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. This section represents a combination of the current guidance and definitions for both Safeguarding Children and Adults.

Abuse is a form of maltreatment of an individual. It is harm that is caused by anyone who has power over another person. Somebody may abuse or neglect an individual by inflicting harm, or by failing to act to prevent harm. It can

take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Individuals can also be the victim of financial abuse from people they trust.

An individual may experience abuse from any other person or persons, adult(s) or child(ren). The person may be a doctor, nurse, social worker, advocate, care worker, volunteer or any other person in a position of trust. The person may also be a relative, friend, neighbour, another student or anyone else. Abuse may be carried out by individuals, as detailed above, or by the organisation that employs them.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals should look beyond single incident or individuals to identify patterns of harm. In order to see these patterns it is important that information is recorded and appropriately shared.

Neglect occurs when an individual is mistreated by persistently not being given the care and support they need, especially when an individual is unable to care for themselves. This can include the failure to provide adequate food, clothing and shelter, failure to protect an individual from physical and emotional harm or danger; failing to ensure adequate supervision; or failure to ensure adequate medical care or treatment.

There are ten forms of abuse and neglect identified in the Care and Support Statutory Guidance (October 2014), four of which are paid particular interest in Keeping Children Safe in Education (March 2015), which should be used to categorise and described the experience of individuals/students at risk.

Physical abuse – a form of abuse which may involve assault, hitting, shaking, throwing, slapping, and pushing, kicking, poisoning, misuse of medication, burning or scalding, drowning, suffocating, inappropriate restraint or inappropriate physical sanctions, or otherwise causing physical harm to an individual. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, an illness in an individual in their care;

Sexual abuse – involves forcing or enticing an individual to take part in sexual activities, not necessarily involving a high level of violence, whether or not the individual is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex), or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include indecent exposure, sexual harassment, inappropriate looking or touching, and sexual teasing or innuendo. They may also include non-contact activities, such as involving individuals in looking at, or in the production of, sexual imagery, watching sexual activities: including pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the individual has not consented, or could not consent or was pressured into consenting. It can also include encouraging individuals to behave in sexually inappropriate ways, or grooming an individual 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;

Psychological abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;

Emotional abuse – the persistent emotional maltreatment of an individual such as to cause severe and adverse effects on an individual's emotional development and wellbeing. It may involve conveying to an individual that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the individual opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on individuals. These may include interactions that are beyond an individual's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the individual from participating in normal

social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing individuals frequently to feel frightened or in danger, or the exploitation or corruption of individuals. Some level of emotional abuse is involved in all types of maltreatment, although it may occur alone;

Neglect and acts of omission - includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Please note, that in the case of children, neglect can occur whilst the child is still in utero, as a result of the likes of maternal substance abuse.

Self-neglect – this covers a wide range of behaviour neglecting to care for one's own personal hygiene, health or surroundings, and includes behaviour such as hoarding;

Domestic violence – including psychological, physical, sexual, financial, emotional abuse. This includes so-called "honour" based violence;

Financial or material abuse – includes theft, fraud, internet scamming, coercion in relation to an individual's financial affairs or arrangements, including in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of 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;

Discriminatory abuse – includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age disability, sexual orientation or religion;

Organisational abuse – includes neglect and poor professional/care practice within an institution or specific setting, or in relation to provision within one's own home. This may range from "one off"/isolated 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.

Any or all of these types of abuse may occur as a result of deliberate intent, negligence or ignorance.

Indicators of abuse, that is those signs and symptoms that indicate that abuse is occurring, are included within Appendix A.

3. Key Roles

3.1 Employees and Volunteers:

It is the responsibility of all employees and volunteers, at all levels of seniority within LSE to 'Raise a Concern' about the welfare and safety of a student at risk.

Every employee and volunteer has a responsibility to raise a concern, by informing the Principal Safeguarding Officer.

3.2 The Principal Safeguarding Officer (LSE Safeguarding Lead):

The Principal Safeguarding Officer has the responsibility:

- To ensure the Safeguarding Policy and Procedure is regularly reviewed and up to date
- To ensure that all staff and employees are recruited and checked (as appropriate) according to LSE's Safe Employment Policy and Procedure (See Section 4)
- To ensure that all staff and volunteers have appropriate safeguarding training and information to fulfil their roles
- To be the individual to whom all safeguarding concerns are initially raised
- To decide whether a referral to Children's Social Care Services is required
- To decide whether a safeguarding adult alert is required.

The Principal Safeguarding Officer for LSE is Tasmin Smith (Academic Manager).

She is located in the Administration Office (01132 456476), Emergency Contact Number: 07397 883675.

If the Principal Safeguarding Officer is unavailable then the Deputy Safeguarding Officer, Alexandra King (Student Services Officer) should be contacted in the Administration Office (01132 456476) instead.

3.3 Local Authority Contacts

Safeguarding Issues for Under 18s

Leeds Children's Social Work Services:

- Advice and Duty Team: 0113 222 4403
- Social Care Emergency Duty Team (out of hours): 0113 240 9536

LSCB Support Unit Advice Line: 0113 395 0297

Safeguarding Issues for Over 18s

Leeds Adult's Social Care Services:

- During Office hours: 0113 222 4401
- Social Care Emergency Duty Team (out of hours): 0113 240 9536

LSAB Support Unit Advice Line: 0113 224 3511

4. Safer Recruitment

The Leeds School of English will take all possible steps to prevent unsuitable people from working with any students. When interviewing potential staff we ensure:

- Jobs advertisements, wherever possible, point to our website, where an application form has to be completed
- CVs are not accepted instead of completing the application form
- Clear guidance is shown to applicants explaining safeguarding responsibilities of all our staff and draw attention to background checks
- Shortlisted applicants are interviewed following pre-prepared questions by, whenever possible, at least a panel of two or more
- During the interviews, we explore:
    - The candidates' attitude toward Safeguarding, including Child Protection
    - Their ability to support LSE's agenda for safeguarding and promoting the welfare of all students
    - Any gaps in the candidates' employment history
    - Any concerns or discrepancies arising from the information provided by the candidate and/or referee(s).
- Applicants identity and claims to any academic qualifications are be verified
- References are taken up by direct contact with referees
- Evidence of the date of birth and address of the potential employee are sought
- Prior to appointment, for all our staff an Enhanced Disclosure via the Disclosure and Barring Service are secured, and a new DBS check will take place every three years

A job offer will only be made subject to the necessary checks being satisfactory.

5. Training (Induction and CPD)

All employees, regardless of previous experience will take part in an induction programme during the first four weeks of employment.

The purpose of this will be to:

- Provide training about our policies and procedures
- To provide support to individuals in the role for which they have been engaged
- To provide opportunities for a new employee or volunteer to discuss any issues or concerns about their role or responsibilities
- To enable the employee's line manager to recognise any concerns about the person's ability or suitability at the outset and address them immediately
- To ensure that the individual is aware of policies, procedures and statements in relation to safeguarding and promoting the welfare of students
- To ensure that individuals understand how and with whom they should raise any concerns with regard to any safeguarding issues
- To ensure that individuals are aware of other relevant procedures, e.g. disciplinary and whistleblowing
- To ensure that all staff and volunteers have appropriate levels of training in safeguarding students and other responsibilities in connection with their role
- To advise individuals about the observation and appraisal systems

Immediately after appointment, all staff have to complete the following trainings:

- Safeguarding (Basic Awareness Training)
- Prevent (Home Office E-learning Training)

All employees and volunteers (paid or unpaid) will be expected as part of their Continuing Professional Development (CPD) to partake in internal and external CPD in relation to their role and responsibilities, including Safeguarding.

All staff will undergo internal CPD training in regards to the Safeguarding Policy and Procedures at LSE, with annual refresher training scheduled and maintained by the PSO.

Those staff whose roles and responsibilities within LSE require external qualification and certification will be scheduled to undertake those qualifications, at a level commensurate with their role, through Leeds Safeguarding Adults and Safeguarding Children Boards, and will maintain the refresher training as advised by the LSAB and LSCB (usually every 3 years). This will be monitored and scheduled by the PSO.

6. Prevention

As well as adhering to the Safer Recruitment and Training detailed above in Sections 4 and 5, we refer all staff to the following related policies and procedures that also work towards minimising the risk of abuse occurring:

1. Age Policy
2. Anti-Bullying & Anti-Harassment
3. Appropriate Physical Contact
4. Complaints Policy
5. DBS Policy
6. Equality & Diversity/Equal Opportunities
7. Incident Reporting Policy & Procedures
8. Managing Challenging Behaviour
9. Managing Medication
10. Managing Physical Interventions (Restraint)
11. Professional and Personal Boundaries Policy (including Positions of Power and Trust & Duty of Care)
12. Public Interest Disclosure (Whistle Blowing) Policy & Procedure
13. Student Responsibilities in regards to Safeguarding
14. Supervision Policy
15. The Handling of Students' Money and Personal Effects

6.1 Safeguarding Procedures

The procedures detailed below have been designed to help all staff and volunteers know how to respond to situations where they may have concerns about the safety and well-being of a student that they have contact with in any situation.

Due to the nature of our work, LSE may be in the frontline of work with students at risk. This means that we may be the first to know that a student has been abused or that we are concerned about a student's well-being. Everyone has an equal responsibility to ensure that students' needs are put first, and to safeguard any student with whom we come into contact. This responsibility rests not only with the Executive Directors and Safeguarding Officers, but also with every individual employed, either paid or voluntary, within LSE whilst at work or at home.

It is essential that all staff and volunteers know how to respond in these circumstances.

All staff and volunteers must endeavour at all times to safeguard all students from harm and exploitation whatever their:

- Race, Religion, First Language or Ethnicity
- Gender or Sexuality
- Age
- Health, ill-health or disability
- Location or Placement (e.g. living alone, in a hostel or residential unit, with their family or foster family, as a tourist in a hotel, etc.)
- Criminal or offensive behaviour
- Wealth or lack of it
- Political or immigration status

Staff and volunteers at LSE need to be alerted to the potential abuse of students both within families and also from other sources, including abuse by members of staff and volunteers in our own and other organisations. They need to know how to recognise and act upon indicators of abuse or potential abuse involving students. There is an expected responsibility for all staff and volunteers at LSE to respond to any suspected or actual abuse of a student in accordance with the procedures provided.

6.2 Confidentiality

It is important for all staff and volunteers to follow the statement of confidentiality outlined below:

We treat all students with respect. Information that is given to us in relation to abuse or potential abuse will be treated confidentially (it can never remain "a secret") and will only be shared with those persons who have an agreed reason to have the information. Information will only be passed to other people after consent from the person giving the information has been sought; consent, or lack thereof, will be considered a "moot point" where the greater welfare of the student is deemed to be at risk. In these circumstances a discussion will be held with the Principal Safeguarding Officer, and if it is considered appropriate the information will be shared with professionals in the local authority/police/health services.

A Concern must be raised, with or without consent, in the following instances:

- There is a risk to another student
- It concerns an episode of Organisational Abuse
- It concerns the conduct of an LSE employee or Volunteer
- The event occurred on LSE premises (a building where Duty of Care applies)
- The student is clearly intimidated/frightened by the situation being disclosed
- It is a life threatening situation
- It is a criminal matter

7. Responding to an allegation/concern

7.1 Raising a Concern – All Staff and Volunteers

If any member of staff or volunteer has reason to believe that abuse is or may be taking place you have a responsibility to act on this information.

It does not matter what your role is, doing nothing is not an option.

If a person discloses abuse to you directly, use the following principles to respond to them:

- Assure them that you are taking the concerns seriously
- Do not be judgemental or jump to conclusions
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can. Use open ended questions
- Allow them to give a spontaneous account; do not stop them when they are freely recalling significant events
- Do not start to investigate or ask detailed or probing questions
- Make an accurate record of the information given taking care to record the timing, setting and people present, their presentation as well as what they said. Do not throw this away as it may later be needed as evidence
- Use the student's own words where possible
- Explain that you cannot promise not to speak to others about the information they have shared. Explain that you have a duty to tell the Principal Safeguarding Officer, or Deputy Safeguarding Officer (if the disclosure involves the PSO)
- Reassure them that:
    - You are glad that they have told you;
    - They have not done anything wrong;
    - What you are going to do next;
    - You will need to get help to keep them safe;
- Reassure the person that they will be involved in decisions about them

You must NOT ask the student to repeat their account of events to anyone.

Your responsibilities are:

1. To take action to keep the person safe if possible.
    1. Is an urgent police presence required to keep someone safe? – call 999
    2. Does the person need urgent medical assistance, do they need an ambulance? – call 999
2. If a crime has occurred, be aware of the need to preserve evidence
3. Always inform the PSO (or DSO in her absence). You cannot keep this information secret, even if the person asks you to.
4. Clearly record what you have witnessed or been told, record your responses and any actions taken.

If consulting with your manager will lead to an undue delay and thereby leave a person in a position of risk, or you do not feel your manager is taking the issue seriously, then you should consider undertaking the safeguarding referral yourself.

7.2 Consulting about a Concern

The purpose of consultation is to discuss concerns in relation to a student and decide what action is necessary. Staff or volunteers may become concerned about a student who has not spoken to them, because of something they have observed, or information they have heard about a student.

If a student is upset or has a visible injury it is good practice to ask them why they are upset or how a cut or bruise was caused, or respond to a student who wants to talk. This practice can help clarify vague concerns and result in appropriate action.

If staff members or volunteers are concerned about a student they must share their concerns. Initially they should talk to the Principal Safeguarding Officer, Jay Anderson (Training Director), who is located in the Administration Office (0113 245 6476), Mobile Number: 07794 528986. Emergency Contact Number: 0113 228 8895.

7.3 Reporting Concerns/Making a Safeguarding Referral (Alert)

The procedures detailed below are taken from the "West Yorkshire Safeguarding Children Consortium Procedures Manual (April 2015)" and the "Safeguarding Adults Multi Agency Policy and Procedure for West Yorkshire and North Yorkshire (April 2015)", to which the LSCB and LSAB adhere.

7.3.1 Making a Referral (Where the Student is Under 18)

Referrals must be made in one of the following ways:

- In person or by telephone contact to the relevant Children's Social Care Services office;
- In an emergency outside office hours, by contacting the Children's Social Care Services Out of Hours Service / Emergency Duty Team or the Police;
- All professionals must confirm verbal and telephone referrals in writing within 48 hours of being made.

Referrals should be made to the duty officer at the local Children's Social Care Services Team where the child is living or is found.

If the concern arises out of office hours, the referral must be made to the Children's Social Care Services Out of Hours/ Emergency Duty Team. Any work undertaken by the Emergency Duty Team will be completed by the regular office hours' Children's Social Care Services.

If it is not possible to contact the relevant Children's Social Care Services office, the concern must be reported to the Police CPPU or if not available to the Duty Inspector at the nearest police station. If the Police receive a referral prior to the Children's Social Care Services, they must consult with Children's Social Care Services as soon as practicable ans prior to taking any action, if possible.

Professionals in most agencies should have internal procedures, which identify Designated Senior Persons or Named Professionals - managers or staff, who are able to offer advice on child protection matters and decide upon the necessity for a referral. Consultation may also be required directly with the local Children's Social Care Services Team or the allocated social worker in Children's Social Care Services.

Arrangements within an agency may be that a designated person makes the referral. However, if the designated or named person is not available, the referral must still be made without delay.

A referral or any urgent medical treatment must not be delayed by the unavailability of designated or named professionals.

The person making the referral should provide the following information if available - note - absence of information must not delay a referral:

- Full name, any aliases, date of birth and gender of child/children;
- Full family address and any known previous addresses;
- Identity of those with parental responsibility;
- Names, date of birth and information about all household members, including any other children in the family, and significant people who live outside the child's household;
- Ethnicity, first language and religion of children and parents/carers;
- Any need for an interpreter, signer or other communication aid;
- Any special needs of the child/ren;
- Is the child registered at a school or regularly attending a school? If so, identify the school;
- Any significant/important recent or historical events/incidents in the child or family's life;
- Has the child recently spent time abroad or recently arrived in the area?
- Cause for concern including details of any allegations, their sources, timing and location;
- The identity and current whereabouts of the suspected/alleged perpetrator;
- The child's current location and emotional and physical condition;
- Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g. child about to be collected by alleged abuser);
- The child's account and the parents' response to the concerns if known;
- The referrer's relationship and knowledge of the child and parents/carers;
- Known current or previous involvement of other agencies/professionals;
- Information regarding parental knowledge of, and agreement to, the referral.

7.3.2 Making an Alert (Where the Student is Over 18)

Reporting a concern is called making an Alert. Anyone can make an Alert, often however this is undertaken by a manager in the organisation. This person is referred to as the Alerting Manager. In the case of LSE, the Alerting Manger responsibilities lay with the Principal Safeguarding Officer.

As an Alerting Manager you should follow the Guidance in Appendix H.

8. Following a Safeguarding Alert

8.1 After Making a Referral (Where the Student is Under 18)

Children's Social Care Services will ensure that a duty worker is available to receive child protection referrals; outside normal working hours, the Emergency Duty Team will receive referrals.

Children's Social Care Services will deal with the referral in accordance with the local Common Assessment Framework and the Framework for the Assessment of Children in Need and their Families and determine whether a referral should be responded to on the basis that the child is in need of support under section 17 of the Children Act 1989 or in need of protection under section 47 of the Children Act 1989.

Referrers should have an opportunity to discuss their concerns with a qualified social worker.

The worker receiving a referral will establish:

- The nature of the concern;
- How and why it has arisen;
- What the child's and family's needs appear to be;
- Whether the concern involves any risk of Significant Harm;
- Whether there is any need for any urgent action to protect the child, any other child in the same household or any child in contact with an alleged perpetrator.

To do so, the worker receiving the referral will usually discuss the case with the referrer and in doing so, will:

- Give their name and designation;
- Help the referrer to give as much relevant information as possible and repeat back to the referrer the key points using the order indicated above;
- Clarify information that the referrer is reporting directly and information that has been obtained from a third party;
- Discuss whether there are concerns about maltreatment and if so, what is their foundation;
- Clarify who has and who has not been told about the referral;
- Clarify the whereabouts of the child;
- Discuss whether it may be necessary to consider taking urgent action to ensure the safety of the child or any other child in the same household or who is in contact with an alleged perpetrator;
- Agree how to re-contact the referrer if further clarification is required;
- Clarify the extent to which the referrer's anonymity can be maintained (if this is an issue in the case of a non-professional referrer);
- Clarify expectations about how and when feedback is to be given.

Referrers should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic abuse, mental illness, substance misuse, and/or learning difficulties.

At the end of any discussion about a child, the referrer (whether a professional or a member of the public or family) and the Children's Social Care Services social worker should be clear about timescales and any proposed action and who will be taking it, or if no further action will be taken. The outcome should be recorded by the Children's Social Care Services and by the referrer (if a professional in another service) on the relevant forms including the Referral Form.

Children's Social Care Services should decide on a course of action. They should acknowledge receipt of a written referral within ONE working day. If the referrer has not received an acknowledgement within THREE working days they should make contact with the relevant manager in the Children's Social Care Services Team.

The worker receiving the referral must consider whether there are other children in the same household, the household of an alleged perpetrator or elsewhere, who should be considered as the subject of a referral.

The worker receiving the referral will also:

- Check whether the child is subject to a Child Protection Plan and/or whether there has been any previous involvement with the Children's Social Care Services in relation to the child or children concerned and any other members of the household;
- Identify other agencies or persons who may hold relevant information;
- Consult other agencies as appropriate (including the Police if any offence has been or is suspected to have been committed).

Parents should be informed of the referral and their permission sought to share information with other agencies unless to do so would:

- Prejudice any investigations or enquiries;
- Be prejudicial to the child's welfare and/or safety;
- Cause concern that the child would be likely to suffer Significant Harm as a result.

In these circumstances, a manager from the Children's Social Care Services may decide to consult other relevant agencies without seeking parental consent. Any such decision must be recorded with reasons.

Where there is or may be a Crime Committed

If the referral relates to a situation in which a crime has or may have been committed, including sexual or physical assault or physical injury caused by neglect, the worker receiving the referral must discuss the referral with the Police at the earliest opportunity. The Police, in consultation with Children's Social Care Services and any other agencies involved with the child, must consider whether there should be a criminal investigation and/or a Children's Social Care Services led intervention.

Whilst the responsibility to instigate criminal proceedings rests with the Police, they should consider the view expressed by other agencies. In some circumstances with less serious cases, it may be agreed that the best interests of the child would be served by a Children's Social Care Services led intervention rather than a full police investigation.

This will need to be discussed carefully and a decision made at a Strategy Discussion.

The Outcome of a Referral and Feedback

The Children's Social Care Services team will decide upon and record their next steps of action within one working day of receiving a referral.

The decision about future action will take account of the discussion with the referrer, consideration of information held in existing records and discussion with any other professionals or services as necessary (including the Police where a crime against a child may have been committed).

The initial disposal of a Referral, which must be authorised by the manager, may be:

a. That the child does not appear to be a Child In Need, which will result in one of the following: the provision of information, advice, sign-posting to another agency and/or no further action;

b. That the child appears to be a Child in Need with a moderate level of need, in which case, the manager may authorise a Single Assessment;
c. That the child appears to be a Child in Need with a high level of need, which must result in a Single Assessment;
d. That it is suspected that the child is suffering or is likely to suffer from Significant Harm, which will result in an Assessment, with a view to conducting a Strategy Discussion, prior to a Section 47 Enquiry commencing.

Where the significant harm has been caused by a person who was not previously known to the child or by another child, the decision whether to take further action under these procedures will depend on the following:

- Is the alleged perpetrator likely to pose a risk of significant harm to this or any other children?
- Did the parent or carer by omission or commission contribute to the abuse?

The duty social worker should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, he/she should contact the manager in the Children's Social Care Services team again.

Feedback on the outcome of a referral should be provided to the referrer, including where no further action is to be taken.

In the case of a referral by a member of the public, feedback should be provided in a way which will respect the confidentiality of the child.

8.2 After Making a Referral (Where the Student is Over 18)

A safeguarding adult alert will be reviewed by a safeguarding coordinator. The safeguarding coordinator will be a senior person within health or adult social care with the responsibility to review safeguarding alerts and decide whether the safeguarding adult procedures should be followed. The safeguarding coordinator would also oversee any resulting investigation or protection planning arrangements.

The safeguarding coordinator may request that your organisation undertakes an investigation and report the findings back to them; or they may decide to undertake an investigation themselves. They may also decide that the safeguarding procedures are not the most appropriate means of support in this instance.

This organisation and members of staff (or volunteers) shall, as required:

- Attend/participate within any strategy discussion or meeting arranged
- Support the safeguarding investigation process
- Attend/participate within any case conference meeting arranged
- Undertake or contribute to a safeguarding adults investigation
- Coordinate any internal investigation into an incident or allegation with the safeguarding investigation.
- Undertake a service provider investigation as requested by the safeguarding coordinator (See Appendix D).

Refer to the West Yorkshire Safeguarding Adult Policy and Procedures at www.safeguardingadults.org.uk for further information and guidance as to safeguarding investigation processes.

9. Allegations against Staff

Allegations are usually addressed in two areas:

1. Allegations that a student is being harmed by a member of staff, known as Allegations Management
2. General allegations of wrong doing, known as Public Interest Disclosures (Whistle Blowing).

All staff and volunteers have a responsibility to ensure they do not abuse their positions of trust whilst working for LSE. Any concerns raised by a member of staff, volunteer, or a member of the public regarding inappropriate behaviour by any member of LSE towards a student will be managed via the following procedure and all allegations will be acted upon.

9.1 Allegations Management

If anyone raises a concern about another member of staff or volunteer where they have:

- Behaved inappropriately in a way that has harmed or may have harmed a student
- Possibly committed a criminal offence against or related to a student
- Behaved towards a student or students in a way that indicates they are unsuitable to work with students in their work, volunteering capacity, or private life.

This must be reported to the Principal Safeguarding Officer.

9.1.1 Allegations Management in regards to Under 18s

Where the allegation is made in regards to a Student Under the age of 18, the PSO must then inform the Leeds Safeguarding Children Board via their Local Authority Designated Officer (LADO) on 0113 247 8652. The current LADOs for the LSCB are Carolyn Hargreaves (Carolyn.Hargreaves@leeds.gov.uk) and Ted O'Sullivan (Ted.O'Sullivan@leeds.gov.uk).

The LADO will advise on how to proceed, whether the matter can be dealt with within LSE according to our Disciplinary Policy and Procedures, including our Duty to Refer to the DBS, or whether the Children's Social Care Services need to become involved in line with the West Yorkshire Safeguarding Children Consortium Procedures Manual.

In instances where the LADO, the local authority, and other associated agencies become involved, their policies and procedures will be followed, and LSE will respond appropriately to their requests and partake, as required, in their external processes and procedures.

9.1.2 Allegations Management in regards to Over 18s

Where the allegation is made in regards to a Student Over the age of 18, the PSO must then inform via the Leeds Safeguarding Adult Board's Support Unit Advice Line – Tel: 0113 224 3511. The LASB will advise on how to proceed, whether the matter can be dealt with within LSE according to our Disciplinary Policy and Procedures, including our Duty to Refer to the DBS, or whether the Local Authority Designated Adult Safeguarding Manager needs to become involved in line with the Multi-Agency Safeguarding Adults Policy and Procedure for West Yorkshire and North Yorkshire, and the Practice Guidance: Role of the Designated Safeguarding Manger (DASM).

In instances where the DASM, the local authority, and other associated agencies become involved, their policies and procedures will be followed, and LSE will respond appropriately to their requests and partake, as required, in their external processes and procedures.

10 Private Fostering

The Leeds School of English, as a provider of homestay provider, understands the importance of making all staff aware of what private fostering is.

Definition

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

Provision

The Leeds School of English does not accept students under the age of 16 at the year-round operation, and therefore does not make arrangements for private fostering either.

Students under the age of 16 are accepted onto the Junior Summer School programme, but there is no private (homestay) accommodation arranged for them.

Should exceptional circumstances arise, or the need for a disabled under 18 student to be placed with a homestay family for more than 28 days, the local authority will be contacted by the Safeguarding Lead, at least six weeks before the arrangement starts.

Appendix A: Indicators of Abuse

Indicators of abuse are the suspicious signs and symptoms that draw attention to the fact that something is wrong. The presence of one or more indicators does not confirm abuse. However, a cluster of several indicators may indicate possible abuse and the need for further assessment. The lists of indicators are not exhaustive.

Physical abuse

Possible signs and symptoms:

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the adult at risk
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- clusters of injuries forming regular patterns or reflecting the shape of an article
- burns, especially on soles, palms or back; from immersion in hot water, friction burns, rope or electric appliance burns
- multiple fractures, lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- marks on body, including slap marks, finger marks
- injuries at different stages of healing
- misuse of medication.
- forced Marriage
- unauthorised deprivation of liberty

Sexual abuse

Possible signs and symptoms:

- significant change in sexual behaviour or attitude
- pregnancy in a woman who is unable to consent to sexual intercourse
- poor concentration
- adult at risk appears withdrawn, depressed, stressed
- unusual difficulty or sensitivity in walking or sitting
- torn, stained or bloody underclothing
- bruises, bleeding, pain or itching in genital area
- bruising to thighs or upper arms
- self harming behaviour.
- sexually transmitted diseases, urinary tract or vaginal infection, 'love bites'

Psychological/Emotional abuse

Possible signs and symptoms:

- change in appetite
- low self esteem, deference, passivity, and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- sleep disturbance
- self harming behaviour

- forced marriage
- unauthorised deprivation of liberty

Neglect and acts of omission

Possible signs and symptoms:

- physical condition of the adult at risk, for example, bedsores, unwashed, ulcers
- clothing in poor condition, for example, unclean, wet, ragged
- inadequate physical environment
- inadequate diet
- untreated injuries or medical problems
- inconsistent or reluctant contact with health or social care agencies
- failure to engage in social interaction
- malnutrition when not living alone
- inadequate heating
- failure to give prescribed medication
- poor personal hygiene
- failure to respond to an identified risk of harm

Financial abuse

Possible signs and symptoms:

- unexplained sudden inability to pay bills or maintain lifestyle
- unusual or inappropriate bank account activity
- Lasting power of attorney or enduring power of attorney obtained when the adult at risk lacks mental capacity to give consent
- carer withholding money
- recent change of deeds or title of property
- unusual interest shown by family or others in the adult at risk's assets
- evasiveness from the person managing financial affairs

Discriminatory Abuse

Possible signs and symptoms:

- lack of respect shown to an individual
- signs of a sub-standard service offered to an individual
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status
- failure to follow the agreed care plans, which can result in the person being placed at risk

Organisational Abuse

Possible signs and symptoms:

- inappropriate or poor care
- misuse or inappropriate use of medication

- neglect of service user(s)
- misuse of restraint or inappropriate restraint methods
- sensory deprivation, for example, denial of use of spectacles, hearing aid etc
- lack of respect shown to personal dignity
- restricted access to toilet or bathing facilities
- restricted access to appropriate medical or social care
- lack of flexibility and choice, for example, mealtimes and bedtimes, choice of food
- lack of personal clothing or possessions
- denial of visitors or phone calls
- lack of privacy
- lack of adequate procedures, for example, for medication, financial management
- controlling relationships between staff and service users
- poor professional practice
- high number of complaints, accidents or incidents
- unauthorised Deprivation of Liberty
- non-adherence to the Mental Capacity Act

Appendix B: Decision support tool for making safeguarding alerts (for Students over 18)

The decision support tool is provided as a support and not a replacement for professional decision making. It should be used alongside other guidance provided and with consideration of the specific unique circumstances of the allegation or concern.

Types of Abuse/ Types of Response	Examples where a safeguarding alert may not be required	Examples where a safeguarding alert is likely to be required
Physical	One service user 'taps' or 'slaps' another but not with sufficient force to cause a mark or bruise and the victim is not intimidated. Isolated incident, care plans amended to address risk of reoccurrence or One service user shouts at another in a threatening manner, but the victim is not intimidated. Care plans amended to address risk of reoccurrence.	Predictable and preventable (by staff) incident between two adults at risk resulting in harm Harm may include: bruising, abrasions and/or emotional distress caused
	A person has been formally assessed under the Mental Capacity Act. Actions taken in best interests are not the 'least restrictive'. Harm has not occurred and actions are being taken to review care plans. Application for Deprivation of Liberty Safeguards may be required.	An unauthorised deprivation of liberty results in a form of harm to the person or authorisation has not been sought for DoLS despite this being drawn to the attention of hospital/care home Harm may include: loss of liberty, rights and freedom of movement. Other types of abuse may be indicated – psychological/emotional distress
Psychological/ Emotional	An individual is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff or family carer. Respect for them and their dignity is not maintained but they are not distressed. Actions being taken to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one person. Harm may include: distress, demoralisation, loss of confidence or dignity. Insults contain

		discriminatory elements e.g. racist or homophobic abuse
Neglect and acts of omission	Isolated incident of a person not receiving necessary help to have a drink/meal and a reasonable explanation is given. Actions being taken to prevent reoccurrence.	Recurring event resulting in harm, or is happening to more than one person. Harm may include: hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity
	Isolated incident where a person does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance with changing incontinence pads and a reasonable explanation is given. Action being taken to prevent reoccurrence	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one person. Harm may include: pain, constipation, loss of dignity and self confidence, skin problems
	Patient has not received their medication as prescribed. Appropriate actions being addressed to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one person. Inappropriate use of medication that is not consistent with the person's needs Harm may include: pain not controlled, physical or mental health condition deteriorates/kept sleepy/unaware; side effects
	Appropriate moving and handling procedures are not followed or the staff are not trained or competent to use the required equipment but the patient does not experience harm. Action plans are in place to address the risk of harm.	The person is injured or action is not being taken to address a risk of harm. Harm may include: injuries such as falls and fractures, skin damage, lack of dignity
	The person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one person. Harm may include: missed medication and meals,

		care needs significantly not attended to.
	A person is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs. Lessons being learned to improve practice.	The person is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence. Harm may include: care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital.
	An individual is known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management, but no discernable harm has occurred. Actions being taken to prevent a future incident reoccurring.	The person has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed, in either case harm is incurred Harm may include: avoidable tissue viability problems
	Person does not have within their care plan/service plan/treatment plan a section that addresses a significant assessed need such as: • Management of behaviour to protect self or others • Liquid diet because of swallowing • Cot sides to prevent falls and injuries However, no harm occurs and actions being taken to address.	Failure to specify in a person's plan how a significant need must be met and action or inaction related to lack of care planning results in harm, such as injury, choking etc. A risk of harm has been identified but is not acted upon in a robust and proportionate way or there is a failure to take reasonable actions to identify risk. As a consequence one or more persons are placed at an avoidable repeated risk of harm.
	The person's needs are specified in a treatment or care plan. Plan not followed, needs not met as specified but no harm occurs.	Failure to address a need specified in a person's care plan or failure to act on an identified risk, results in harm.
Sexual	Isolated incident of teasing or low level unwanted sexualised attention (verbal or non-intimate touching) directed at one service user to another, whether or not they have mental capacity. Care plans being amended to address. Person is not distressed or intimidated.	Intimate touch between service users without valid consent or recurring verbal sexualised teasing resulting in harm Harm may include: emotional distress, intimidation, loss of dignity

Discriminatory	Person in pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required/requested medical attention in a timely fashion.	The person is provided with an evidently inferior medical service or no service as a result of discriminatory attitudes/actions. Harm may include: pain, distress and deterioration of health
Financial and material	Staff member has borrowed items from service users with their consent, professional boundaries breached, but items are returned to them. Actions being taken to prevent reoccurrence	Isolated or repeated incidents of exploitation relating to benefits, income, property, will. Theft by a person in a position of trust, such as a formal/informal carer
Institutional	Care planning documentation is not person centred or there are few opportunities to engage in social and leisure activities, but harm is not occurring. Actions being taken to address	Rigid inflexible routines, or lack of stimulation resulting in harm Harm may include: impairment/deterioration of physical, intellectual, emotional or social development or health; loss of person dignity
		There are systemic reasons for any form of abuse i.e. the way a service is provided significantly contributes to any harm/abuse experienced (or creates a risk of harm/abuse occurring).

Appendix C: Service Provider Investigations

The safeguarding coordinator may ask the service provider to undertake the safeguarding investigation and report the findings and recommendations to them.

Such an investigation should be allocated to a person of appropriate seniority and experience. This will usually be a Manager or Deputy who is in the position to undertake the investigation impartially.

The investigation should use the Service Provider Investigation Report template to record the investigation and its recommendations. The template can be downloaded from www.leedsafeguardingadults.org.uk

The investigation template provides a structure on which to undertake an investigation. There are three essential components that should guide the investigation:

- Establish the facts in relation to the incident or allegation
- Make recommendations as to whether abuse has occurred
- Propose a protection plan on the basis of identified risks

It is important that the investigation process is fair to all concerned:

- Inform the person how the concerns are being investigated
- Include views of all relevant parties
- Provide relevant people with support to participate and express their views
- Enable the person alleged to have caused harm to be able respond to allegations made about their conduct or behaviour and the investigation's findings.
- The investigation should evidence the reasons for its findings and recommendations.

If you are unsure as to the actions required, seek advice from the safeguarding coordinator.

The Safeguarding Coordinator will advise on the timescale for the investigation. If the timescale cannot be achieved inform the safeguarding coordinator at the earliest opportunity.

The Safeguarding Coordinator review the protection plan, consider the investigation, its findings and recommendations and record whether abuse has occurred and if so its type. The Safeguarding Coordinator will inform you of their decisions. Upon being advised by the Safeguarding Coordinator of the conclusion it is necessary to inform the person, the person alleged to have caused harm and other relevant parties of the outcome.

Where a protection plan has been put in place this should be kept under review until it is no longer required. Also consider if there is any learning from this investigation that can help prevent future incidents occurring for that individual or for others within your service.

Contact the safeguarding coordinator and/or refer to the West Yorkshire Safeguarding Adult Multi Agency Policy and Procedures www.leedssafeguadingadults.org.uk for additional guidance if required.

Appendix D: British Council Guidance on Handling Disclosure from a Child

What should you do if a child comes to you and tells you that they are being abused? It's normal to feel overwhelmed and confused in this situation. Child abuse is a difficult subject that can be hard to accept and even harder to talk about. Children who are abused are often threatened by the perpetrators to keep the abuse a secret. Thus, telling an adult takes a great amount of courage. Children have to grapple with a lot of issues, including the fear that no one will believe them. So, care must be taken to remain calm and to show support to the child throughout the disclosure phase. The following guidelines will help lessen the risk of causing more trauma to the child and/or compromising a criminal investigation during the disclosure phase.

Receive:

Listen to what is being said without displaying shock or disbelief. A common reaction to news as unpleasant and shocking as child abuse is denial. However, if you display denial to a child, or show shock or disgust at what they are saying, the child may be afraid to continue and will shut down.

Accept what is being said without judgement.

Take it seriously.

Reassure:

Reassure the child, but only so far as is honest and reliable. Don't make promises that you can't be sure to keep, e.g. "everything will be all right now". Reassure the child that they did nothing wrong and that you take what is said seriously.

Don't promise confidentiality – never agree to keep secrets. You have a duty to report your concerns.

Tell the child that you will need to tell some people, but only those whose job it is to protect children.

Acknowledge how difficult it must have been to talk. It takes a lot for a child to come forward about abuse.

React:

Listen quietly, carefully and patiently. Do not assume anything – don't speculate or jump to conclusions.

Do not investigate, interrogate or decide if the child is telling the truth. Remember that an allegation of child abuse may lead to a criminal investigation, so don't do anything that may jeopardise a police investigation. Let the child explain to you in his or her own words what happened, but don't ask leading questions.

Do ask open questions like "Is there anything else that you want to tell me?"

Communicate with the child in a way that is appropriate to their age, understanding and preference.

This is especially important for children with disabilities and for children whose preferred language is not English.

Do not ask the child to repeat what they have told you to another member of staff. Explain what you

have to do next and whom you have to talk to. Refer directly to the named child protection officer or designated person in your organisation (as set out in the organisation's child protection policy).

Do not discuss the case with anyone outside the child protection team.

Record:

Make some very brief notes at the time and write them up in detail as soon as possible.

Do not destroy your original notes in case they are required by Court.

Record the date, time, place, words used by the child and how the child appeared to you – be specific. Record the actual words used; including any swear words or slang.

Record statements and observable things, not your interpretations or assumptions – keep it factual.

Appendix E: Useful Telephone Numbers

Making A Safeguarding Children Alert (for Students Under 18)	
Leeds Children Social Work Services: Advice and Duty Team (During office hours) Social Care Emergency Duty Team (At all other times)	Practitioners Tel: 0113 376 0336 Public Tel: 0113 222 4403 Tel: 0113 2409 536
Leeds Integrated Safeguarding Unit	Tel: 0113 2478 652
Making A Safeguarding Adult Alert (for Students Over 18)	
Leeds Adult Social Care: Contact Centre (Mon-Fri 8am – 6pm, excluding bank holidays) Emergency Duty Team	Tel: 0113 222 4401 Tel: 0113 240 9536.
Leeds Safeguarding Partnership Support Unit Advice Line: (Mon-Thurs 9am-5pm, Fri 9am-4.30pm)	Tel: 0113 224 3511
Contacting The Police	
If the person is in imminent danger If you need to report a crime, but the person is not in imminent danger	Tel: 999 (Emergency Service) Tel: 101(Non-Emergency Service)
Employment Related Advice Lines	
Disclosure and Barring Service (DBS)	Tel: 01325 953795
Whistleblowing Advice Services	
Mencap www.mencap.org.uk/organisations/whistleblowing-helpline	Helpline: 08000 724 725
Public Concern at Work www.pcaw.org.uk	Tel: 020 7404 6609.

Appendix F: Information on Child Sexual Exploitation (from NSPCC)

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

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 and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Child sexual exploitation is a hidden crime. Young people often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation doesn't always involve physical contact and can happen online.

Child sexual abuse online

When sexual exploitation happens online, young people may be persuaded, or forced, to:

- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity.

Images or videos may continue to be shared long after the sexual abuse has stopped.

Child sexual exploitation in gangs

Sexual exploitation is used in gangs to:

- exert power and control over members
- initiate young people into the gang
- exchange sexual activity for status or protection
- entrap rival gang members by exploiting girls and young women
- inflict sexual assault as a weapon in conflict.

Girls and young women are frequently forced into sexual activity by gang members. Research by Beckett (2012) found girls considered to be engaging in casual sex were seen as forfeiting their right to refuse sex.

The majority of sexual exploitation within gangs is committed by teenage boys and men in their twenties (Berelowitz et al, 2012).

Should any member of staff suspect there is ongoing child sexual exploitation affecting any student of the school, they should report it to the Safeguarding Lead.

Appendix G: Information on Female Genital Mutiliation (NHS guidance)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse.

It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

Help and support is available if you've had FGM or you're worried that someone may be at risk.

Forms of FGM

There are four main types of FGM:

- Type 1 (clitoridectomy) – removing part or all of the clitoris.
- Type 2 (excision) – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).
- Type 3 (infibulation) – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- Other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area.

FGM is often performed by traditional circumcisers or cutters who do not have any medical training. However, in some countries it may be done by a medical professional.

Anaesthetics and antiseptics aren't generally used, and FGM is often carried out using knives, scissors, scalpels, pieces of glass or razor blades.

FGM often happens against a girl's will without her consent and girls may have to be forcibly restrained.

Effects of FGM

There are no health benefits to FGM and it can cause serious harm, including:

- constant pain
- pain and/or difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses
- problems passing urine or incontinence
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life-threatening for mother and baby

FGM and sex

FGM can make it difficult and painful to have sex. It can also result in reduced sexual desire and a lack of pleasurable sensation.

Talk to your GP or another healthcare professional if you have sexual problems that you feel may be due to FGM, as they can refer you to a special therapist who can help.

In some cases, a surgical procedure called a deinfibulation (see below) may be recommended, which can alleviate and improve some symptoms.

FGM and pregnancy

Some women with FGM may find it difficult to become pregnant, and those who do conceive can have problems in childbirth.

If you're expecting a baby, your midwife should ask you at your antenatal appointment if you've had FGM. It's important to tell your midwife if you think this has happened to you, so they can arrange appropriate care for you and you baby.

FGM and mental health

FGM can be an extremely traumatic experience that can cause emotional difficulties throughout life, including;

- depression
- anxiety
- flashbacks to the time of the cutting
- nightmares and other sleep problems

In some cases, women may not remember having the FGM at all, especially if it was performed when they were an infant.

Talk to your GP or another healthcare professional if you're experiencing emotional or mental health problems that may be a result of FGM. Help and support is available.

Treatment for FGM (deinfibulation)

Surgery can be performed to open up the vagina, if necessary. This is called deinfibulation.

It's sometimes known as a "reversal" although this name is misleading, as the procedure doesn't replace any removed tissue, and will not undo the damage caused. However, it can help many problems caused by FGM.

Surgery may be recommended for:

- women who are unable to have sex or have difficulty passing urine as a result of FGM
- pregnant women at risk of problems during labour or delivery as a result of FGM

Deinfibulation should be carried out before getting pregnant, if possible. It can be done in pregnancy or labour if necessary, but ideally should be done before the last two months of pregnancy. The surgery involves making a cut (incision) to open the scar tissue over the entrance to the vagina.

It's usually performed under local anaesthetic in a clinic and you won't normally need to stay overnight. A small number of women need either a general anaesthetic or spinal anaesthetic (injection in the back), which may involve a short stay in hospital.

THE LEEDS SCHOOL OF ENGLISH

Last revision: January 2018

Getting help and support

All women and girls have the right to control what happens to their bodies and the right to say no to FGM.

Help is available if you've had FGM or you're worried that you or someone you know is at risk.

If someone is in immediate danger, contact the police immediately by dialling 999.

If you're concerned that someone may be at risk, contact the NSPCC helpline on 0800 028 3550 or fgmhelp@nspcc.org.uk.

If you're under pressure to have FGM performed on your daughter, ask your GP, health visitor or other healthcare professional for help, or contact the NSPCC helpline.

If you've had FGM, you can get help from a specialist NHS gynaecologist or FGM service – ask your GP, midwife or any other healthcare professional about services in your area. Download a list of NHS FGM clinics (PDF, 422kb).

If you're a health professional caring for a patient under 18 who has undergone FGM, you have professional responsibilities to safeguard and protect her. Guidance and resources about FGM for healthcare staff are available on the GOV.UK website.

Why FGM is carried out

FGM is carried out for various cultural, religious and social reasons within families and communities in the mistaken belief that it will benefit the girl in some way (for example, as a preparation for marriage or to preserve her virginity).

However, there are no acceptable reasons that justify FGM. It's a harmful practice that isn't required by any religion and there are no religious texts that say it should be done. There are no health benefits of FGM.

FGM usually happens to girls whose mothers, grandmothers or extended female family members have had FGM themselves or if their father comes from a community where it's carried out.

Where FGM is carried out

Girls are sometimes taken abroad for FGM, but they may not be aware that this is the reason for their travel. Girls are more at risk of FGM being carried out during the summer holidays, as this allows more time for them to "heal" before they return to school.

If you think there's a risk of this happening to you, you can download the Statement Opposing FGM and take it with you on holiday to show your family.

Communities that perform FGM are found in many parts of Africa, the Middle East and Asia. Girls who were born in the UK or are resident here but whose families originate from an FGM practising community are at greater risk of FGM happening to them.

Communities at particular risk of FGM in the UK originate from:

- Egypt
- Eritrea
- Ethiopia
- Gambia
- Guinea
- Indonesia
- Ivory Coast
- Kenya
- Liberia
- Malaysia
- Mali
- Nigeria
- Sierra Leone
- Somalia
- Sudan
- Yemen

The law and FGM

FGM is illegal in the UK.

It is an offence to:

- perform FGM (including taking a child abroad for FGM)
- help a girl perform FGM on herself in or outside the UK
- help anyone perform FGM in the UK
- help anyone perform FGM outside the UK on a UK national or resident
- fail to protect a girl for whom you are responsible from FGM

Anyone who performs FGM can face up to 14 years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to seven years in prison.

Should any member of staff suspect that a student of the school has been or is at risk of being affected by FGM, they should report it to the Safeguarding Lead.

Appendix H: Guidance for the Alerting Manager

1) Gather information, including the desired outcome of the adult at risk, in order to inform your decision

If you have become aware of safeguarding concerns or allegations, you must take them seriously however trivial they might seem at first. You may need to gather information in order to decide whether to make a safeguarding adult alert. This may involve for example, checking relevant records, ascertaining concerns from colleagues, gathering background information etc.

This is not an investigation. Gather only the information you need in order to make the decision as to whether to make an alert.

2) Take action to ensure the immediate safety and welfare of the adult at risk (and any other person at risk)

The alerting manager must consider whether there are any immediate actions they need to take in order to keep the person, or others, safe from harm.

This involves taking actions in relation to the adult at risk and others, including:

- Are there any actions you can take to keep the adult at risk safe?
- Are there any actions you can take to keep yourself, other staff or volunteers and other service users/adults at risk safe?
- Does the person need emergency medical treatment? Do you need to call an ambulance?
    - Do you need to call the police to ensure any person's safety?

3) Does a crime need to be reported? Be aware of the possible need to preserve forensic evidence.

If a crime has been or may have been committed, seek the person's consent to report the matter immediately to the police.

If the person has mental capacity in relation to the decision and does not want a report made, this should be respected unless there are justifiable reasons to act contrary to their wishes, such as:

- the person is unduly influenced or intimidated, to the extent that they are unable to give consent, or
- there is an overriding public interest, such as where there is a risk to other people,
- it is in the person's vital interests (to prevent serious harm or distress or in life- threatening situations)

There should be clear reasons for overriding the wishes of a person with the mental capacity to decide for themselves. A judgement will be needed that takes into account the particular circumstances.

If the person does not have mental capacity in relation to this decision, a 'best interests' decision will need to be made in line with the Mental Capacity Act.

Preserving evidence

If a crime has occurred, try to preserve evidence in case there is a criminal investigation.

- try not to disturb the scene, clothing or victim if at all possible
- secure the scene, for example, lock the door, if possible,
- preserve all containers, documents, locations, etc.
- evidence may be present even if you cannot actually see anything
- if in doubt, contact the police and ask for advice

The police should be contacted for advice wherever required.

4) Decide whether a safeguarding Alert is appropriate, and if so, make the Alert

Consider:

A: Is the person an 'adult at risk' as defined within this policy/procedure?

If the person is not an adult at risk, consider which alternative sources of support the person can access and advise/support them accordingly.

B: Does the person appear to have experienced harm from abuse or neglect?

The occurrence of harm in one of its forms indicates the need for a safeguarding adult alert. The Decision Support Tool For Making Safeguarding Alerts, in Appendix B, can be used to inform decision making.

C: s the person at risk of harm from abuse or neglect if a safeguarding alert is not made?

The person may not have experienced harm, but they may be at risk of harm. If the risk cannot be (or is not being) addressed robustly by an alternative process, the need for a safeguarding adult alert will be indicated.

D: Does the adult at risk lack the mental capacity to consent to the alert?

If the adult at risk has mental capacity to decide about a safeguarding alert their consent should be sought, unless to do so may place a person at risk or it is not possible to seek that person's consent. If the person is assessed as lacking mental capacity, a best interest decision will need to be made in line with the Mental Capacity Act.

E: Is a safeguarding alert appropriate without the adult at risk's consent?

Any actions taken without the adult at risk's consent should be proportional to the risk of harm. The following are examples of when a decision to make an alert without consent will be required:

- It is in the public interest, for example,
  - there is a risk to other 'adults at risk', or
  - the concern is about institutional or systemic abuse, or
  - the concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk, or
  - the abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care
- the person lacks mental capacity to consent and a decision is made to make the alert in the person's 'best interests' (Mental Capacity Act 2005)

- a person is being unduly influenced or intimidated, to the extent that they are unable to give consent
- it is in the person's vital interests (to prevent serious harm or distress or in life- threatening situations)
- it is necessary to prevent crime

How to make a Safeguarding Adult Alert:

A. Call Adult Social Care: Contact Centre on 0113 222 4401 (Textphone for deaf and hard of hearing people: 0113 222 4410) between 8am – 6pm, Monday to Friday, except Bank Holidays, and tell them you wish to make a Safeguarding Adult Alert;

If the matter is urgent and outside the hours above, contact the Emergency Duty Team on 0113 240 9536 and tell them you wish to make a Safeguarding Adults Alert.

B. The person you speak to will ask you for details about the allegation/concern. If you have reported the incident to the police, tell the person this as well.
C. Complete the Safeguarding Adults: Supporting Information form; sometimes called the SA1 Form. This can be downloaded from www.leedssafeguardingadults.org.uk
D. The alert will be allocated to an appropriate team, who will then contact you to discuss the alert further and advise you where the Supporting Information form (SA1) should be sent.

5) Document the incident and any actions or decisions taken

Ensure all actions and decisions are fully recorded. It is possible that your records may be required as part of an investigation, be as clear and accurate as you can. Record the reasons for your decisions and any advice given to you in making these decisions.

Ensure that appropriate records are maintained, including details of:

1. the nature of the safeguarding concern/allegation
2. the wishes of the adult at risk
3. the support and information provided to enable the adult at risk to make an informed decision
4. assessments of Mental Capacity where indicated
5. the decision of the organisation in respect to making an alert or not

6) If a safeguarding alert is required, notify the regulatory body and the authority that commissions your service for the adult at risk.

You may also need to inform:

- relatives of the adult at risk according to their wishes, or in their 'best interests' where they lack the mental capacity to make this decision for themselves
- child protection services, if children are also at risk from harm
- your line manager (and safeguarding adults lead if different) of their decisions and actions in line with these procedures
- your Human Resources Manager if allegations/concerns relate to a member of staff
- staff delivering a service on a need-to-know basis so that they do not take actions that may prejudice the investigation

7) Ensure the person making the 'raising a concern' receives support in relation to their experience.

Incidents of alleged or actual abuse can be very distressing. People who have witnessed abuse or had abuse disclosed to them may need support in their own right.