Safeguarding Policy Children and Vulnerable Young Adults and Adults (including Prevent)

Apprenticeships

Reviewed July 2026 Dan Roe
v1.4

Next Review – September 2027 – unless specified earlier by Government agencies or significant updates to statutory guidance (e.g., KCSIE 2026, Care Act 2014 reviews).

Introduction

As a Training Provider working with **children (under 18)** and **adults (18+ apprentices)** in educational and work settings, it is essential that we work within the statutory guidelines of the schools/employers and the latest guidance relating to Safeguarding.

This document outlines our commitment to ensuring safe practice throughout all levels of delivery:

- Within the core administrative organisation of ESF apprenticeships including staff and volunteers.
- Within our work with Lead Tutors and their Learners, who will be based within partner schools and community settings.

This policy applies equally to all Learners, regardless of age, and all staff, tutors, and volunteers.

Legislative Framework and Definitions

Group	Legislative Framework	Statutory Definition of Safeguarding
Children (Under 18)	Keeping Children Safe in Education (KCSIE) 2026 and Working Together to Safeguard Children 2026 .	Safeguarding is defined as: (a) Protecting children from maltreatment; (b) Preventing impairment of children's health or development; (c) Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and (d) Taking action to enable all children to have the best outcomes.
Adults (18+)	The Care Act 2014 and Local Safeguarding Adults Boards (SABs) and the National Safeguarding Adults Board	An Adult with Care and Support Needs (Adult at Risk) is a person aged 18 or over who: 1. Has care and support needs; 2. Is experiencing, or is at risk of, abuse or neglect; AND 3. Is unable to protect themselves from either the risk of, or the actual experience of, abuse or neglect as a result of those needs.

This Policy forms part of the everyday safeguarding responsibilities of ESF Apprenticeships and should be read in conjunction with relevant sections in the Employers Handbook (e.g., social media, staff code of conduct).

As Apprentices in school settings, Learners will follow their own organisational institutions' policies. Where a Learner is 18 or over and is considered a vulnerable adult, ESF's Designated Safeguarding Team will also consider relevant adult safeguarding procedures in liaison with the employer.

It is important to note that in 2026, adult safeguarding is undergoing major reforms. The government has initiated an urgent review of adult safeguarding duties and powers under the Care Act 2014 to determine if the framework provides sufficient clarity and leverage in high risk cases.

ESF's Role and Scope of Safeguarding

ESF Apprenticeships provides a supportive role for ALL our Apprentices to give guidance in relation to any Child and/or adult Protection issues that may arise whereby professional guidance is required to support the Learners and staff in relation to next steps.

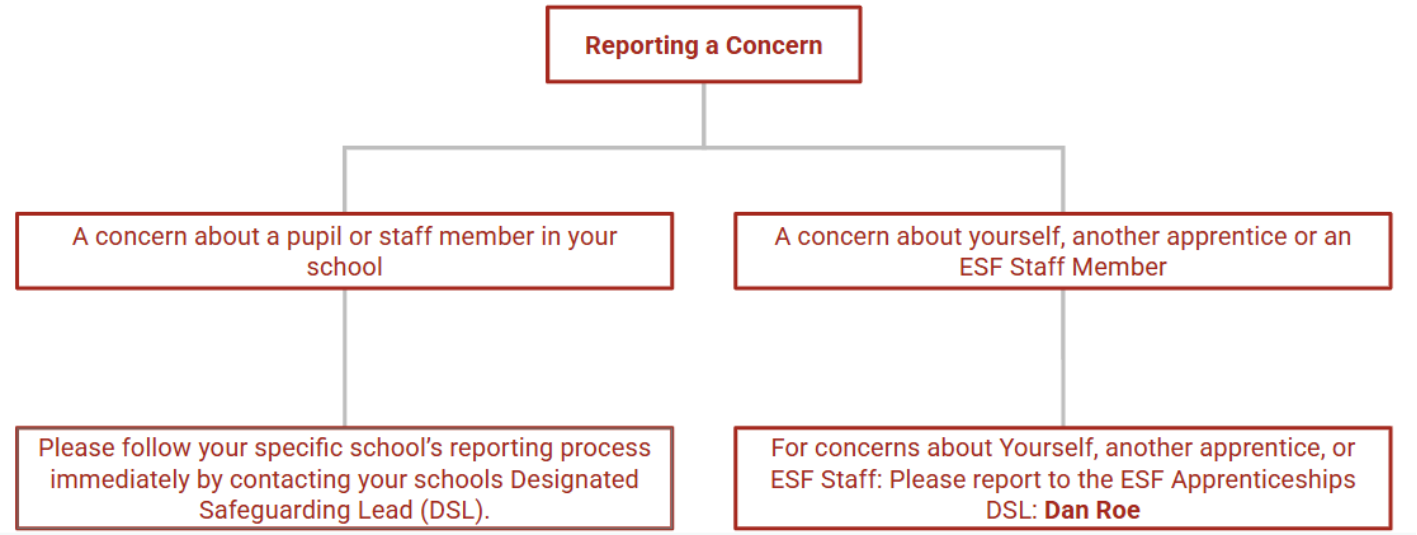
Training

- It is a statutory requirement that all staff must read part 1 of the KCSIE 2026 (Annex A has been removed).
- Schools and providers must integrate AI considerations in their curriculum, DSL roles, staff training, and parental engagement.
- All Learners receive a Safeguarding delivery within their induction and additional training within their work-placements/with their employers.
- It is the employer's responsibility to ensure that all learners are safeguard trained to the required level.
- It is the responsibility of ESF DSL to ensure that all staff and tutors are trained to a level appropriate to their role.
- All employees complete Safeguard Awareness training every 3 years.
- Regular tailored update training for ESF Staff is provided
    - Annual policy update training
    - Company briefings
    - Monthly safeguarding updates (Circulated by the DSL)
- DSLs complete Designated Safeguard Training every two years with a refresher course delivered annually

Layers of Safeguarding within ESF Apprenticeships

- Safeguarding issues concerning an incident within the employment setting are expected to be dealt with by the school / employer in the first instance.
- If an allegation involves an ESF Learner, Tutor, or member of staff, the ESF Safeguarding Lead will contact the Designated School Lead to ensure correct procedures are followed (if required).
- Any disclosures by ESF Learners will be dealt with by the ESF Designated Safeguarding Team.
- **Attendance and Absence:** The ESF Tutor will be kept informed of absence from the job role. The Safeguarding Team will be notified by the Tutor (via CPOMS) if a Learner's absence extends beyond 3 days.

The procedure outlined in this flowchart must be adhered to for all safeguarding concerns.



Core Safeguarding Principles for Children (KCSIE)

Principles for Children (aligned with the KCSIE 2026 and Working together 2026)

Staff members working with children are advised to maintain an attitude of **'it could happen here'** where safeguarding is concerned. Staff must be mindful of whole-school safeguarding changes introduced in 2026, including stronger expectations on DSL cover, expanded guidance on gender-questioning children, and strengthened regulations regarding school premises and mobile-phone-free environments. Furthermore, information-sharing guidance has been expanded, emphasising multi-agency working and coordinated safeguarding responses**.** . ESF staff must also be mindful of **child-on-child abuse** and **online safety** risks (misinformation, disinformation, conspiracy theories).

Principles for Adults (Care Act 2014)

All adult safeguarding activities must be guided by the following six principles:

Principle	Description
Empowerment	Person-led decisions. "I am consulted about the outcomes I want."
Prevention	Taking action to prevent abuse. "I receive clear and simple information about risks."
Proportionality	Least intrusive response appropriate to the risk. "I am sure that the professionals will only get involved as much as needed."
Protection	Support and representation for those in greatest need. "I get the help and support that I need to keep safe."
Partnership	Local solutions through collaboration. "I understand how everyone is working together."
Accountability	Transparency and accountability. "I understand the roles and responsibilities of everyone involved."

Furthermore, national oversight is being strengthened by the newly formed National Safeguarding Adults Board, chaired by the Chief Social Worker, which aims to drive system-wide learning and improve local board quality. Co-production and engagement are now central to best practice, reflecting the belief that every voice matters in safeguarding decisions.

Policy Implementation and Governance

Purpose of this Policy

- To inform staff, volunteers and partners about the company's responsibilities for safeguarding children and adults.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Organisation Staff & Volunteers

- All company staff and volunteers have a responsibility to provide a safe environment.
- Staff/volunteers will receive appropriate safeguarding training at least annually (as per KCSIE 2025).
- All staff will show an understanding of current government safeguarding guidelines (e.g., Prevent Duty, Online safety).
- All staff and volunteers working directly with ESF Apprenticeships will have an enhanced disclosure form (DBS).
- The company aims to ensure all Specialist Partner Tutors have an ESF-held Enhanced DBS check within [insert timeframe, e.g., 6 weeks].

Mission Statement Key Objectives

- Ensure all personnel know the designated safeguarding team and the processes for referring a concern (including for child-on-child abuse).
- Establish and maintain an environment where staff and volunteers feel safe to raise concerns.
- Ensure Staff, Volunteers, and learners contribute to the five outcomes for children's wellbeing: be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic wellbeing.
- All staff should comply with the company Code of Conduct (Appendix 1).

The Designated Safeguarding Lead (DSL) Team

The policy will be reviewed annually by the Designated Lead Team **and approved by the Governing board**.

Role	Name	Contact
Designated Safeguarding Lead	Dan Roe	d.roe@esfapprenticeships.co.uk 07984087676
Deputy Designated Safeguarding Lead	Karen Kelly	k.kelly@esfapprenticeships.co.uk 07534294919
Deputy Designated Safeguarding Lead	David Payne	d.payne@esfapprenticeships.co.uk 07534293052

- DSLs and DDSLs must complete full DSL training every two years, supplemented by annual updates.
- The ESF DSL has Safeguarding Supervision from Dr Jo Wood, Senior Educational Psychologist and DSL for Real Group Ltd.

DSL Team Responsibilities (Children & Adults) - KCSIE 2025, Part 2

The DSL team holds the primary responsibility for both Child Protection and Adult Safeguarding referrals.

- **Referrals:** Managing referrals to statutory agencies (Children's Social Care/LADO or LASAT).
- **Training:** Ensuring staff receive appropriate training.
- **Oversight:** Leading on Prevent, Online Safety (including risks from generative AI), and Safer Recruitment.
- **Supervision:** All DSLs have Safeguarding Supervision from Jo Wood.
- **CPOMS:** Overseeing the central CPOMS recording system.
- **Filtering and Monitoring: Ensuring filtering and monitoring** arrangements are effective Under the KCSIE 2026, these must be now reviewed at least annually, with formal records kept.

Safeguarding Processes for ESF Apprenticeship Dual Responsibility

Owing to the nature of work with Apprentices within school settings, Safeguarding operates on two levels:

1. **Employer Responsibility:** The school is the first point of contact for issues relating to the Learner in the school setting. ESF Designated Team will be informed and will support in accordance with the Employer's Safeguarding Policy.
2. **Training Provider Responsibility:** Any disclosure will be dealt with in accordance with ESF procedures, with confidentiality and Learner Safety being paramount.

Review of Current Practise

- Apprentices are made aware of the policy and safeguarding team during induction.
- Tutors are made aware of Apprentice needs through the BUD system.
- All staff access **CPOMS** to record incidents of concern.
- The ESF Designated Safeguarding Team uses a **RAG Rating** system at review meetings:
    - **RED:** High Priority – Safety of Self/Others – Referral to outside agencies.
    - **AMBER:** Continued monitoring through both Tutor and ESF Safeguarding Team.
    - **GREEN:** Continued monitoring through Tutor.
- LIVERPOOL SSP has a CPOMS system that links to the ESF apprenticeship CPOMS system.

Filtering and Monitoring

All filtering and monitoring of technological devices, where they are deployed, are monitored by the Designated Safeguarding Team at ESF, including advice on managing risks associated with misinformation, disinformation, and generative AI.

Safer Recruiting involving Learners

ESF does **NOT** recruit the learners. Schools interview and carry out their own safer recruitment.

- ESF conducts initial contact phone calls with applicants.
- Applicants are signposted to appropriate schools.
- Recruitment staff and all staff involved in new staff recruitment, complete Safer Recruitment training Bi-Annually.

Prevent

Any **PREVENT** concerns should be reported directly to the Anti-terrorism hotline **0800 789321** and/or the Police in an emergency. Inform the ESF Designated Safeguarding Team that this has occurred.

- If required at any point a member of the Designated Safeguarding Team for ESF apprenticeship will attend any meetings related to discussion of individual cases in accordance with Employment and Safeguarding issues.
- The DSL will take the lead for the Prevent duty within ESF.

Training:

All staff receive appropriate training, including how to report any potential concerns (all concerns should be raised with the Safeguarding Team). They are required to complete an online Prevent Duty Training found on the following link.https://www.support-people-susceptible-to-radicalisation.service.gov.uk/

- All staff complete: Course 1 - Awareness course
- DSL's complete: Course 2 - Referrals course

An effective induction process for staff that includes an introduction to radicalisation, our policy and our organisation's approach to radicalisation.

Annual refresher training is provided annually

Responsibility:

- To communicate and embed our policy, strategy and stance on radicalisation effectively across our organisation – for all Learners, employees, partners and other relevant parties to be aware and to ensure it is accessible for all employees.
- Ensure we meet all legal responsibilities.
- Ensure all sub-contractors and partners are aligned with our strategy and aware of the need to safeguard from radicalisation and report any concerns.
- Ensuring we work fully with any relevant outside authority and/or agencies regarding radicalisation and any potential incidents.
- Ensuring that we are continuously updating any practices with the most recent information and guidance. Our strategy will be reviewed regularly and amended accordingly.
- All staff take personal responsibility for safeguarding against radicalisation and co-operate fully with our policy and this strategy.

ESF Designated Safeguarding Team Contacts

<table>
<tr><td colspan="2">
Dan Roe
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Designated Safeguarding Lead – Sedgefield
01388 721866</td><td>Claire Povlotsky
Designated Safeguarding Lead – Liverpool
07725255718</td></tr>
</table>

ESF Board of Directors (for concerns relating to the DSL Team):

1. Dr Mark Turner mark.turner@realgroup.co.uk - Chair (Real Group and ESF Director)
2. Jo Pountney: J.pountney@esfapprenticeships.co.uk (ESF Director)
3. Siobhan Mellor: siobhan@realgroup.co.uk (Real Group and ESF Director)

Working with Local Safeguarding Partnerships and Boards

As a UK training provider, ESF Apprenticeships recognises its statutory duty to cooperate with local safeguarding arrangements to protect children and adults at risk. We operate a localised approach to safeguarding, ensuring that interventions are coordinated with the relevant authorities in the areas where our learners reside.

Our Commitment to Partnership We work in accordance with the procedures and principles set out by **Local Safeguarding Children Partnerships (LSCP)** and **Local Safeguarding Adults Boards (LSAB)**. This includes:

- **Prompt Reporting:** Aligning our internal reporting triggers with local threshold documents to ensure referrals are timely and appropriate.
- **Information Sharing:** Sharing information with boards and partnerships when requested for the purpose of safeguarding audits or reviews.
- **Compliance:** Adhering to the "Working Together to Safeguard Children" statutory guidance and local multi-agency procedures.

Local Contact Arrangements (Stevenage Office) For learners and staff based at or associated with the **ESF Stevenage Office**, we work directly with the Hertfordshire boards. Their contact details for reporting concerns are as follows:

Stevenage, Hertfordshire

Safeguarding Children

- **Board:** Hertfordshire Safeguarding Children Partnership (HSCP)
- **Report a Concern:**
  - **Phone:** 0300 123 4043 (24 hours)
  - **Web:** Report a concern about a child

Safeguarding Adults

- **Board:** Hertfordshire Safeguarding Adults Board (HSAB)
- **Report a Concern:**
  - **Phone:** 0300 123 4042
  - **Web:** Report a concern about an adult

Regional Learners We recognise that our learners are located across various regions. We work with the specific Local Safeguarding Board or Partnership relevant to where the learner lives. Our Safeguarding Team maintains a directory of national contacts to ensure immediate action can be taken regardless of the learner's location.

For a comprehensive list of other Local Safeguarding Boards and Partnerships we currently work with, such as the Liverpool SSP, please refer to Appendix Three of this policy.

Child Protection Procedures and Categories of Abuse

When to be Concerned (Children)

All staff and volunteers should be aware of the four main categories of abuse: **Physical abuse, Emotional abuse, Sexual abuse, Neglect,** and remain alert to expanded safegaurding themes identified in KCSIE 2026 and Working together 2026 :

- Serious Violence/County Lines
- Contextual Safeguarding (including extra-familial harm)
- Female Genital Mutilation (FGM)
- Radicalisation (Prevent)
- Child Sexual Exploitation (CSE)
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- disinformation, conspiracy theories, and harmful online content)
- Child-on-Child Abuse: Part 5 of KCSIE has been substantially rewritten to show the continuum of harm, from early indicators to serious incidents, including harassment and violence.
- Online Safety & AI: Risks now explicitly include generative AI and AI-generated explicit/intimate images.
- Broader Focus: Added references to modern slavery, financial exploitation, misogyny, incels, and child-on-parent abuse.
- Multi-Agency Working: A stronger emphasis on MACPTs (Multi-Agency Child Protection Teams) and Families First reforms.
- Children at Greater Risk: Expanded guidance supports young carers, children with medical conditions, gender-questioning children, and children requiring mental health support.

Categories of Abuse (Adults 18+) - Care Act 2014

Staff must be aware of the ten recognised categories of abuse:

Physical Abuse: Assault, misuse of medication, inappropriate restraint.

Sexual Abuse: Sexual assault, non-consensual sexual activity.

Psychological/Emotional Abuse: Threats of harm, bullying, isolation, coercion.

Financial/Material Abuse: Theft, fraud, exploitation, misuse of benefits.

Neglect and Acts of Omission: Ignoring medical needs, failure to provide essential care/access to services.

Discriminatory Abuse: Ill-treatment based on protected characteristics (e.g., race, disability, gender).

Organisational Abuse: Neglect or poor practice within a care/work setting.

Domestic Abuse: Controlling, coercive or threatening behaviour between intimate partners or family members.

Modern Slavery: Trafficking, forced labour, and servitude.

Self-Neglect: Neglecting to care for one's personal hygiene, health or surroundings.

Local authorities will continue to monitor adult safeguarding activity and outcomes through the Safeguarding Adults Collection (SAC) with submissions via the Strategic Data Collection Service (SDCS).

Dealing with a Disclosure

All staff must follow this process for **ALL** Learners (children and adults).

Step 1: Internal Concern and Recording

1. **Listen and Reassure:** Listen without displaying shock. Do **NOT** investigate or ask leading questions. Do **NOT** promise confidentiality, but explain that the information will be passed on to keep them safe.
2. **Record:** Make a written record immediately, using the learner's own words on CPOMS
3. **Report:** Immediately inform the DSL or Deputy DSL

Step 2: DSL Assessment and External Referral

The DSL team will assess the risk using the RAG rating system and determine the statutory referral route working closely with statutory partners

RAG Rating	Priority & Action (Children <18)	Priority & Action (Adults 18+)
RED	**High Priority:** Immediate referral to **Children's Social Care** (or **LADO** if staff allegation) and the **Police (999)** if a crime or immediate danger is suspected.	**High Priority:** Immediate referral to **Local Authority Safeguarding Adults Team (LASAT)** and the **Police (999)** if a crime or immediate danger is suspected.
AMBER	**Medium Priority:** Continued monitoring and/or signposting to support agencies. Case discussed at monthly Safeguarding Meeting.	**Medium Priority:** LASAT informed if consent given/required. Internal support coordinated. Case discussed at monthly Safeguarding Meeting.
GREEN	**Low Priority:** Continued monitoring through Tutor and ESF Safeguarding Team.	**Low Priority:** Continued monitoring through Tutor and ESF Safeguarding Team.

Confidentiality and Information Sharing

- **Children:** Information must be shared with professionals on a "need-to-know" basis to protect the child.

- **Adults (Care Act 2014):** The adult's consent is paramount for referral to LASAT, unless the adult lacks capacity or sharing is essential to prevent a crime, protect a vital interest (life/health), or protect other Adults at Risk or children.

Allegations Against Staff/Tutors

Any allegation that a member of staff/volunteer may have behaved in a way that has harmed a child, committed a criminal offence, or poses a risk of harm to children **must be reported immediately to the DSL**.

- If the allegation involves the DSL, it must be reported to the **Proprietor/Chair of the ESF Board**.
- Any allegation that meets the KCSIE harm threshold must be referred to the **Local Authority Designated Officer (LADO) within one working day**.

Record Keeping

When a child has made a disclosure, the staff member should:

- Record as soon as possible after the conversation and add to **Cpoms**.
- Do not destroy the original notes.
- Record the date, time, place, non-verbal behaviour, and the words used by the child.
- Draw a diagram to indicate the position of any injuries.
- Record statements and observations rather than interpretations or assumptions.

All records need to be given to the Designated Senior Lead promptly.Appendix 1: ESF Apprenticeship Code of Conduct for Staff

This will be given to ALL staff at the start of their employment with ESF apprenticeship.

Principles

- The welfare of young people and vulnerable adults is paramount.
- You are responsible for your own actions and behaviour.
- You should understand your responsibilities to safeguard and promote the welfare of learners.
- You should work and be seen to work in a transparent way.
- You should report any incident which may give rise to concern to the ESF senior team.

Appendix One: ESF Apprenticeships Code of Conduct

This will be given to **ALL** staff at the start of their employment with ESF Apprenticeships

ESF apprenticeship seeks to provide a safe and supportive environment where the welfare and health and safety of learners is paramount. Safeguarding is extremely high on our agenda and is embedded in everything we do.

You should seek to act professionally at all times, but we recognise that tensions and misunderstanding can occur in the context of interaction between staff and Learners.
This guidance aims to help you safeguard learners and reduce the risk of conduct which could be mistakenly interpreted as improper and lead to allegations being made against individuals.

Principles

- **Welfare:** The welfare of young people and vulnerable adults is paramount. You are responsible for your own actions and behaviour.
- **Working with Learners:** Maintain caring but professional relationships. Apply the same professional standards regardless of culture, disability, gender, language, racial origin, religious belief, sexual orientation, or gender status.
- **Communication:** Never make sexual remarks, swear, or use discriminatory language. Avoid any communication which could be interpreted as sexually provocative.
- **Online Conduct:** Never give out personal contact details, or accept friendship requests from learners on social networking sites.
- **Whistleblowing:** ESF will support and protect all staff and Learners who, in good faith, report suspicions of abuse or concerns about colleagues.
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Working with Learners

You have a duty of care to keep learners safe and are accountable for the way in which you use your authority and position of trust. This duty can be best exercised through the development of caring but professional relationships. You should ensure that your relationships with learners are appropriate to the age and gender of the student, taking care that your conduct does not give rise to comment or speculation.
Attitudes, demeanour and language all require care and thought, particularly when dealing with adolescent boys, girls and vulnerable learners.

Comments by you to young and vulnerable Learners, either individually or collectively, can be misconstrued. As a general principle, you must not make unnecessary comments to and/or about learners, which could be construed to have a sexual connotation.
It is also unacceptable for you to introduce or to encourage debate amongst Learners in a class, training situation or elsewhere, which could be construed as having a sexual connotation that is unnecessary given the context of the session or the circumstances.
However, it is recognised that a topic raised by a student is best addressed rather than ignored. It is appropriate for you to advise the student where they can access further advice and support.

You should:

- Treat all Learners with respect and dignity.
- Always put the welfare of the learner first
- Understand that the systematic use of insensitive, disparaging or sarcastic comments such as those that refer to a young person's body, intelligence, gender, sexual orientation or ethnicity in any way are unacceptable.
- Not swear or use offensive or discriminatory language.
- Never make sexual remarks to a learner or discuss your own personal sexual relationships.
- Avoid any communication which could be interpreted as sexually provocative.
- End the discussion if it becomes uncomfortable or embarrassing.
- Work in an open environment avoiding private or unobserved situations and encourage open communication.
- Give enthusiastic and constructive feedback rather than negative criticism.
- Always challenge inappropriate language from learners or colleagues
- Never allow allegations made by a learner to go unrecorded or not acted upon
- Not do things of a personal nature for a learner that they can do for themselves.

One to One Situations

You should be aware of the potential risks which may arise when working alone with a learner. It is recognised that there will be occasions when confidential interviews or meetings must take place:

- If possible, leave the door open or use a room with a window in the door
- Where such conditions cannot apply, you are advised to ensure that another adult knows that the meeting is taking place
- Avoid travelling in a car with one learner and inform someone if the situation is unavoidable
- You should take extra care in less formal situations and remember you are still in a position of trust.

Confidentiality

You should:

- Never share information about learners in a casual manner.
- Be clear about when information can be shared and in what circumstances it is appropriate to do so, seeking advice from ESF core team member if required.
- Treat information they receive about pupils in a discreet and confidential manner.

Your Behaviour

- You should adopt high standards of personal conduct at all times:
- Your clothing should reflect a professional appearance and should be suitable for the occupational area in which you are working.
- You should dress in a manner which will avoid inappropriate comments or considered to be discriminatory or culturally sensitive.
- Never act in a way that can be perceived as threatening.
- Any communication with learners is appropriate to their apprenticeship and is open and transparent to all others.
- You should never keep images of Learners on personal equipment.

Photographing Learners (in accordance with GDPR and regulations the Data Protection Act 2018)

- Ensure you have got consent to take photographs.
- Never store photos of Learners for longer than is necessary.
- Be clear about the purpose of the activity and about what will happen to the images.
- Only take a picture of a student to showcase their activity, i.e. do not take casual snaps or selfies. It is okay if you are taking a picture of Learners at work to publish on Partnership or ESF social media e.g., Tweeting a photo of a show or student work and tagging it.

Contact with Learners

- You should never contact a learner for the purpose of friendship. It is recognised that there may be occasions when accidental or reasonable social contact may be unavoidable, e.g., meeting Learners at social venues open to the general public or in shops or at private parties. In such circumstances, you should be mindful at all times of your professional relationship with Learners.
- You should never lend money to Learners. Learners who need money for food or travel should be directed to the ESF Senior Team
- It is unavoidable in our working environment to not contact our learners through personal telephone numbers and emails and What's App has become a vital tool in effective communication, however it is vital that when communicating with learners in this way

you ensure that all content is related to the learners Apprenticeship and in an open and appropriate manner.

- Please ensure that any What's App or Facebook groups set up for the purpose of your learner group communication are not kept private and that ESF Senior team are aware.
- Never give out personal contact details, personal email, Twitter or Facebook addresses, personal usernames, or gamer tags
- Never accept friendship or access requests from learners on any social networking sites, 'apps' with social functions or gaming platforms
- Report any suspected infatuation or situation which you may feel compromises your professional standing to a member ESF Core team.
- Unavoidable social contact with a learner must be reported to ESF Senior team. e.g., where you are a member of the same gym or sports club.

Reporting Child Protection Disclosures and Concerns

You should follow the process below if a student tells them about possible abuse:

- Listen carefully and stay calm
- Do not interview the student, but question normally and without pressure, in order to be sure that you understand what the student is telling you
- Do not put words into the learner's mouth
- Reassure the learner that by telling you, they have done the right thing
- Inform the learner that you must pass the information on, but that only those that need to know about it will be told. Inform them of whom you will report the matter to
- Note the main points carefully
- Make a detailed note of the date, time, place, what the learner said, did and your questions etc
- Do not investigate concerns or allegations yourself, but report them immediately to the Safeguarding Team via CPOMS

If, at any point there is a risk of immediate serious harm to a learner or vulnerable adult and a DSL is not available or you disagree with their decision making, a referral should be made to Children's or Adults Social Care immediately. Anybody can make a referral.
A DSL should always be informed about any referrals made to Children's or Adults social care as soon as possible.

Incidents that Must Be Reported

- If a learner is accidentally hurt
- If you are concerned that a relationship is developing that could represent an abuse of trust
- If you are concerned that a learner is becoming attracted to you or a colleague

- If you are concerned that a colleague is becoming attracted to someone in his/ her care
- If a learner misunderstands or misinterprets something you have done
- If you have had to use reasonable physical restraint to prevent a learner harming themselves, or another, or from causing significant damage to property.
- If a learner makes an allegation of abuse
- If you see any suspicious marks on a learner
- If you notice sudden changes in behaviour

Sexual Contact

It is a criminal offence for somebody in a position of trust to engage in any sexual activity with a learner under 18 with whom they have a relationship of trust, irrespective of the age of consent, even if the basis for your relationship is consensual. There is NO acceptable behaviour that has either explicit sexual connotations or innuendo. Any such behaviour will always be treated as extremely serious and must be reported immediately.

Physical Contact

There are occasions when it is appropriate and proper for staff to have physical contact with learners, but it is crucial that they only do so in ways appropriate to their professional role.
Never touch a learner in a way that may be considered indecent.
Be aware that even well-intentioned physical contact can be misconstrued
Be aware of cultural or religious views about touching and always be sensitive to gender issues.

Whistleblowing

Whistleblowing should be part of transparent work practices and is not intended to set up mistrust or suspicion among members of staff.
It can be difficult to accept that a colleague may deliberately harm a vulnerable person. It may also be that the behaviour that causes concern is bad practice rather than abuse.
ESF will support and protect all staff and Learners who, in good faith and without malicious intent, report suspicions of abuse or concerns about colleagues and their actions through the Whistleblowing procedure.

Appendix Two: Indicators of Harm

Physical Abuse

Physical abuse is deliberately hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a house where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside the family environment.

Indicators in the child

Bruising
It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, handprints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae hemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures
Fractures may cause pain, swelling and discoloration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.
If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

- There are grounds for concern if:
- The history provided is vague, non-existent, or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
Skull fractures are uncommon in ordinary falls, i.e., from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries
Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning
Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness
Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits.
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, because of unpleasant feeding interactions
- The child develops abnormal attitudes to their own health.
- Nonorganic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause.
- Speech, language, or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted.
- Poor attendance at school and under-achievement

Bite Marks
Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get burnt and there will be splash marks.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

- Refusal to discuss injuries.
- Admission of punishment which appears excessive.
- Fear of parents being contacted and fear of returning home.
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather.
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury.

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury

- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures, and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

Indicators in the family/environment
Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on the child's emotional development.
Although the effects of emotional abuse may take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with a child.
Emotional abuse may involve deliberately conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones-by a child's peers.
It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.

- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Neglect

Neglect is the persistent pattern of failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development, whether it be adequate food, clothing, hygiene, supervision, shelter or access to appropriate medical care or treatment.
It may also occur if a parent becomes physically or mentally unable to care for a child.
A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child.
Children who are neglected often also suffer from other types of abuse.
Neglect may occur during pregnancy as a result of maternal substance abuse.

Indicators in the child
Physical presentation:

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea.
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development:

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

Emotional/behavioural presentation:

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child.e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, and hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

Sexual Abuse

Sexual abuse is any sexual activity with a child.
Many children and young people who are victims of sexual abuse do not recognise themselves as such.
Sexual abuse can have a long-term impact on mental health.
Sexual abuse may involve physical contact, including assault by pentration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status.

Indicators in the child

- Physical presentation
- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing
- Emotional/behavioural presentation
-

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness, or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

Appendix Three: Local Safeguarding Partnerships / Boards

Sedgefield (County Durham)

Safeguarding Children

- **Board:** Durham Safeguarding Children Partnership (DSCP)
- **Report a Concern:**
  - **Phone (First Contact):** 03000 267 979
  - **Web:** Concerned about a child

Safeguarding Adults

- **Board:** Durham Safeguarding Adults Partnership (DSAP)
- **Report a Concern:**
  - **Phone (Social Care Direct):** 03000 267 979
  - **Web:** Report a concern about an adult

Enfield

Safeguarding Children

- **Board:** Enfield Safeguarding Children Partnership (ESCP)
- **Report a Concern:**
  - **Phone (MASH):** 020 8379 5555 (Mon–Thu 9am–5pm, Fri 9am–4:45pm)
  - **Out of Hours:** 020 8379 1000
  - **Web:** Making a safeguarding referral

Safeguarding Adults

- **Board:** Enfield Safeguarding Adults Board (SAB)
- **Report a Concern:**
  - **Phone (Adult Abuse Line):** 020 8379 5212 (24 hours)
  - **Web:** Concerned about adult abuse

Liverpool

Safeguarding Children

- **Board:** Liverpool Safeguarding Children Partnership (LSCP)
- **Report a Concern:**
    - **Phone (Careline):** 0151 233 3700 (24 hours)
    - **Web:** Children at risk

Safeguarding Adults

- **Board:** Liverpool Safeguarding Adults Board (LSAB)
- **Report a Concern:**
    - **Phone (Careline):** 0151 233 3800
    - **Web:** Report an adult at risk

Canvey Island (Essex)

Safeguarding Children

- **Board:** Essex Safeguarding Children Board (ESCB)
- **Report a Concern:**
    - **Phone:** 0345 603 7627
    - **Out of Hours:** 0345 606 1212
    - **Web:** Reporting concerns

Safeguarding Adults

- **Board:** Essex Safeguarding Adults Board (ESAB)
- **Report a Concern:**
    - **Phone:** 0345 603 7630
    - **Out of Hours:** 0345 606 1212
    - **Web:** Report a concern about an adult

Appendix Four: Statutory References & Publications

This policy is informed by, and adheres strictly to, the following statutory publications and government guidance frameworks:

Department for Education (2026): Keeping Children Safe in Education (KCSIE) 2026.

Department for Education (2026): Working Together to Safeguard Children 2026.

D*epartment of Health & Social Care (2014):* The Care Act 2014 (including urgent 2026 reviews regarding statutory duties and triggers for Section 42 inquiries).

National Safeguarding Adults Board (2026): National Oversight, SAB Quality Practice, and Co-Production Guidelines.

HM Government: The Prevent Duty.