

Safeguarding 18+ learners

September 2021

(Date to be reviewed August 2022)

1. Key legislation and statutory policy/guidance reading list • The Care Act 2014

• Care & Support Statutory Guidance (updated October 2018) - https://www.gov.uk/ government/publications/care-act-statutory-guidance/care and-support-statutory guidance#safeguarding-1

• Disability Discrimination Act 1995 / Equality Act 2010

• Human Rights Act 1998

2. Purpose and aims of this policy

2.1 - The purpose of this document is to assist all staff, volunteers, and partners to safeguard and protect learners over the age of 18 who are at risk of abuse or neglect and promote their well-being. This policy also reflects the requirements of the government publication ‘Care and Support Statutory Guidance (October 2018)’

2.2 - This policy sets out to promote the principles of the Care Act 2014 in safeguarding and providing support to our vulnerable adult learners with and without learning difficulties/disabilities.

2.3- We will aim to safeguard adults by:

• Adopting adult protection guidelines through procedures for staff, volunteers, governors and partners.

• Sharing information about adult protection and good practice with young people/ adults, parents and carers, staff and volunteers.

• Sharing information about concerns with agencies who need to know, and involving adult learners appropriately.

• Carefully following the ‘safer recruitment’ procedures for recruitment and selection of staff and volunteers.

• Providing effective management for staff and volunteers through support, supervision and training

2.4 - We are committed to reviewing our policy and good practice regularly. 3. Principles of The Care Act 2014

3.1 – The Care Act 2014 sets out six principles which aim to promote a person-centred approach to vulnerable adults’ support and wellbeing. These six principles are;

1. Empowerment - supporting vulnerable adults so they can confidently make their own decisions and give informed consent regarding their care, education and future career/choices about the next stage in their life

2. Protection – support adults in recognising when they may be subject of abuse and when to come for help as well as knowing how to refer to the appropriate authorities

3. Prevention – spotting signs and symptoms early but also preventing any long lasting psychological damage following abuse

4. Proportionality – utilising preventative measures or responses to a safeguarding issue in the most unobtrusive way possible and treating someone as an individual. Taking steps which is proportionate to the issue without applying a ‘blanket policy’

5. Partnership – working with partner agencies to support and protect vulnerable adults as well as the individual

6. Accountability – being transparent and open with individuals about what we do and keep them up to date with any actions/outcomes. Consent must be given by the individual prior to any information being submitted.

3.2 – Sections 42 through 47 of the Care Act 2014 outline statutory responsibilities for reporting safeguarding concerns.

4. Commitment to safeguarding in SupaJam Education in Music & Media

4.1. SupaJam Education in Music & Media (SupaJam) is committed to providing all of its staff and students with a safe and enjoyable experience and the welfare of everyone is paramount. The Senior Leadership Team (SLT) will lead the example in creating a culture of vigilance in safeguarding.

4.2. The role of the Designated Safeguarding Manager (DSM) is to be responsible for leading and championing good safeguarding practices and being the first point of contact for staff who have concerns about our learners. The DSM will usually be responsible for making referrals for any safeguarding concern – however, this does not mean that staff should not be able to take any action themselves. The DSL and Designated Safeguarding Leads (DSLs) will be contactable at all times of the day either in person or via telephone to be able to provide support or guidance to all members of staff with any safeguarding concerns.

4.3. The DSLs will promote a culture of openness and being approachable so that everyone is able to speak openly about safeguarding concerns with confidence that, with the pastoral team, they are being listened to. The DSM will conduct welfare

checks with the students of SupaJam to encourage trust and confidence. Regular safeguarding update meetings will occur to keep key members of staff up to date with any developments. Only need-to know information will be shared with staff members at regular team meetings.

4.4. All students will be involved in learning and understanding safeguarding through appropriate sessions, such as individual pastoral sessions, counselling or small group discussions, as well as providing reactive support, with our Behaviour Support Manager and guidance following any safeguarding incident.

4.5. It is also extremely important to recognise that SupaJam supports students aged 16- 25 and therefore adults are studying and socialising with children, as defined by law. SupaJam staff must therefore recognise signs where inappropriate friendships or relationships may develop and manage those situations effectively, maintaining high levels of communication with the DSM and DSLs.

5. Significant harm and abuse – signs & symptoms

5.1. **Significant harm** - There is no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements.

5.2. In principle, safeguarding adults requires the same vigilance and intervention as safeguarding children and young people. Adults are also subject to physical, emotional and sexual abuse and neglect but are further at risk from other types of abuse.

5.3. It is acknowledged that an adult can be abused, harmed or neglected in a family, institution or community setting by someone known to them, or less commonly, by a stranger, this includes someone in a position of trust such as a teacher or other professional.

5.4. It is everyone’s responsibility to be vigilant and report signs and symptoms of adult abuse. Staff should use the CPOMS system to report any concerns or incidents to the DSM or, if it is thought to be an emergency, staff should find a DSL or senior manager to report the concern directly to them.

5.5. **Types of abuse and signs/symptoms** – Please see Appendix A at the end of this document which outlines the different categories as well as some of the signs and symptoms.

6. Responding to Disclosures or Allegations

6.1 It is important that students trust all staff to be able to communicate with them and be able to make allegations/disclosures with the confidence that they will be listened to. When responding to any allegation or disclosure, all staff will;

• Stay calm, listen carefully to what is being said

• Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others - do not promise to keep secrets

• Allow the student to continue at his/her own pace

• Ask questions for clarification only, and at all times avoid asking leading questions.

• Reassure the student that they have done the right thing in telling you. • Tell them what you will do next and with whom the information will be shared

• Record in writing what was said using the young person’s own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

6.2. Some students with special educational needs (SEN) may require a different approach from others e.g. in the way their physical/mental health condition might mask possible abuse. Particular attention may have to be given to adults with SEN who may have speech/language impediments or difficulties as these can make communication difficult. Members of staff talking with these students should seek guidance from the college Designated Safeguarding Lead(s) who will advise as to how the matter should be discussed.

6.3. After an adult has disclosed abuse, the Designated Safeguarding Manager should carefully consider whether or not it is safe for the adult to return home to a potentially abusive situation. The DSL will assess the risk of harm and make the decision to either;

• Monitor the situation, collating evidence through the CPOMS system that made be needed in a later investigation.

• Refer the vulnerable adult to Adult Services within the relevant local authority. If in doubt, a consultation with Kent County Council’s Adult Social Care Team should be completed by contacting 03000 416161 or emailing

social.services@kent.gov.uk.

• Call 999 in the event of an immediate risk of harm to the vulnerable adult

Appendix A – Signs & Symptoms of Abuse

| Physical Abuse  | Physical abuse may take many forms e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a young person. It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a young person. This unusual and potentially dangerous form of abuse is now described as fabricated or induced illness in a young person. | Unexplained and so called “accidental” injuries, burns or bruising Improbable excuses or refusal to explain injuries Refusal to undress for physical activities Self-destructive tendencies Aggression towards others Fear of physical contact - shrinking back if touched Admitting that they are punished, but the punishment is excessive Fear of suspected abuser being contacted |
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| Emotional/ Psychologic al abuse | Emotional abuse is the persistent emotional ill treatment of a young person such as to cause severe and persistent effects on the young person’s emotional development, and may involve: • Conveying to young people that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person • Imposing developmentally inappropriate expectations • Causing young people to feel frightened or in danger - e.g. witnessing domestic violence • Exploitation or corruption of young people | Physical, mental and emotional development delays Sudden speech disorders Continual self-depreciation ('I'm stupid, ugly, worthless, etc') Overreaction to mistakes Extreme fear of any new situation Inappropriate response to pain ('I deserve this') Unusual attention seeking behaviour Extremes of passivity or aggression |
| Sexual abuse  | Sexual abuse involves forcing or enticing a young person to take part in sexual activities, whether or not the young person is aware of what is happening and includes penetrative (i.e. vaginal or anal rape or buggery) and non-penetrative acts. | Being overly affectionate or knowledgeable in a sexual way inappropriate to the young person's age Itchy or pain in the genital area Other extreme reactions, such as depression, self-mutilation, suicide  |

| It may also include non-contact activities, such as involving young people in looking at, or in the production of pornographic materials, watching sexual activities or encouraging young people to behave in sexually inappropriate ways. | attempts, running away, overdoses, anorexia Personality changes such as becoming insecure or clinging Being isolated or withdrawn Inability to concentrate Become worried about clothing being removed Suddenly drawing sexually explicit pictures Trying to be 'ultra-good' or perfect; overreacting to criticism |
| --- | --- |
| Neglect Neglect involves the persistent failure to meet a young person’s basic physical and/or psychological needs, likely to result in the serious impairment of the young person’s health and development. This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical/physical care or treatment e.g. correct maintenance of wheelchairs, use of body braces etc. Supply of medication needed according to care plans. It may also include neglect of a young person’s basic emotional needs. | Constant hunger Poor personal hygiene Constant tiredness Poor state of clothing Emaciation Untreated medical problems No social relationships Compulsive scavenging Destructive tendencies Stealing food/money Poor college attendance Compulsive attention seeking |
| Modern Human trafficking and modern Slavery and slavery involves men, women and human children being brought into a situation of trafficking exploitation through the use of violence, deception or coercion and made to work against their will. | Student missing from education Involved in Criminal Activity Sexually exploited Domestic servitude Forced labour |
| Financial or Includes theft, fraud, exploitation, coercion in relation to an adults material abuse financial affairs or arrangements, including in connection with Wills, property, inheritance or financial transactions | Inability to get to college due to lack of finances Coming to college without lunch or money to buy lunch. Extreme hunger or possessiveness of food Stealing food/money |

|  | Poor self esteem |
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| Discriminato This includes discrimination on the ry Abuse grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harrassment, slurs or similar treatment. | Poor self esteem Poor identity formation |
| Female FGM comprises all procedures involving partial or total removal of the Genital external female genital organs or Mutilation other injury to the female genital organs for non medical reasons. | A female talking about going to have a special proceedure Being taken out of the country for a prolonged time to her country of origin Difficulty walking, sitting or standing Spending longer than normal in the toilets due to difficulties urinating Soreness of infection of the area Unusual mental problems Withdrawn or depressed Reluctant to undergo medical examination |
| Domestic Abuse This includes physical harm to a partner or ex partner, but also any acts of intimidation or threatening behaviour, putting the person down or undermining their self esteem, controlling behaviour including control of their contact with others, where they go and what they wear. | Bruises or injuries that can not be explained Fear of being late home or going home Social isolation Poor college attendance |

**Designated Safeguarding Leads for SupaJam**

Swanley Base:

1. Julia Abrams - Designated Safeguarding Manager & Designated LAC/PLAC Lead 2. Sammi Hastie - Centre Manager

Canterbury Base:

1. Julia Abrams - Designated Safeguarding Manager & Designated LAC/PLAC Lead 2. Johnny Fairbrother - Centre Manager