

Policy Statement

The JGA Group recognises that we have a fundamental responsibility to provide an environment in which individuals of all ages, whether team member, student or visitor, may work, learn and develop in a safe environment. This responsibility includes an ethical and moral duty to safeguard children and Adults at Risk at any time when they are engaging with our team members, students, volunteers and subcontractors. This core value is at the heart of our interaction with our wider community and acknowledges that in all our interactions with children and Adults at Risk, their welfare is of paramount importance. Team members recognise and accept their responsibility to develop awareness of the risks and issues involved in safeguarding. JGA seeks to declare at every induction that we must all (team members and learners) have zero tolerance for abuse, bullying, neglect and violence. If there is serious risk of immediate harm or danger then this should be referred immediately to the police.

JGA is committed to working with the Multi Agency Safeguarding Hubs (MASH) and the local Prevent Coordinators.

Definitions

For the purposes of this policy and procedure, children are defined as anyone who has not reached their 18th birthday. An 'adult at risk' is defined as any person who is aged 18 years or over and who has needs for care and support and is experiencing, or is at risk of, neglect, or physical, mental or emotional harm; and as a result of those needs is unable to protect themselves against neglect or harm or the risk of it.

The key legislative frameworks supporting this policy include: The Children Act 1989 (and 2004 amendment), Keeping Children Safe in Education (Sept 2022), Safeguarding Vulnerable Groups Act 2006, Counter-Terrorism and Security Act 2015.

Accountability and Responsibility

A designated Safeguarding Lead has been identified and trained to carry out day-to-day activity, provide general advice and training, monitor and manage concerns, allegations or disclosures, and liaise with safeguarding agencies. Team managers will work in parallel to ensure that the reporting team member(s) are appropriately supported, if needed. Senior Leadership responsibility for Safeguarding rests with the Director of Quality and Performance, reporting to the Senior Management Team and Academic Board.

Training

The JGA Group has a duty to promote safeguarding issues and measures to team members to ensure that they:

- Recognise concerns as they are identified (see Appendix B).
- Report concerns to the Designated Safeguarding Lead on the same day.
- Refer to appropriate authorities on the same day.
- Record incidents to facilitate investigations.
- Respond to requests for information and involvement in case reviews.



Staff Recruiting and Vetting

The recruiting and vetting of office and delivery team members is to be carried out in accordance with the HMG Baseline Personnel Security Standard. DBS checks are carried out in line with the DBS and Safer Recruitment policy.

Safeguarding Code of Behaviour

Staff **must**:

- Respect children's and adults at risk's right to privacy and encourage children
 and adults at risk to feel comfortable enough to report attitudes or behaviour
 that they do not like.
- Act with discretion with regards to their personal relationships.
- Be aware of the procedures for reporting concerns, allegations or disclosures, and should familiarise themselves with the contact details of the Designated Safequarding Lead.
- Undertake mandatory training.
- Make other team members of their delivery team aware if a team member finds themself the subject of inappropriate affection or attention from a child or adult at risk.
- If a team member has any concerns relating to the welfare of a child or adult at risk in their care, be it concerns about actions/behaviours of another team member or concerns based on any conversation with the child or adult at risk (particularly where the child or adult at risk makes an allegation), they should report this to the Designated Safeguarding Lead.

Staff must not:

- Spend excessive amounts of time alone with children or adults at risk away from others.
- Make unnecessary physical contact with children and adults at risk.
- Take children and adults at risk alone in a car, however short the journey, unless absolutely unavoidable.
- Meet children and adults at risk outside the work or learning environment
- Start an investigation or question anyone after a concern, allegation or disclosure has been raised. See Safeguarding flowchart.
- Staff should never (even in fun)
 - Initiate or engage in sexually provocative conversation or activity.
 - Allow the use of inappropriate language to go unchallenged.
 - Do things of a personal nature for children and adults at risk that they can do themselves.
 - Allow any allegations made by a child or adult at risk to go without being reported and addressed.
 - Trivialise or exaggerate child or adult at risk abuse issues.
 - Make promises to keep any disclosure confidential from relevant authorities.

Procedure for Responding to a Concern, Allegation or Disclosure

- Do not make promises about confidentiality.
- Explain to the person at the outset that you will need to report the concern, allegation or disclosure and share the information with the Designated Safeguarding Lead.



- The team member who has concerns about possible abuse or neglect must contact their Designated Safeguarding Lead or, if not available, their team manager as soon as possible for advice and support.
- If the complainant is the child or adult at risk concerned, questions should be kept to a minimum and leading questions should be avoided.

Reporting

Information regarding a concern, allegation or disclosure is to be recorded on the Safeguarding Adults at risk and Children Reporting Form (Appendix A). Completion of this form should be initiated as soon as possible by the person who has first-hand information. Information can be progressively added as more information is gained. The report should be brought to the attention of the Designated Safeguarding Lead as soon as possible. The Designated Safeguarding Lead is responsible for advising the Director of Quality and Performance and also for passing information regarding the report to local or appropriate safeguarding agencies or the Police.

Immediately afterwards, if the reporter is a delivery team member, the reporter must inform their team manager that a "Safeguarding Report" has been made to the Designated Safeguarding Lead and, without giving any detail of the concern or allegation, indicate whether the delivery team needs additional support or not. The words "Safeguarding Report" are all that is required by the team manager; confidentiality must be preserved wherever possible.

Learners working with JGA's sub-contract delivery partners are entitled to safeguarding and protection of the same standard as JGA's direct learners. The Designated Safeguarding Lead has responsibility for ensuring that the standards embodied within this document are applied by sub-contract delivery partners.

Richard Goodwin Managing Director April 2023

Annex A: Safeguarding Children and Vulnerable Adults at risk Reporting Form

Annex B: Types of Abuse and how to recognise them.

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Appendix A

Safeguarding Concern Form

Please use this form to record disclosures, incidents or concerns of abuse or neglect of children and adults at risk including any concerns relating to the Prevent Agenda. It is important that we in JGA maintain local and national records to pass to local Safeguarding agencies, such as the Multi Agency Safeguarding Hubs.

This report form must be passed directly to the JGA Designated Safeguarding Lead (who is Paula Wakelin and whose contact details are safeguarding@jga-group.co.uk).

Name of Child or Adult (full contact details if possible):		
Concern or Incident:		
Date, Time and Location:		
Action Taken:		
Talland the force Decimated Cafe an adding Loads		
Follow Up from Designated Safeguarding Lead:		
Concern/Incident Reporter Name:		
Concern/Incluent Reporter Name.		
Signature: Date:		
Designated Safeguarding Lead Name:		
Signature: Date:		



Appendix B

RECOGNISING CONCERNS – Definitions and indicators of abuse

Abuse may be -

Physical Abuse – may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a person.

Emotional Abuse - Emotional abuse is the persistent emotional maltreatment of a person such as to cause severe and persistent adverse effects on the person's emotional development. It may involve conveying to the person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on a person. These may include interactions that are beyond the person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the person participating in normal social interaction. It may involve serious bullying causing individuals frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment, though it may occur alone.

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

Neglect or Act of Omission - Neglect is the persistent failure to meet a child's or adult at risk's basic physical and/or psychological needs, likely to result in the serious impairment of the individual's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child or adult at risk from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a person's basic emotional needs.

Financial Abuse – misappropriation of an individual's funds, benefits, savings etc or any other action that is against the person's best interests, for example:

- Theft of money, possessions, property or other material goods.
- Misuse of money.
- Fraud or extortion of material assets.
- Persuading an adult at risk to enter into a detrimental financial agreement.



Discriminatory Abuse - this is usually motivated by discriminatory and oppressive attitudes towards race gender, culture, background, religion physical and/or sensory impairment, sexual orientation and age.

Institutional Abuse, Neglect and Poor Practice - this may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to persuasive ill treatment or gross misconduct.

Domestic Violence - all forms of abuse can be experienced in a family setting by a partner, family member, or with someone with whom there is a relationship.

Modern Slavery – the severe exploitation of other people for personal or commercial gain.

Forced Marriage/Honour based violence – this is a marriage conducted without the valid consent of one or both parties and where duress is a factor. An honour killing or shame killing is the murder of a member of a family, due to the belief that the victim has brought shame or dishonour upon the family, or has violated the principles of a community or a religion, usually for reasons such as refusing to enter an arranged marriage, being in a relationship that is disapproved by their family, having sex outside marriage, becoming the victim of rape, dressing in ways which are deemed inappropriate, engaging in non-heterosexual relations or renouncing a faith.

Female Genital Mutilation - 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 is 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.

Peer on Peer abuse – is any form of physical, sexual, emotional and financial abuse and coercive control, exercised between children and within children's relationships (both intimate and non-intimate), friendships and wider peer associations.

'Mate crime' – when vulnerable people and children are befriended by members of the community who go on to exploit or take advantage of them. It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the young adult or child knows, and it often happens in private.

Self Neglect – this is a condition affecting behaviour, where the individual refuses to attend to their personal care and hygiene, their environment or even refusal of care offered to them.

Cyber Bullying – the use of technology such as mobile phones and the internet to bully other people.

Vulnerability to violent extremism/radicalisation – concerns about people being vulnerable to violent radicalisation or being affected by radicalisation of others.



RECOGNISING CONCERNS - Indicators of Abuse

Indications that a child or adult at risk may be experiencing abuse could include the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated in a part of the body not normally prone to such injuries. Bruises that reflect hand marks or fingertips could indicate pinching or slapping, cigarette burns and scalds would also be a concern.
- An injury for which the explanation seems inconsistent.
- The child or young person describes what appears to be an abusive act involving him or her.
- Someone else (a child, young person or adult) expresses concern about the welfare of another person.
- Unexplained changes in behaviour e.g. becoming very quiet, withdrawn or having severe temper outburst.
- Inappropriate sexual awareness.
- Engaging in sexually explicit behaviour.
- · Discomfort when walking or sitting down.
- Distrust of adults, particularly those with whom a close relationship would normally be expected.
- Has difficulty making friends.
- Is prevented from socialising with other people.
- Displays variations in eating patterns including overeating and loss of appetite.
- Loses weight for no apparent reason.
- Becomes increasingly dirty and unkempt.

This list is not exhaustive and the presence of one or more of the indicators is not proof that abuse is actually taking place or has taken place.

RECOGNISING CONCERNS - Bullying

'Bullying' is an abuse issue.

In some cases of abuse it may not always be an adult abusing a child or young person. In the case of bullying the abuser may be another child, or young person. Bullying is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those being bullied to defend themselves. Anyone can be a target for bullying, sometimes victims are singled out for being overweight, physically small, having a disability, being shy and/or sensitive or belonging to a different race, faith or culture. Bullying can and does occur anywhere there is inadequate supervision.

Bullying may include:

- Physical including hitting, kicking and theft.
- Verbal including name calling, teasing, racist or homophobic taunts, threats and graffiti.
- Emotional including tormenting, ridiculing, humiliating and ignoring.
- Sexual including unwanted physical contact or abusive comments.



- Cyber bullying e.g. e-mail, social media, text messaging etc. (see Bullying and Harassment Policy).
- Bullying in the workplace, abuse of power.

RECOGNISING CONCERNS – Radicalisation (Prevent Agenda)

People can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include family members or friends, direct contact with members groups and organisations or, increasingly, through the internet. This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm. Potential diagnostic indicators identified include:

- Use of inappropriate language
- Possession of violent extremist literature
- Behavioural changes
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an ideology.

The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary.

Six Principles of Safeguarding

- Empowerment People being supported and encouraged to make their own decisions and informed consent.
- Prevention It is better to take action before harm occurs.
- Proportionality The 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 safeguarding practice.