

# Safeguarding Vulnerable Adults Policy

<b>Document History</b>	
<b>Area</b>	<b>Safeguarding</b>
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<b>Approved by</b>	
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## Key Contacts

Table of identified persons with specific lead responsibilities in relation to Safeguarding and other key agencies.

Key Safeguarding Personnel			
Role	Name	Telephone	Email
Principal	Anna Dawe	N/A	
Vice Principal Corporate Services Designated Safeguarding Lead (DSL)	Louise Brown	N/A	
Designated Safeguarding Lead (DSL)	Marie Tighe	01942 761429	m.tighe@wigan-leigh.ac.uk
Deputy Designated Safeguarding Lead (DDSL)	Maxine Mealey	01942 761713	m.mealey@wigan-leigh.ac.uk
Deputy Designated Safeguarding Lead (DDSL)	Gareth Sutton	01942 761859	g.sutton@wigan-leigh.ac.uk
Deputy Designated Safeguarding Lead (DDSL)	Joanne Bohan	01942 761565	j.bohan@wigan-leigh.ac.ukm
Deputy Designated Safeguarding Lead (DDSL)	Soabia Hardacre	01942 761102	s.hardacre@wigan-leigh.ac.uk
Nominated Governor/Trustee	Susan Loudon	N/A	
Chair of Governors/Trustees		N/A	
<b>The key safeguarding responsibilities within each of the roles above are set out in Keeping Children Safe in Education (2018)</b>			
Agency Contact Details			
Local Authority Designated Officer	Diane Kitcher	01942 486042	<a href="mailto:lado@wigan.gov.uk">lado@wigan.gov.uk</a>
Adult Social Care referrals	Duty Team	01942 828333	

Wigan Safeguarding Children's Board		01942 486025	<a href="mailto:wscb@wigan.gov.uk">wscb@wigan.gov.uk</a>
If you believe a vulnerable adult is <b>at immediate risk</b> of significant harm or injury, contact the <b>Police on 999</b>			

## SAFEGUARDING VULNERABLE ADULTS POLICY

### 1. INTRODUCTION

1.1 The College fully recognises the contribution it makes to safeguarding vulnerable adults.

1.2 The aim of this policy is to establish a 'whole College' approach to safeguarding vulnerable adults, in order to:

- Provide a safe learning environment
- Identify vulnerable adults who are suffering or likely to suffer significant harm, and ensure appropriate action to preserve their safety both at home, at College and in the wider community where possible.

1.3 This policy has been written with reference to Wigan Safeguarding Board and the guidance contained in the following key documents:

- Wigan Borough Multi Agency Policy for Protecting Adults at Risk (2014)
- 'Working Together to Safeguard Children' (2018)
- 'NO SECRETS' Department of Health 2000
- The Care Act 2014
- Guidance for working with adults and Children/Young People who are vulnerable to the messages of violent extremism' Wigan PVE Policy updated Jan 2017

1.4 This policy should be viewed alongside the following other College policies:

- Guidance for Safer Working Practice with Learners
- Safeguarding, Child Protection and Early Help Policy
- Equality & Diversity Policy
- Anti-Bullying Policy
- Student e-mail and Internet use Policy
- E Safety Guidance for students
- Health & Safety Policy
- Whistleblowing Policy
- Social Networking Guidance (Staff)
- Venue for Hire and Estate Policy
- Wigan and Leigh College Prevent strategy

### 2. SCOPE

2.1 Safeguarding is everybody's responsibility and, as such, this policy applies to all staff and volunteers working in the College. An allegation, disclosure or suspicion of abuse, or an expression of concern about abuse, could be made to any member of staff, not just those with a teaching or welfare-related role.

2.2 Similarly, any member of staff may observe or suspect an incident of abuse.

- 2.3 It is, therefore, imperative that all staff working for the College, in any capacity, are included in the scope of this policy. Staff should be aware of specific safeguarding issues and the broader government guidance as given in 'Keeping Children Safe in Education' September 2018.

### **3. DEFINITION OF TERMS**

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. Children and young people may be exposed to a wide range of stressful or traumatic experiences whilst growing up. These can be defined as Adverse Childhood Experiences (ACEs) and research has shown that the more ACEs an individual experiences in childhood, the greater their risk of a wide range of health harming behaviours and diseases they may experience as an adult. There is a causal and proportionate relationship between ACEs and poor physical health, mental health and social outcomes. Experiencing or witnessing adverse childhood experiences has a major impact on the long term chronic problems faced in adulthood.

#### **3.1 Adult**

"Adult" in this context means a person aged 18 years or over.

##### **3.1.1 Safeguarding Adults Principles as defined by the Care Act 2014 are as follows:**

- Empowerment – presumption of person led decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – Accountability and transparency in delivering safeguarding.

##### **3.1.2 The Care Act 2014 sets out new guidance regarding adult safeguarding definitions and criteria as follows.**

The safeguarding duties apply to an adult who:

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

They may include for example, people with:

- a mental health problem or mental disorder including dementia, or people on the autistic spectrum
- a physical disability
- a sensory impairment
- a learning disability
- who are frail and who are experiencing a temporary illness

#### **3.2 Community Care Services**

"Community Care Services" will be taken to include all care services provided in any setting or context.

### 3.3 **Abuse**

Abuse is 'any behaviour towards a person that deliberately or unknowingly causes him or her harm, endangers their life or violates their rights' ('No Secrets' - DoH & Home Office 2000). Abuse is a violation of an individual's human and civil rights by any other person or persons. It may be intentional or unintentional and perpetrated knowingly or unknowingly and can occur as a result of premeditated exploitation, carer stress, ignorance or as a result of a developed poor practice e.g. struggling to find ways of managing challenging behaviour or preventing harm.

Building on the concept of 'significant harm' introduced in the Children Act, the Law Commission suggested that:

'Harm should be taken to include not only ill treatment (including sexual and other forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development. (Law Commission).

#### 3.4.1 **Physical Abuse**

Physical abuse is the physical ill treatment of an adult which may or may not cause physical injury, but which causes harm to the individual's person. It may involve pushing, slapping, pinching, punching, hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating, force feeding, improper administration of medicines or denial of prescribed medicines, forced isolation & confinement including a person being locked in a room or inappropriate sanctions or restraint, or inappropriate manual handling. It may be the result of a deliberate failure to prevent injury occurring.

#### 3.4.2 **Neglect**

Neglect is the deliberate withholding or unintentional failure to provide help or support which is necessary for the adult to carry out activities of daily living. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned, or to others, particularly when the person lacks the mental capacity to assess risk. This includes ignoring medical or physical needs, failing to provide access to appropriate healthcare, social care or educational services, the withholding of the necessities of life, such as medication, adequate hydration or nutrition, and heating.

#### 3.4.3 **Self neglect**

This would be dealt with under the Safeguarding Adults procedures only if it occurred in the context of abuse or neglect by another party, e.g. if it occurred in an abusive situation or if it was allowed to occur or continue to occur because of neglect.

#### 3.4.4 **Sexual Abuse**

- a) Sexual abuse involves a vulnerable adult participating in, or watching, sexual activity to which they have not consented or were pressured into consenting, or to which they cannot give informed consent. It is not necessary for the individual to be aware that the activity is sexual.
- b) The activities may include:
  - physical contact, including penetrative or non-penetrative acts e.g. rape, buggery, indecent assault or inappropriate touch, incest, and situations where the perpetrator touches the abused person's body (e.g. breasts, buttocks, genital area)
  - non-contact activities, such as exposing genitals to the abused person, or coercing the abused person into participating in or watching pornographic videos or photographs.

- c) Grooming is when someone builds an emotional connection with a vulnerable adult to gain their trust for the purposes of sexual abuse or exploitation. Vulnerable adults can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Many vulnerable adults don't understand that they have been groomed, or that what has happened is abuse.

#### 3.4.5 **Financial/Material Abuse**

Financial/Material Abuse is the exploitation, inappropriate use or misappropriation of a person's financial resources or property. It occurs when the individual is deprived of their own financial assets, for example by holding money back from the individual, obtaining money by deception, or stealing money. It includes the withholding of money or the improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

#### 3.4.6 **Psychological and Emotional Abuse**

Psychological abuse may involve the use of harassment, bullying, intimidation, indifference, hostility, rejection, threats, humiliation, name-calling, other degrading behaviours, shouting, swearing, discrimination or the use of oppressive language. It can result in feelings of low self worth. Some level of psychological or emotional abuse is likely to be present in all forms of abuse.

#### 3.4.7 **Institutional Abuse**

Institutional abuse can be defined as abuse or mistreatment by a regime as well as by individuals within any building where care is provided. Examples include lack of flexibility and choice, lack of consultation, public discussion of personal matters, inadequate or delayed responses, staff overly controlling service users' relationships and activities.

#### 3.4.8 **Forced Marriage (FM)**

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a college or through a third party.

The 'One Chance' rule.

It is essential that schools/colleges take action without delay. This means that every member of staff who has reason to suspect a case of forced marriage must report it immediately to a member the College Safeguarding Team.

#### 3.4.9 **Female Genital Mutilation (FGM)**

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK. (**Appendix 1**)

The 'One Chance' rule.

It is a mandatory duty that schools/colleges report this without delay. This means that every member of staff who has reason to suspect a case of FGM must report it directly to the Police and a member the College Safeguarding Team.

#### 3.4.10 **Trafficking**

Human trafficking is defined by the Office of the United Nations High Commissioner for Refugees (UNHCR) as a process that is a combination of three basic components:

- Movement (including within the UK);
- Control, through harm / threat of harm or fraud;

- For the purpose of exploitation

#### 3.4.11 Preventing Radicalisation

Protecting children and vulnerable adults from the risk of radicalisation should be seen as part of the college's wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism.

Fundamental British values and clear guidance and principles are a key aspect of negating extremism. Extreme is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of our armed forces, whether in this country or overseas.

**(Appendix 2)**. Reference should also be made to the Wigan and Leigh College Prevent Strategy (updated February 2019)

## 4. ACCOUNTABILITY

- 4.1 All staff, including agency staff and volunteers working in the College, are responsible for the operation of this policy.
- 4.2 The senior manager with responsibility for safeguarding is the Vice Principal for College Services.
- 4.3 All members of staff have a duty to report any disclosure, allegation or suspicion of abuse, to a DSL/DDSL. This must be done immediately that the disclosure/allegation/suspicion is made/arises. A ProMonitor confidential comment must be added followed by a CP1 form (**see appendix 3**) as requested, which is then held by the Safeguarding Officer dealing with the case. This should be completed as soon after the event as possible.
- 4.4 The DSL/DDSL has a duty to make a referral to Adult Social Care, in accordance with *Wigan Borough Multi Agency Procedure for Protecting Adults at Risk*, whenever there is reason to suspect that a vulnerable adult is suffering or likely to suffer significant harm.
- 4.5 The DSL/DDSL will make every effort to attend any strategy or professionals meetings to which the College is invited, or may ask an appropriate colleague to attend on their behalf, taking along all relevant details known to the College.
- 4.6 The DSL/DDSL is responsible for ensuring that any actions agreed at such meetings, as indicated on minutes which will be sent out by the chair, are progressed and followed up.
- 4.7 If an adult with mental capacity discloses an allegation of abuse or neglect, they must be informed that confidentiality cannot be assured as the alleged abuser may be in a position of trust and maintaining confidentiality may place others at risk of abuse or neglect. If the incident solely relates to the individual and others are not at risk, the individual must give valid consent for the incident to be reported to the Local Authority.
- 4.8 If an adult lacks mental capacity to understand the concerns raised a best interest decision (as per the Mental Capacity Act 2005) must be made to identify if the concern should be reported to the Local Authority.

- 4.9 Any decision to overrule the wishes of the allegedly abused person should be recorded on the College's CP1 form, with the reasons for such a decision.
- 4.10 In cases where the allegedly abused person wishes to self-refer to Adult Social Care, the matter must still be referred to the DSL/DDSL, who should accordingly refer the matter to Social Care regardless of the individual's decision to self-refer.
- 4.11 The Designated Protection Officer has a duty to seek advice from Adult Social Care, if unsure as to whether a referral is appropriate.
- 4.12 The welfare of the person concerned, including the welfare of any other vulnerable adults or children who may be at risk, must always take precedence over confidentiality. Therefore these procedures must be followed, irrespective of any request to maintain confidentiality.
- 4.13 The College recognises the risks posed by the online world that are now part of every day living but that with the advances in technology are often beyond the reach of the organisation. We will provide guidance to staff and students that will support individuals to keep themselves safe on line and raise awareness of the impact they may have on others by misusing technology. This will be available on the college VLE (students) and Intranet site (staff). Educating students about e-safety will be embedded into curriculum planning and the tutorial system.
- 4.14 All DSL/DDSL's must be provided with appropriate staff development, training and supervision.
- 4.15 The Human Resources team will be trained in Safer Recruitment practice and will ensure the criminal background of applicants for vacant posts are checked via the Disclosure & Barring Service and that all pre-employment checks are completed for all staff, including volunteers.
- 4.16 All staff and volunteers working in the College must be given a copy of the Safeguarding Vulnerable Adults Policy immediately upon starting work at the College, as part of their induction.
- 4.17 Targeted staff and volunteers working in the College will be given appropriate staff development relating to the Safeguarding Vulnerable Adults Policy and related procedures and guidelines within their probationary period of employment and a minimum of every three years thereafter.
- 4.18 All staff will be given access to an updated copy of the Safeguarding Vulnerable Adults Policy each time it is updated, and will undergo additional training if any significant policy changes are made.
- 4.19 The Board of Governors shall be responsible for ensuring that the College has up to date policies in place with respect to Safeguarding Vulnerable Adults, which include procedures for handling allegations against adults working with vulnerable adults whether in a paid or voluntary capacity.

## **5. ALLEGATIONS AGAINST STAFF/VOLUNTEERS**

- 5.1 It is essential that any allegation of abuse made against a member of staff or volunteer in an education setting is dealt with fairly, quickly and consistently to provide effective protection for the vulnerable adult and at the same time support the person subject to the allegation.

- 5.2 Any individual who has concerns or receives information in which it is alleged that a member of staff/volunteer has:
- behaved in a way that has harmed or may harm a vulnerable adult;
  - possibly committed a criminal offence against or related to a vulnerable adult; or
  - behaved toward a vulnerable adult or adults in a way that indicates s/he is unsuitable to work with vulnerable adults must report the matter without delay to the Vice Principal for College Services or Head of Human Resources. In circumstances where the concern/allegation is in relation to the Principal, reports should be made without delay to the Chair of Governors.
- 5.3 Safeguarding Procedures must be followed whenever an allegation of abuse is made or concern is expressed regarding the behaviour towards a child or young person by a member of staff/volunteer. It is important for staff to note that under the Sexual Health Offences Act 2003 it is a criminal offence for a person over the age of 18 in a position of trust to enter into a sexual relationship with any learner under 18 years of age, even if the relationship is consensual, or in the case of a learner over 18 years where the learner is vulnerable
- 5.4 A safeguarding concern will always exist, and therefore these Procedures must be followed, whenever a member of staff is observed to subject, or is accused of subjecting, a Vulnerable Adult to any abusive behaviour.
- 5.5 In the instance of an allegation of abuse of a vulnerable adult, made against the Principal, the Chair of Governors would liaise directly with Wigan Borough Council Adult Social Care.
- 5.6 Preliminary enquiries should be made by the Head of Human Resources after consultation with Wigan Borough Council Adult Social Care.
- 5.7 The enquiries should be minimal to establish the facts of the allegation if these were not established or were unclear at the time the original concern was raised, i.e. date, time, place of any alleged incident, any witnesses and other relevant factors.
- 5.8 In-depth questioning of vulnerable adults or professionals/professional carers should not take place.
- 5.9 Careful records should be made regarding any concerns or allegations and actions taken in response to these.
- 5.10 Further consultation with Wigan Adult Social Care should then take place to establish the most appropriate next step.
- 5.11 When an allegation is made a number of inter-related elements will exist (Safeguarding, Criminal Investigation, Disciplinary, Complaints).
- 5.12 Wigan Adult Social Care will therefore have the key role in co-ordinating the relevant elements and ensuring that all subsequent stages of the Wigan Borough Multi Agency Procedure for Protecting Adults at Risk are followed. They will also be involved in the college's decision to inform the Independent Safeguarding Authority of any relevant information.
- 5.13 If any individual is unhappy that their concerns are not being taken seriously within the College, they should raise their concerns with the DSL/DDSL, and consultation with Social Services must take place.

## 6. MONITORING

A summary of Safeguarding cases that have been dealt with by the College will be reported to the Board of Governors on at least an annual basis.

The Policy will be maintained and reviewed by the Safeguarding team and reports sent to the Governing Board.

Policies are reviewed annually.

Information will be provided to inform Wigan Safeguarding Boards.

## 7. PROCEDURES

**Procedures to follow if a Vulnerable Adult makes a disclosure to you that may relate to abuse or possible abuse.**

If a Vulnerable Adult makes an allegation of abuse to you:

**You should:**

- Listen. Do not interrupt.
- You **MUST NOT** promise the Vulnerable Adult that you will keep the matter confidential. Explain to him/her that you have to report the matter to the Designated Safeguarding Officer, as this is your legal duty.
- Once the individual has finished speaking, it may be necessary to ask questions.
- Only ask questions if you are still unsure whether this is a Safeguarding issue. You are not conducting an investigation; you are simply establishing the key facts.
- Only ask simple, open, non-leading questions. E.g. if a vulnerable adult tells you they have been hurt, ask “How did you get hurt?” rather than “Did someone hit you?”
- Once you know you are concerned enough to raise the matter with the DSL/DDSL, don't ask any more questions.
- Write down what has been said immediately afterwards in words used by the Vulnerable Adult and yourself to the best of your memory. Details of the situation should be recorded on Confidential Comments on Promonitor or a CP1 form (available from the Staff Intranet).
- Note anything about the Vulnerable Adult which is connected i.e. any visible injuries including the position and description, the demeanour of the Vulnerable Adult e.g. crying, withdrawn. These should also be recorded immediately afterwards
- The matter should be **immediately** reported to a DSL/DDSL, and all records taken should be handed over at this time.
- If in doubt seek advice from a DSL/DDSL.

- The DSL/DDSL will make a judgement as to whether a referral to Social Services is appropriate. If there is doubt, then advice must be sought from Wigan Borough Council Social Care.

**PLEASE NOTE: If the student is distressed and you are unable to stay with them:**

- Contact a Student Liaison Officer or the Duty Manager to stay with the student, until the DSL/DDSL arrives.

**Procedure for dealing with an incident that arises on an off-site visit/activity**

- When the alleged abuser and person abused are both members of an off-site visit/activity, the primary consideration is the initial protection of the vulnerable adult. Action to ensure this should be taken by the member of staff in charge of the visit. Once there is no immediate risk of further abuse then a more considered approach can be taken.
- It is also important to note that all criminal offences need to be reported. (Phone 999 for emergencies/ 101 for non emergencies). If an offence is thought to have been committed, staff should contact local police in the first instance, especially when the alleged abuser is a member of the local population.
- Careful consideration should be given to how best to inform the learner's next of kin, and whether any or all of the students should be returned home. This will depend on the seriousness of the incident, the effect on the learners and the risk present.
- The DSL/DDSL, or a senior manager, should be consulted for advice. When a senior manager makes such decisions, he or she should attempt to discuss this situation with the DSL/DDSL as soon as possible.
- When the allegation disclosed on an off-site visit relates to abuse of the student at their home, the standard procedures should be followed. Staff should discuss the situation with the DSL/DDSL at the earliest opportunity.

**In determining the appropriate intervention with a vulnerable adult, consideration should be given to the following:**

- Self determination - is the adult at risk of abuse able to make their own decisions and choices and do they wish to do so? If yes, all discussions held with the adult at risk of abuse must be documented.
- Consent - did the person subject to abuse consent and did he or she consent willingly?
- Mental capacity - does the person subject to abuse have the capacity for self determination, the capacity to understand to what they are consenting, or alternatively the capacity to refuse?
- Risk - does the vulnerable adult appreciate and understand the nature and consequences of any risk they may be subject to and do they willingly accept such risk?
- Where forced marriage or female genital mutilation (FGM), or the risk of it, is suspected all members of staff should discuss the case with a manager or the DSL/DDSL immediately. If this is not possible the Police must be contacted and the staff member, as instructed by the Police. Any direct contact with the Police must be reported as soon as possible to the DSL/DDSL.

The person's wishes are critical in determining what action to take. All people have a right to make choices, in so far as they are able, and maintain their independence even when this involves a degree of risk. Where an individual chooses to accept the risk, their wishes should be respected within their capacity

There may be situations where, despite the degree of concerns about suspected abuse, the person concerned makes an informed decision not to consent to an investigation taking place. Even where the adult at risk will not give such consent, consideration must be given as to how they can best be protected if there are no other legal grounds for intervention. If consent is refused, consideration must be given to the person's capacity under the Mental Capacity Act 2005. A positive working relationship should be aimed for which may enable possible options to be explored, alternative sources of support to be provided or advising the person about the possibility of making a Lasting Power of Attorney.

### **Cause for Concern**

- Where you have concerns regarding the safety and wellbeing of a person who meets the definition of a vulnerable adult but no disclosure has been made, you should seek advice from either the DSL/DDSL.
- If you have signposted or helped to engage a support service for a vulnerable adult either internally or externally because you have concerns for their safety or wellbeing, please complete the cause for concern form (**see appendix 4**) with all the information required including a brief reason for your concern and return it to the safeguarding team.

*Please note this process is for concerns as stated and not complaints, grievances or disciplinary issues. Nor does it replace or supercede any of these processes. Please refer to the relevant College policies and guidance in these matters.*

## **Advice on identifying Cases of Female Genital Mutilation**

### **There are 4 types of procedure:**

- |        |   |
|--------|---|
| Type 1 | Clitoridectomy – partial/total removal of clitoris  |
| Type 2 | Excision – partial/total removal of clitoris and labia minora   |
| Type 3 | Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia                              |
| Type 4 | All other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area. |

### **Why is it carried out?**

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

### **Circumstances and occurrences that may point to FGM happening**

- Young person talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Young person's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the young person's sibling has undergone FGM
- Young person talks about going abroad to be 'cut' or to prepare for marriage

### **Signs that may indicate a person has undergone FGM:**

- Prolonged absence from college and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

## Appendix 2

### Preventing Radicalisation and Violent Extremism

**Prevent** is part of the government's counter-terrorism strategy. The Prevent strategy tries to link together education, criminal justice, faiths, charities, the internet and health to prevent terrorism. It aims to prevent people becoming terrorists or supporting terrorism by:

- Challenging terrorist ideas
- Giving practical help to people who could be drawn into terrorism.

Prevent is concerned with all kinds of extremism, such as extreme right wing beliefs as well as faith-based terrorism.

### **Channel**

Channel is a programme which focuses on providing support at an early stage to people who have been identified as being vulnerable to being drawn into terrorism. It provides a mechanism for colleges to make referrals if they are concerned about an individual being vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. Channel is run by the police and local authority and the support is multi-agency: through education, sport, housing, employment services, or faith mentoring, for example.

If you feel someone may be vulnerable for some of the reasons below then contact the safeguarding team immediately.

Indicators of vulnerability include:

- Identity crisis – distance from heritage and uncomfortable with place in society;
- Personal crisis – family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging;
- Personal circumstances – migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet aspirations – feeling injustice; feeling of failure; rejecting civic life;
- Criminality – experiences of imprisonment.

More critical risk factors could include:

- Contact with extremist recruiters;
- Supporting violent extremist causes or leaders;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve social issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and/or behaviour (e.g. fascist tattoos).

The Safeguarding Adult Board Preventing Violent Extremism (PVE) Policy sets out the Local policy and procedure relating to vulnerable adults (and the communities they live in) who may be at risk of harm due to messages of violent extremism. It supports Wigan's responsibilities under the national Prevent Strategy.

It sets out a robust referral, assessment and case management approach that place this agenda firmly within the safeguarding policy arena. It will support the local roll out of national Workshop to Raise Awareness of Prevent (WRAP) training programme required under national guidance across key agencies involved in identifying vulnerable adults. This approach is underpinned by a number of key principles:

- Each vulnerable adult is unique, is vulnerable for a unique reason and needs an individualised response.
- Each vulnerable adult effects and is affected by multiple domains i.e family, community, wider society.
- Wigan Local Authority and its partners have a duty to respond promptly and robustly to concerns raised around possible safeguarding issues
- Information will be shared with other agencies and local authorities as appropriate in the interests of protecting a vulnerable adult from serious harm.
- This is a collaborative process to enable effective integrated working to improve outcomes for vulnerable adults, arising from a common and specialist assessment.

For additional information relating to Prevent, refer to Wigan Safeguarding Adult Board Preventing Violent Extremism (PVE) Policy.

See also the Wigan & Leigh College Prevent Strategy

## Appendix 3

### Safeguarding of Young People and Vulnerable Adults



#### CP1 Statement Form

#### Details of person the allegation/ issues were reported to/heard by

Staff Name	
Job title, Department/Site	
Telephone Number	
Date allegation /disclosure made :	

#### Details of person making the allegation/presenting issues

Name		
Student Number		AGE
Department		
Course		
Personal tutor		

#### Details of person allegedly recipient of abuse if different from above

Name	
Student Number	
Department	
Course	
Personal tutor	

#### Details of any other persons present

Name	
Department	
Course	
Personal tutor	

Assigned to: (Safeguarding officer)	
Date Assigned	

<b>Place the incident occurred</b>	
<b>Nature of the alleged abuse</b> (see safeguarding policies for guidance.)	<b>Physical</b> <input type="checkbox"/> <b>Neglect</b> <input type="checkbox"/> <b>Emotional</b> <input type="checkbox"/> <b>Sexual</b> <input type="checkbox"/> <b>Financial</b> <input type="checkbox"/> <b>Institutional</b> <input type="checkbox"/>

<b>ALLEGATION/DISCLOSURE DETAILS</b>
<div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; padding: 2px 10px;">Continue Overleaf if necessary...</div> </div>

<b>ANY RELEVANT ADDITIONAL INFORMATION</b>

<b>Signature of person making statement</b>	
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***All actions following this initial report must be entered through Pro-monitor's Confidential Comments.***

**Appendix 4**  
**Safeguarding – Cause for Concern**  
Confidential



<b>Member of staff making referral</b>		
<b>Position</b>		
<b>Date of referral</b>		
<b>Signature</b>		
<b>Name of child/vulnerable adult:</b>		
<b>Gender</b>	<b>Age</b>	<b>EBS number</b>
<b>D.O.B</b>	<b>Personal Tutor</b>	<b>Course &amp; Level</b>
<b>Does the child/vulnerable adult know you will be speaking to a protection officer?</b> Yes _____ No _____		
<b>Summary of reason for concern</b>		
<b>To whom have you spoken and what was said?</b> <i>(State what the child/vulnerable adult said or what you observed that caused concern/suspicion. Include date and time of event. Where reporting what someone has said to you, try to use as close to their words as you can remember.) Continue on another sheet if required.</i>		
<b>Have you taken any actions? – please state here</b>		
<b>Category of abuse causing concern.</b> Physical ___ Neglect ___ Emotional ___ Sexual ___ Financial ___ Institutional ___		

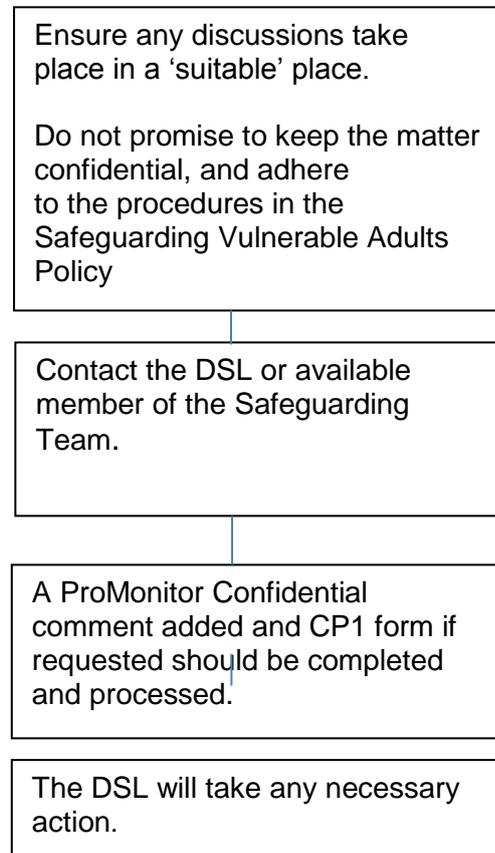
Please return this form to the Safeguarding Team.  
 Either electronically or by hand delivery to a designated Safeguarding Officer.

<b>To be completed by a Designated Safeguarding Officer</b>	
<i>Office Use Only</i>	
<b>Assigned to: (Safeguarding officer)</b>	
<b>Date Assigned</b>	
<b>Date of initial meeting.</b>	
<b>Is this Safeguarding ?</b>	<b>YES</b> <input type="checkbox"/> (transfer details to CP1 form) <b>NO ...</b> <input type="checkbox"/> (please complete this form fully)
<b>Confirm Category of Abuse</b>	<b>Physical</b> <input type="checkbox"/> <b>Neglect</b> <input type="checkbox"/> <b>Emotional</b> <input type="checkbox"/> <b>Sexual</b> <input type="checkbox"/> <b>Financial</b> <input type="checkbox"/> <b>Institutional</b> <input type="checkbox"/>
<b>Action</b>	

# SAFEGUARDING FLOWCHART

What to do if you have concerns/suspicions of abuse

## DISCLOSURE/SUSPICION OF ABUSE



## CONCERN FOR SAFETY OR WELFARE

