# Safeguarding Policy

**If there is an immediate threat to life, call 999**

**For Myconcern reporting – go straight to page 18 of this document.**

This policy is available on our website:

https://www.ngtc.co.uk/student-services/our-policies/ or scan the QR code

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# Summary of Changes

| Date | Page | Details of Amendments |
|---|---|---|
| 01/12/2023 | N/A | Annual Review |
| 25/07/2024 | 7, 18 | Safeguarding Team Members |
| 25/07/2024 | 19 | My Concern steps |
| 25/07/2024 | 20, 21 | Appendix 5 |
| 25/07/2024 | 23 | Appendix 7 |
| 09/09/2024 | 7, 18 | Safeguarding Team Members |
| 09/09/2024 | Multiple | KCSIE 2024 Updates |
| 11/10/2024 | 24 | Appendix 8 Added |
| 17/01/2025 | 29 | Appendix 9 – Guidance on Recording a Concern Added |
| 17/01/2025 | 29 | Appendix 8 – Guidance on Dealing with Suicide Added |
| 17/01/2025 | 25 | Appendix 5 – Guidance in Closing down a Concern |
| 17/01/2025 | 16 | Guidance on Dealing with Criminal Disclosure |
| 04/07/2025 | 23 | Guidance on Assigning Cases (MyConcern) |
| | | |

# SAFEGUARDING POLICY

## INTRODUCTION

1.1 NGTC fully recognises the contribution it makes to safeguarding adults, including vulnerable adults. The aim of this policy is to establish an 'All

1.2 NGTC' approach to safeguarding adults and 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 NGTC 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:

- Keeping Children Safe in Education 2023
- Keeping Children Safe in Education (part 1 Information for all School and College Staff -2023)
- Wigan Borough Multi Agency Policy for Protecting Adults at Risk (reviewed 2023)
- Wigan Borough Multi Agency Procedure for Protecting Adults at Risk (reviewed 2023)
- *'Working Together to Safeguard Children' (March 2015, updated July 2022)*
- *'NO SECRETS' Department of Health 2000 (updated 2015)*
- *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 April 2019).*

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

- Equality & Diversity Policy
- Anti-Bullying Policy
- Social Media and E-Safety Policy
- Health & Safety Policy
- Whistleblowing Policy
- Social Networking Guidance (Staff)
- Prevent Strategy

## 1. SCOPE

1.1 Safeguarding is everybody's responsibility (2) and, as such, this policy applies to all staff and volunteers working in NGTC. 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.

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

1.3 It is, therefore, imperative that all staff working for NGTC, 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 the 'Keeping Children Safe in Education' 2023.

## 2. DEFINITION OF TERMS

All NGTC staff should be aware that abuse, neglect, exploitation 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.

### 2.1 Adult

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

2.1.1 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, abuse and exploitation.
- Accountability – Accountability and transparency in delivering safeguarding.
- Contextual Safeguarding - protecting children from maltreatment, whether that is within or outside the home, including online.

2.1.2 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, exploitation; 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, neglect or exploitation. (6)

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

### 2.2 Community Care Services

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

### 2.3 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 / 2015). 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 maybe 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.
   - Voyeurism, as in the Voyeurism (Offenses) act 2019, the practice of gaining sexual pleasure from watching others when they are naked or engaged in sexual activity.
   - Upskirting is also covered under the Voyeuism Act 2019, and refers to a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear).

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.

d) Sexual harassment occurs when a person engages in unwanted conduct of a sexual nature that has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Unwanted conduct of a sexual nature includes a wide range of behaviour (but not limited to) such as:

- Sexual comments or jokes
- Displaying sexually graphic pictures, posters or photos
- Propositions or sexual advances or suggestive looks, staring or leering
- Making promises in return for sexual favours
- Sexual gestures
- Unwelcome touching, hugging, massaging or kissing
- Criminal behaviour including sexual assault, stalking, indecent exposure and offensive communications

**3.4.5 Peer on Peer**

Peer on Peer Abuse is behaviour by an individual or group, intending to physically, sexually or emotionally hurt others. All NGTC staff should recognise that children/young people are capable of abusing their peers.

All NGTC staff should be aware of safeguarding issues from peer abuse including:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

This abuse can:

- Be motivated by perceived differences e.g. on grounds of race, religion, gender, sexual orientation, disability or other differences
- Result in significant, long lasting and traumatic isolation, intimidation or violence to the victim; vulnerable adults are at particular risk of harm Children or young people who harm others mayhave additional or complex needs e.g.:
- Significant disruption in their own lives
- Exposure to domestic abuse or witnessing or suffering abuse
- Educational under-achievement
- Involved in crime Stopping violence and ensuring immediate physical safety is the first priority ofany education setting, but emotional bullying can sometimes be more damaging than physical.

NGTC staff, alongside the Designated Safeguarding Lead and Deputies, have to make their own judgements about each specific case and should use this policy guidance to help.

Keeping Children Safe in Education (KCSIE), 2023 states that 'Governing bodies and proprietors should ensure their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be recorded, investigated and dealt with'. It also emphasises that the voice of the child must be heard 'Governing bodies, proprietors and school or college leaders should ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide.

What is consent? Consent is a person's permission or agreement by choice to anything that involves them. For example, their body, personal space, time, money or belongings. Consent is not just limited to sexual acts; there are many circumstances we find ourselves in every day where consent is important.

Consent is freely given - No one is coerced, pressured or manipulated into agreeing to something that they don't want to do. Consent is also reversible - Anyone can change their mind about what they feel like doing, anytime.

**3.4.6 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.

**3.4.7 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.

**3.4.8 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.

**3.4.9 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 or through a third party.

The 'One Chance' rule.

It is essential that schools/colleges/private training providers 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 of NGTC Safeguarding Team or/and the police.

**3.4.10 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.

The 'One Chance' rule.

It is a mandatory duty that schools/colleges/private training provider 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 NGTC Safeguarding Team.

**3.4.11 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

**3.4.12 Preventing Radicalisation**

Protecting children and vulnerable adults from the risk of radicalisation should be seen as part of NGTC'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.

(*For further details see the NGTC Prevent strategy)*

3.4.13 ***Online Safety***

Statement of intent NGTC LTD understands that using online services is an important aspect of raising educational standards, promoting Learner achievement and enhancing teaching and learning. In times of utilising on-line teaching, which will make continuity of learning possible. The use of online services is embedded throughout NGTC LTD; therefore, there are several controls in place to ensure the safety of Learners and staff.

The breadth of issues classified within online safety is considerable, but they can be categorised into three areas of risk:

- Content: Being exposed to illegal, inappropriate or harmful material, e.g. pornography, fake news, and racist or radical and extremist views.
- Contact: Being subjected to harmful online interaction with other users, e.g. commercial advertising and adults posing as children or young adults.
- Conduct: Personal online behaviour that increases the likelihood of, or causes, harm, e.g. sending and receiving explicit messages, and cyberbullying.

The measures implemented to protect learners and staff revolve around these areas of risk. NGTC has created this part of the policy with the aim of ensuring appropriate and safe use of the internet and other digital technology devices by all learners and staff, whilst working with employers and passing on our recommendations, ensuring that appropriate filtering and monitoring systems are in place.

NGTC promote password management as an inclusion to online safety, examples such as LastPass/Lane, or a similar secure password management site.

## 3. ACCOUNTABILITY

3.1 All staff, including agency staff and volunteers working at NGTC, are responsible for the operation of this policy.

3.2 The Designated Protection Officers for NGTC are:

| | |
|---|---|
| **Lead Designated Protection Officer** | Joseph Wooder |
| **Deputy Designated Protection Officer** | Brittany Tonge |
| **Safeguarding Officer** | Morgan Griffin |
| **Safeguarding Officer** | Georgia Griffin / David Sharrock (Interim) |
| **Safeguarding Officer** | Karen Green |

*If all internal avenues have been exhausted and there is a risk of immediate serious harm to a child/adult a referral should be made to children's social care or the police immediately. Anybody can make a referral.*

3.3 The senior manager with responsibility for safeguarding is the HR Manager

3.4 All referrals must be added to myconcern as required, this should be completed as soon after the event as possible.

Designated Protection Officer 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 a disclosure or there is reason to suspect that a vulnerable adult is suffering or likely to suffer significant harm. If the learners location is outside of Wigan, the DSO will consult with the relevant local authority.

3.5 The Designated Protection Officer will make every effort to attend any strategy or professionals meetings to which NGTC is invited, or may ask an appropriate colleague to attend on their behalf, taking along all relevant details known to NGTC.

3.6 The Designated Protection Officer 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.

3.7 All members of staff have a duty to report any disclosure, allegation or suspicion of abuse, to a Designated Protection Officer. This must be done immediately that the disclosure/ allegation/suspicion is made/arises and should be reported confidentially

3.8 If an adult with mental capacity discloses an allegation of abuse, neglect or exploitation, 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, neglect or exploitation. 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.

3.9 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.

3.10 Any decision to overrule the wishes of the allegedly abused person should be recorded on NGTC's Myconcern software, with the reasons for such a decision.

3.11 In cases where the allegedly abused person wishes to self-refer to Adult Social Care, the matter must still be referred to the Designated Protection Officer, who should accordingly refer the matter to Social Care regardless of the individual's decision to self-refer.

3.12 The Designated Protection Officer has a duty to seek advice from Adult Social Care, if unsure as to whether a referral is appropriate.

3.13 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.

3.14 NGTC 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 online and raise awareness of the impact they may have on others by misusing technology. Educating students about e-safety will be embedded into curriculum planning and the tutorial system.

3.15 The Designated Protection Officer is responsible for ensuring appropriate filtering and monitoring systems are in place. The Designated Protection Officer should regularly review the effectiveness of the systems at least annually. 4. The Designated Protection Officer should ensure SLT and relevant staff have awareness and understanding of the provisions in place, can manage them effectively and know how to escalate concerns.

3.16 All Designated Protection Officers must be provided with appropriate staff development, training, and supervision.

3.17 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.

3.18 All staff and volunteers working at NGTC must be given a copy of the Safeguarding Policy immediately upon starting work at NGTC, as part of their induction.

3.19 Targeted staff and volunteers working at NGTC 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.

3.20 All staff will be given access to an updated copy of the Safeguarding Policy each time it is updated, and will undergo additional training if any significant policy changes are made.

3.21 The Senior Management Team shall be responsible for ensuring that NGTC 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.

3.22 **Safer Recruitment**

NGTC LTD is committed to safeguarding and promoting the welfare of all learners in its care. As an employer, NGTC LTD expects all staff and volunteers to share this commitment Aims and Objectives The aims of the Safer Recruitment policy is to help deter, reject or identify people who might abuse learners or are otherwise unsuited to working with them by having appropriate procedures for appointing staff. NGTC Promote welfare of learners at every stage of the procedure, including a safer recruitment questionnaire, Enhanced DBS checks, 2 references for all new appointees, Safeguarding/Prevent/E&D Training to be included in employment induction, and regular CPD updates relating to Safeguarding throughout employment. More details can be obtained in NGTC's Safer Recruitment Policy.

## 4. ALLEGATIONS AGAINST STAFF/VOLUNTEERS

4.1 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.

4.2 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 HR Manager or Student Services. In circumstances where the concern/ allegation is in relation to the Managing Director reports should be made without delay to the Office Manager.

4.3 Safeguarding Procedures must be followed whenever an allegation of abuse is made or concern is expressed regarding the behaviour towards a child, young person or vulnerable adult 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

4.4 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.

4.5 In the instance of an allegation of abuse of a vulnerable adult, made against the Managing Director, the HR Manager would liaise directly with Wigan Borough Council Adult Social Care.

4.6 Preliminary enquiries should be made by Senior HR staff after consultation with Wigan Borough Council Adult Social Care.

4.7 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.

4.8 In-depth questioning of vulnerable adults or professionals/professional carers should not take place.

4.9 Careful records should be made regarding any concerns or allegations and actions taken in response to these.

4.10 Further consultation with Wigan Adult Social Care should then take place to establish the most appropriate next step. If the learners location is outside of Wigan, the DSO will consult with the relevant local authority.

4.11 When an allegation is made a number of inter-related elements will exist (Safeguarding, Criminal Investigation, Disciplinary, Complaints).

4.12 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 NGTC's decision to inform the Independent Safeguarding Authority of any relevant information. If the learners location is outside of Wigan, the DSO will consult with the relevant local authority.

4.13 If any individual is unhappy that their concerns are not being taken seriously within NGTC, they should raise their concerns with the Designated Protection Officer, and consultation with Social Services must take place.

## 5. MONITORING

A summary of Safeguarding cases that have been dealt with by NGTC will be reported to the SMT on at least an annual basis.
The Policy will be maintained and reviewed by the Safeguarding Strategy Team. Policies are reviewed annually.
Information will be provided to inform Wigan Safeguarding Boards.

## 6. 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 them 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 safeguarding Officer, 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 MyConcern (available from the Safeguarding Officer or on the 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 Designated Protection Officer, and all records taken should be handed over at this time.
- If in doubt seek advice from a Designated Protection Officer.
- The Designated Protection Officer 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. If the learners location is outside of Wigan, the DSO will consult with the relevant local authority.
- All concerns, discussions and decisions made including the rationale for those decisions. These recordings should include instances where referrals were or were not made to another agency such as LA children's social care or the Prevent program etc. Recording why you decided not to refer a matter

to children's services may be as important as why you decided to do so.

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

- Contact a Student Services or the Lead Tutor to stay with the student, until the Designated Protection Officer 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 parent/carer, 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 Designated Protection Officer, 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 Designated Protection Officer as soon aspossible.

- 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 Designated Protection Officer 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 designated protection officer 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 DPO.

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.

**Mental Wellbeing**

A strong focus on mental health is discussed during 1-2-1 progress reviews, learner surveys/voice. If a concern was raised regarding a learners mental health, a concern would be raised on My Concern and a variety of support can be offered. Every week, 1 in 6 adults experiences a common mental health problem. It's completely normal and you will have felt like this at some point in your life as a result of day-to-day problems, such as work stress, car troubles, caring responsibilities or arguing with friends or family. Other times, these feelings can be triggered because of a more significant event, like someone close to you dying, relationship breakdowns, physical health issues or financial worries. Sometimes it's not clear what the cause is. The main thing to remember is that feeling down about these events is completely normal and most of the time these feelings pass and can be helped by friends, family, a partner or work colleagues.

**How to get help right now** If you, or someone you know is struggling, it's important to ask for help and support. Talking might not always be the solution but it's always the starting point. If a learner is having more extreme thoughts and feelings or considering taking their own life, you should speak to someone as soon as possible. Depending on how severe your symptoms are, your options include:

- Calling the Samaritans - A free service operating 24 hours a day, 365 days a year, if you want to talk to someone in confidence. Call them on 116 123 or download the Samaritans self-help app ( https://www.samaritans.org/ )
- Booking an emergency appointment with your doctor
- Visiting your nearest A&E department or calling 999 for life threatening emergencies
- Visit Mind - Help in a crisis (https://www.mind.org.uk/information-support/ guides-to-support-and-services/crisis-services/getting-help-in-a-crisis/) - What to do in a mental health crisis
- Visit Papyrus (https://www.papyrus-uk.org/) - A local service which aims to prevent young suicide

**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 designated protection officer or one of their deputies.

- Unexplained and/or persistent absences could highlight an underlying issue and understanding the causes of children and adults missing education

- 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 5)* 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 supersede any of these processes.*
  *Please refer to the relevant NGTC policies and guidance in these matters.*

**Criminal Record Disclosure Process**

**Declaration and Identification**: If a learner/student declares or a criminal history is identified, we will gather relevant details and assess the case on an individual basis. This process typically occurs at enrolment but may arise at any point during the course.

**Low-Risk Cases**: If a criminal record is deemed low risk to staff, the individual and other participants, we will obtain consent from the individual to disclose this information to necessary stakeholders (thise could be employers, tutors, and student services teams). This disclosure will be managed and monitored through our case management system (MyConcern).

**Medium or High-Risk Cases**: If criminal activity is assessed as medium or high risk, a panel will be convened to determine the appropriate course of action for the individual.

**(Please note – f**or learners on licensed-linked courses (e.g., SIA), we will consult the criminal records indicator on the Home Office website to assess the suitability of the individual.

**Medium or High-Risk Criminal Offences**
These offences typically present a significant risk to the safety, wellbeing, or learning environment of others, including (not limited to):

1. **Violent Offences** (e.g., assault, battery, grievous bodily harm, or murder).
2. **Sexual Offences** (e.g., sexual assault, rape, child exploitation).
3. **Drug Trafficking or Distribution**.
4. **Fraud or Financial Crimes** (e.g., large-scale fraud, embezzlement, money laundering).
5. **Domestic Abuse**.
6. **Theft** (e.g., armed robbery, burglary, shoplifting with aggravating circumstances).
7. **Terrorism-related Offences**.
8. **Driving Offences** (e.g., driving under the influence causing harm, dangerous driving leading to injury or death).

**Low-Risk Criminal Offences**
These offences are generally considered low risk to others and may not significantly impact the learning or training environment. Examples include (not limited to):

1. **Minor Theft** (e.g., petty theft, shoplifting with no aggravating factors).
2. **Public Order Offences** (e.g., disorderly conduct, drunken behaviour).
3. **Traffic Offences** (e.g., speeding, driving without insurance).
4. **Possession of Small Quantities of Illegal Drugs** (e.g., for personal use, with no intention to distribute).
5. **Vandalism** (e.g., minor property damage).
6. **Harassment** (e.g., minor harassment or public nuisance).

**Time Spent and Expiration of Offences**

1. **Spent Convictions**: Under the Rehabilitation of Offenders Act 1974, convictions may be considered "spent" after a set period, depending on the offence and sentence. Once spent, they generally do not need to be disclosed. Typical periods are:
   - **Prison sentences of up to 6 months**: Spent after 7 years.

- **Prison sentences between 6 months and 2 years**: Spent after 10 years.
- **Prison sentences over 2 years**: Never spent.
- **Fines or community orders**: Typically spent after 1 to 5 years, depending on the severity.

2. **Unspent Convictions**: Offences where the rehabilitation period has not yet passed and must be disclosed. These typically remain in effect for periods determined by the nature of the crime.

Note: Each case will be assessed individually, and details provided by the learner will be taken into account, including whether a conviction is spent or unspent.

**Appendix 1**

**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 thegirl
- Gives a sense of belonging to thecommunity
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirtheasier

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

- Young person talking about getting ready for a special ceremony
- Family taking a long tripabroad
- 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 NGTC programmes/employment and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrualproblems
- Finding it difficult to sit still and lookinguncomfortable
- Complaining about pain between thelegs
- 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 physicalactivity
- 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.

**Incel** is a member of an online community of young men who consider themselves unable to attract women sexually, typically associated with views that are hostile towards women and men who are sexually active. NGTC counteracts the rise in the Incel movement, by challenging behaviours and attitudes, including "banter" that may appear misogynistic within the classroom setting and promoting healthy relationships and respect to women.

**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 further education providers 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.
- Unexplained and/or persistent absences which could highlight an underlying issue.

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 NGTC Prevent Strategy.

**Appendix 3.**

**Details of Designated Safeguarding Officers**

| Name | Job title / Location | Contact |
|---|---|---|
| Joseph Wooder | Designated Protection Officer (DPO) / Prevent Lead | joe@ngtc.co.uk |
| Brittany Tonge | Deputy Designated Safeguarding Lead / Quality of Education | brittany@ngtc.co.uk |
| Georgia Griffing (David Sharrock) | Safeguarding Officer (Interim) / Personal Development | georgia@ngtc.co.uk (david@ngtc.co.uk) |
| Morgan Griffin | Safeguarding Officer / Behaviours & Attitudes | Morgan@ngtc.co.uk |
| Karen Green | Safeguarding Officer / Safer Recruitment | karen@ngtc.co.uk |

**PLEASE NOTE** – if your nearest Protection Officer is unavailable, please contact any other Protection Officer from the list

## APPENDIX 4 – Safeguarding reporting system of Young People and Vulnerable Adults

**MyConcern**

1. Log onto the Myconcern app (PC/Mobile)
2. Click "Report a concern"
3. Click "Add Pupil" and enter all relevant details then save and continue
4. Click "Add location" and select from the drop down list the relevant option
5. Enter the learner's cohort in the "Notes" section
6. Describe the concern/incident in a brief summary
7. Select the date the incident/concern happened
8. Enter the details of the concern with as much detail as possible
9. Describe the action you have taken
10. Attach any media file to support your concern i.e. body map
11. Click "Submit Concern"
12. Ensure you regularly check your emails for tasks assigned to you by the DSL.

## APPENDIX 5 – SAFEGUARDING REPORTING PROCEDURE

**Enrolment process:**

Learner declares they have a criminal conviction on enrolment form.

Enrolment is on hold until SMT and Safeguarding hold a meeting to discuss the declaration and the implications on the welfare of other learners.

Meeting outcome 1:
Learner is accepted onto course with Safeguarding team and relevant staff members informed and guidance/support given.

Meeting outcome 2:
Learner is not accepted onto course and is informed about decision, verbally over the phone and followed up in writing via email, with reasoning. .

**Disclosure of concern (Abuse/Safety/Welfare/Wellbeing):**

Ensure any discussions take place in a 'suitable' place. Do not promise to keep the matter confidential and adhere to the procedures in NGTC Safeguarding Policy.

Contact the Designated Protection Officer or available member of the Safeguarding Team.

Report the concern via My Concern reporting system as soon as possible.
A 'pupil' must be assigned to the concern.
A 'location' must be assigned to the concern.
All detail must be reported, no matter how small or irrelevant it seems.
All persons involved must be detailed e.g. members of staff or peers present.
All concerns must be assigned a category.

DSL or any other member of the Safeguarding Team will pick up the concern on the system within 24 working hours.

When concerns are raised over weekends or bank holidays, DSL or any other member of the Safeguarding Team will pick up the concern the next available working day.

*If the concern has no category, pupil or location assigned, the DSL or SG Team Member must immediately contact the staff member who has reported the concern for the additional information and the concern must be updated.*

DSL or Safeguarding Team Member must then assign a Case Owner.

**Timeline of open concern:**

Once the concern has been categorized and a case owner has been assigned**, the DSL must record any extra action taken/communication/updates/information sharing on the 'chronology'.

*If,* the concern has been dealt with immediately, there is no further action and the 'action taken' has been recorded, then the concern can be filed instantly.

The Case Owner will be set a task to update the Safeguarding team regarding the learner and ensure any updates/relevant information/communication is recorded.
Case owner, dependent on the nature of the concern, will be given 48 hours to complete the task.

Once all tasks have been completed and there are no further updates relevant to the concern, the concern can be filed and closed.
*Dependent on the nature of the concern, NGTC aim to file a concern on the system within 5 working days.**

*If a future concern relating to the same individual is reported, My Concern will link the 'pupil' and the individual will then have multiple concerns reported on their profile. Both concerns will then be monitored as an ongoing concern.*

* Further guidance on closing down a concern on NGTC's MyConcern system

**Statutory Duty and Case Closure**
Safeguarding concerns will ordinarily be closed when the organisation's statutory duty as a training provider ends or that cases are deemed low risk and sufficient intervention/adjustments have been taken/implemented. This typically occurs when a learner exits the programme or is underway with their course of study with adjustments/rationale detailed in their respective training plans.

**Extending Case Management**
In certain circumstances, safeguarding cases may remain open beyond the learner's exit from the programme. The decision to extend case management will be at the discretion of the safeguarding team.

**Panel-Based Decisions for High or Medium-Risk Cases**
Where high or medium-risk concerns have been logged, it may be appropriate to convene a safeguarding panel to determine whether the case should remain open. This panel will review:

- The ongoing risk to the individual or others.
- Whether further monitoring or intervention is required.
- The availability of support services from external agencies.

**Record Management**
Once a case is closed, the safeguarding team will ensure all records are updated and securely archived in line with data protection and organisational policies.

**** Guidance on assigning a Case Owner on the MyConcern Platform**

To ensure consistency, clarity and accountability in the management of safeguarding concerns, NGTC operates a case ownership model that assigns all safeguarding cases exclusively to members of the safeguarding team. This appendix outlines how cases are triaged, allocated and managed.

**Triage and Assignment**

- **Any member of the safeguarding team** may act as the triaging officer for new concerns logged on MyConcern.
- The triaging officer will review the concern and assign the case to the **most appropriate safeguarding officer** based on the primary category of the concern.
- The assignment must align with the predefined category areas as detailed below under heading **Guidance on assigning based on categories**
- **No case should be assigned to staff outside of the safeguarding team**, unless in **exceptional circumstances** and only with the authorisation of the Designated Safeguarding Lead (DSL). These instances must be clearly recorded in the case chronology, including the reason for the exception and the name of the DSL granting approval.

**Handling Multiple Concerns**

- If a learner presents with multiple safeguarding issues that span more than one category (e.g. both mental health and learning needs), **separate concerns will be raised and assigned to the relevant safeguarding officers**.
- Each safeguarding officer will retain responsibility for their specific concern, in line with their area of responsibility.

- Officers assigned to linked cases for the same learner are expected to **collaborate and agree on a unified route of support**, ensuring consistency in communication, risk management and learner wellbeing.

**Joint Case Ownership and Collaboration**

- While each case is owned individually, safeguarding officers with linked concerns must work collaboratively, including:
  - Reviewing the learner's overall profile and circumstances.
  - Sharing relevant updates in a timely manner via MyConcern or direct communication.
  - Agreeing on which officer (if any) will liaise with external agencies or internal departments for coordination.
- **Monthly concern reviews** attended by the full safeguarding team will include updates on joint cases and collaborative interventions to ensure oversight, continuity and reflective practice.

**Worked Example:**

**Scenario:** A learner discloses that they have been feeling anxious and overwhelmed due to their course workload. During the same discussion, they reveal they have dyslexia and are struggling to access their learning materials.

**Action Taken:**

- The triaging officer raises **two separate concerns** in MyConcern:
  1. **Concern 1 – Anxiety and low mood** → Assigned to **Personal Development**
  2. **Concern 2 – Dyslexia and academic barriers** → Assigned to **Quality of Education**
  3. **Collaboration:**
- PD and QoE will liaise to ensure:
  - Pastoral and academic support are aligned.
  - Adjustments (e.g. additional time, reader support) are considered alongside mental health interventions.
  - A consistent message is communicated to tutors or employer partners.

**Guidance on assigning based on categories**

**Behaviours & Attitudes**

Focus: Conduct, peer interactions, attendance, and safeguarding related to learner behaviour.

Attendance – Punctuality; Bullying & Cyberbullying; Peer-on-Peer Abuse (including hazing/initiation; Racism / Discrimination; Anti-social Behaviour; Sexual Harassment (learner-learner); Online Safety (Conduct-related incidents); Inappropriate Language / Comments; Physical Aggression / Violence (non-domestic); Drug / Alcohol Use – Behaviour-linked; Banter / Misogyny / Incel-type Ideology; Persistent Disruption to Learning; Boundaries with Staff or Peers

**Personal Development**

Focus: Emotional resilience, personal welfare, identity, and individual life challenges.

Criminal Convictions / Disclosures; Mental Health – Mild to Moderate (anxiety, low mood); Bereavement / Loss; Self-Harm / Suicidal Ideation; Low Confidence / Self-Esteem; Home Life / Parental Conflict; Welfare Concerns (e.g., housing, finance, food); Medical Conditions – Chronic / Managed; Sexual Identity / Gender Identity Support; Emotional / Psychological Abuse; Care Leaver Support; Financial Issues Affecting Engagement; Relationship Difficulties; Trauma-Informed Support

**Quality of Education**

Focus: Barriers to learning, academic concerns, SEND, and EHCP-related needs.

Learning Difficulties – Dyslexia, Dyspraxia, ADHD, Autism; Educational Engagement / Motivation Issues; Poor Progress / Underachievement; Reasonable Adjustments (EHCP/ALS); Exam Anxiety / Performance Stress; Non-Attendance Linked to Learning Needs; Language Barriers / ESOL-related Barriers; Physical or Sensory Impairments Affecting Learning; Digital Exclusion / Learning Access Issues; Referral for Specialist Support (e.g., cognition and learning)

**Prevent & High-Risk Cases**
Focus: Extremism, radicalisation, exploitation, and immediate or severe harm.
Radicalisation / Extremism (Prevent); Terrorism-Related Indicators; Sexual Abuse / Exploitation (including online); Domestic Abuse (Severe); Child Criminal or Sexual Exploitation (CCE / CSE); Trafficking / Modern Slavery; Severe Mental Health – Psychosis, Suicide Risk; Substance Abuse – High Risk or Overdose; FGM / Forced Marriage; Serious Neglect or Institutional Abuse; Police / MARAC Referral Cases; High-Risk Criminal Activity (e.g., violence, weapons); Channel Referral Cases

**Staff Whistleblowing & Safer Recruitment**
Focus: Internal staff concerns, safeguarding compliance, whistleblowing, and recruitment.
Allegations Against Staff; Whistleblowing Concerns; Safer Recruitment Breaches; Professional Conduct Concerns; Staff Misuse of Power / Position; Failure to follow Safeguarding Procedure; Inappropriate Relationships / Boundary Issues; Non-Disclosure of Criminal Records; Concerns from or About Freelancers; DBS / Vetting Failures; Safeguarding Gaps in Staff Induction / Training; Anonymous Complaints About Staff; Conflict of Interest / Misconduct Allegations

**Appendix 6 – Partners & External Contacts**
**Local Authorities & Government Agencies**

Child Protective Services - https://www.wigan.gov.uk/Resident/Health-Social-Care/Children- and-young-people/Child-protection/Child-protection.aspx Adult Protective Services – https://www.wigan.gov.uk/Resident/Health-Social- Care/Adults/report-abuse-or-neglect-of-a-vulnerable-adult.aspx
Social Services Department – https://www.wigan.gov.uk/Resident/Health-Social- Care/Adults/Adults-health-social-care.aspx
Department For Education – https://www.gov.uk/government/publications/keeping-children- safe-in-education--2

**Law Enforcement Agencies**

Local Police Department – https://www.gmp.police.uk/
Child Exploitation & Online Protection – https://www.ceop.police.uk/Safety-Centre/ National Crime Agency – https://www.nationalcrimeagency.gov.uk/

**Healthcare Organisations**

Hospitals & Clinics - https://www.nhs.uk/
Mental Health Services - https://www.wigan.gov.uk/Resident/Health-Social-Care/Adults/fit- and-well/Mental-health/Help-and-support.aspx
Substance Abuse Treatment – https://www.wigan.gov.uk/Resident/Health-Social- Care/Adults/fit-and-well/Drug-support.aspx

## APPENDIX 7 – QUALITY ASSURANCE FRAMEWORK FOR SAFEGUARDING POLICIES AND PROCEDURE

The Quality Assurance Framework detailed below supports NGTC's policies and procedures for providing a culture of Safeguarding throughout the provision.

The framework provides a mechanism for assessing the effectiveness of safeguarding policies and procedures and provides assurance that NGTC are committed to safeguarding adults at risk and highlights areas for improvement which can be implemented into policy updates, staff training and information for the wider stakeholders i.e. our learners, partners and trustees.

| | | | |
|---|---|---|---|
| **Active Sentry** | **Rationale** | **Frequency** | **Accountability** |
| | This tab will detail the planned and actual audit dates for Sentry, NGTC's Safer Recruitment system, following the Safer Recruitment and Safeguarding Policy. The tracker will identify staff members, and their level of risk and audits will be carried out on the system to ensure all staff members' checks are valid and current and there are no risks to learners, stakeholders and other staff members. | Sentry audits to be carried out bi-monthly. 2 staff members per audit + any freelancers will be audited, and the QA Tracker will be updated. | DSL is responsible for Sentry audits. |
| **Historic Sentry** | **Rationale** | **Frequency** | **Accountability** |
| | This tab will detail the historic Sentry audits of staff members and freelancers. | Past audits will be moved to this tab once all staff members have had 1 planned audit. | DSL is responsible for Historic Sentry audits. |
| **Individual Staff Training** | **Rationale** | **Frequency** | **Accountability** |
| | This tab will record staff members training relating to Safeguarding, Prevent and any other relevant topics. Individual staff training will be planned in and achievement/completion will be recorded. | Staff CPD will be planned over a 12-month period from September to August and audits will be carried out quarterly. | Safeguarding team responsible for planning staff Training and audits. |
| **Staff CPD (Educare and Bitesize Essentials)** | This tab will detail audits on staff members CPD relating to Safeguarding, Prevent and any other relevant topics. CPD will be recorded following the Educare and Bitesize Essential schedule posted on basecamp. | Audits will be carried out quarterly ensuring all staff members have completed the previous months' Educare and Bitesize essentials. | Any member of the Safeguarding Team responsible for audits on Staff CPD. |
| **MyConcern Audit** | **Rationale** | **Frequency** | **Accountability** |
| | This tab will detail the planned and actual audit dates for My Concern, NGTC's Safeguarding System, following the Safeguarding Policy. Audits will include reporting, concern timeline, case studies, lessons learned, reflective communication and updates for the Safeguarding Team. | My Concern will be audited quarterly. | Any member of the Safeguarding Team responsible for My Concern reporting, sharing of information and audits. |
| **OTLA and Learner Voice Audit (SG/BV/PR)** | **Rationale** | **Frequency** | **Accountability** |
| | will detail the planned and actual dates for OTLA's and learner voice relating to Safeguarding, Prevent, British Values and any other relevant topics. | OTLA's and learner voice will be captured quarterly. Depending on findings and risk frequency may increase. | DSL, Safeguarding Team and Quality Manager will be responsible for OTLA's and learner voice. |

**Appendix 8 - Categorising Safeguarding Concerns by Risk Level Concern (MyConcern user guidance**

The following guidance is for user of the MyConcern platform. Please use this guidance when categorising new concern

**Low Risk (No Immediate Harm but Requires Monitoring)**

- **Minor mental health concerns** (e.g., mild Anxiety, low mood)
- **Attendance** (sporadic absences but not yet critical)
- **Financial issues** (that affect engagement but not health)
- **Cultural & diversity concerns** (isolated incidents without sustained harm)
- **Physical health issues** (e.g., mild concerns like recurring colds, mild asthma)
- **Learning disabilities** (e.g., Dyslexia, Dyspraxia) with minor impact on engagement or academic performance
- **Welfare concerns** (e.g., financial issues impacting attendance, support at home)
- **Medical conditions** (chronic but managed, e.g., controlled diabetes)

**Medium Risk (Potential Harm but Less Immediate)**

- **Bullying/cyberbullying** (persistent but not physically harmful)
- **Emotional or psychological abuse** (non-severe cases)
- **Neglect** (non-severe, sporadic)
- **Substance misuse** (occasional or not life-threatening)
- **Mental health concerns** (e.g., **Anxiety**, non-suicidal depression)
- **Alcohol abuse** (habitual but not extreme)
- **Bereavement/death** (impacting emotional well-being but no immediate danger)
- **Learning disabilities** (e.g., ADHD, Dyslexia, Asperger's/Autism) with emerging concerns about behaviour or engagement
- **Attendance** (significant drop in attendance due to welfare or home issues)
- **Anti-social behaviour** (persistent but not threatening serious harm)
- **Racism or discrimination** (persistent but no physical harm)

**High Risk (Immediate or Serious Harm)**

- **Physical abuse**
- **Sexual abuse/sexual exploitation**
- **Child exploitation (CSE/CCE)**
- **Domestic abuse (severe cases with immediate danger)**
- **Neglect (severe or life-threatening)**
- **Self-harm or suicidal ideation**
- **Radicalisation/extremism**

- **Trafficking**
- **Severe mental health concerns (e.g., Schizophrenia, suicidal ideation)**
- **Drug abuse/overdose (severe cases)**
- **Severe emotional or psychological abuse**
- **Serious bullying (physical or extreme psychological harm)**
- **Serious medical condition (that poses immediate risk, e.g., severe asthma attack)**

**Suicide Intervention - Immediate Response (High Risk)**
In the event of a safeguarding concern involving potential or expressed suicidal ideation, the organisation's first point of contact will be the Samaritans service.

**The Samaritans will provide immediate guidance and support while facilitating referrals to the appropriate services, which may include:**
- General Practitioner (GP) referrals.
- Crisis teams or local mental health services.
- Specialist counselling or support organisations.

**Staff Responsibilities**
- Record the concern following the FACT methodology to ensure all relevant details are documented clearly.
- Contact the Samaritans immediately for advice and next steps.
- Escalate the concern to the safeguarding lead or the Mental Health team for oversight and further action.

**Appendix 9 – Guidance on Recording Safeguarding Concerns Using NGTC's FACT methodology**

This appendix provides staff with clear guidance on recording safeguarding concerns in alignment with the organisation's safeguarding policy. The FACT methodology ensures safeguarding records are accurate, concise, and structured for effective action and review.

**What is FACT?**
FACT stands for:
1. **First Steps (Action Taken)**: What immediate action was taken, and where?
2. **Analysis (Rationale)**: Why the action was taken.
3. **Consequent Task**: What follow-up steps are required.
4. **Timeline Established**: Who is responsible and when actions will occur

**Using FACT to Record Concerns**
When recording safeguarding concerns, follow this structured approach:

1. **First Steps (Action Taken)**:
    - Record the initial actions taken immediately after identifying the concern.
    - Specify where these actions occurred and any immediate support provided.

*Example*: "Spoke with Learner A in a private setting after noticing visible distress during class. Learner disclosed issues at home causing anxiety."

2. **Analysis (Rationale)**:
    - Explain why the actions were taken, referencing observed behaviours or disclosed information.
    - Include considerations of potential risk or vulnerability.

*Example*: "Based on Learner A's disclosure and signs of emotional distress, early intervention was necessary to prevent disengagement and address wellbeing concerns."

3. **Consequent Task**:
    - Outline follow-up tasks assigned to specific individuals or teams.
    - Include actions such as referrals, monitoring, or support plans.

*Example*: "Referred the case to the safeguarding lead via MyConcern, including detailed notes of the learner's disclosure and observed behaviour. Tutor to check in during the next session."

4. **Timeline Established**:
    - Set deadlines for each follow-up action and assign responsibility.
    - Ensure timelines are clear to all parties involved.

*Example*: "Safeguarding team to review the case in two weeks. Tutor to confirm Learner A accessed counselling services within three working days."