

Safeguarding Policy

This policy details the procedures, structures, duties and responsibilities necessary for co-members and candidates to deliver our safeguarding commitments.



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1. Introduction

Co-Member is the term used to describe all permanent/fixed term employees of RSR, including our Trainers, Apprentices, and Interns.

Reed Specialist Recruitment (Reed) is committed to safeguarding the protection of children and adults with needs for care and support. This policy details the procedures, structures, duties, and responsibilities necessary for co-members and candidates to deliver this commitment.

Reed works in accordance with the regulatory bodies and is committed to abiding by all relevant legislative and regulatory requirements.

This policy identifies procedures to continually monitor all relevant legislative and regulatory changes which will be reviewed and adopted accordingly to meet regulatory requirements and best practice.

This policy is complimented by additional safeguarding policies and guidance which can be found on the Safeguarding Resource Centre and the candidate portal.

The policy is aligned with current statutory guidance, including, in the case of the supply of workers into all educational settings, Keeping Children Safe in Education 2023.

2. Co-member safeguarding

Reed takes the safety of its co-members extremely seriously and recognises the right of all of us to conduct our day-to-day role in a safe and secure environment.

Any co-member experiencing any threat to their safety or security should report their concerns to the Compliance team who, with support from the appropriate Safeguarding Officer, will provide support and advice as appropriate, and escalate to the appropriate authorities as necessary. Where applicable, cases will be addressed via Reed's disciplinary procedure and disciplinary action will be taken against any co-member that is found to have undertaken threatening behaviour.

The potential threats include but are not limited to workplace sexual harassment, bullying, assault, intimidation, and radicalisation.

Reed makes a free employee assistance counselling helpline service available to all of us and any co-member reporting concerns will be actively encouraged to take advantage of this service.

If you're not sure whether your concerns constitute safeguarding (whether they be relating to you or a colleague), but are concerns nonetheless, there are several ways in which you can raise these:

- Speak to your senior manager or HR representative.
- Raise a concern under our Grievance Policy and Procedure.



- Contact the Compliance team at compliance.escalations@reedglobal.com who can put you in touch with a Safeguarding Officer.

a) Mental health

Any concerns about the mental health of a co-member could also be a safeguarding concern. Poor mental health can be an indicator that abuse, neglect or exploitation is taking place and the impact of any of these occurrences can have a long-lasting impact on the individual concerned. It's important to remember however, that in a lot of cases, mental health struggles can simply be medical related rather than an indicator as described above. Nonetheless we would want to offer appropriate support to these individuals.

Only trained professionals should attempt to diagnose and treat poor mental health, but it is everybody's responsibility to observe and report any concerns to the designated Safeguarding Officer detailed on the Reed Intranet.

b) COVID-19

It is the responsibility of everyone to ensure that the health of everyone in work is safeguarded. Key to this is knowledge and understanding of the most up to date Government guidance relating to social distancing and measures to prevent the spread of COVID-19. Additionally, all co-members connected to regulated work should ensure that they are familiar with the guidance contained [here](#).

3. The safeguarding panel

The safeguarding panel consists of senior managers from across the business with a strategic role in relation to safeguarding and reinforces our commitment to delivering the aims and objectives of this policy.

c) Purpose

The safeguarding panel has five core functions which derive from the UK Government Guidance 'Working Together to Safeguard Children 2018':

1. To continuously review legislation, statutory regulations, and the requirements of regulatory bodies to ensure effective compliance. The key pieces of legislation that inform safeguarding policies are:
 - a. General Data Protection Regulations (GDPR) 2018
 - b. The Care Act 2014
 - c. Children Act 2004
 - d. Working Together to Safeguard Children 2018
 - e. Prevent 2018
 - f. Modern Slavery Act 2015
2. To continuously review recruitment and human resources practice.
3. To continuously review co-member and candidate induction and training on safeguarding and protection and promoting the welfare of children and adults with needs for care and support.

4. To ensure that a robust quality assurance process is in place.
5. To facilitate and support the investigation of allegations of abuse made against Reed candidates.

d) Membership

The safeguarding panel will consist of senior managers with a strategic role in relation to safeguarding children and the protection of adults with needs for care and support, and the promotion of the welfare of both. It will include representation from senior operations, Human Resources, the Apprenticeship Team, Compliance, and an appointed Safeguarding Officer.

The Safeguarding Officer will take lead responsibility in supporting the appropriate manager with the management and investigation of allegations of abuse made against both our co-members and candidates. The panel will be chaired by a nominated member.

4. Candidate recruitment

Staff recruitment is the priority for Reed to ensure that candidates do not present an abusive threat to children and adults with needs for care and support with whom they might work.

For this purpose, the process of candidate recruitment must be singularly informed by the need to comprehensively guard against the recruitment of candidates who may present a threat to any vulnerable person with whom they come into contact throughout their period of employment with Reed.

To achieve this crucial objective, Reed operates a comprehensive process of checking and vetting for all candidates as an integral part of the recruitment process.

e) Candidate compliance requirements

Sector specific compliance requirements should be accessed via the Intranet. All candidates working with vulnerable groups such as in childcare, social care and healthcare settings are subject to extensive vetting to ensure that they do not pose a risk to children or adults in need of care and support. As a minimum these checks must include:

- Eligibility to work
- ID check
- Face to face interview
- 2 years' work references from at least 2 referees
- All gaps in employment explored
- Employment history covering 10 years immediately prior to Reed candidature
- Completed Criminal Records Declaration form
- Qualification checks
- Enhanced Criminal Records check (PVG Scheme Check in Scotland, Access NI check in Northern Ireland)
- Children's barred list check (Reed Education)

In addition to the above, candidates wishing to register with Reed Social Care and Health, Nurse Doctor are also required to undergo:



- Medical screening
- Mandatory training (which includes Safeguarding)

Reed operates a robust quality assurance System to ensure compliance with the relevant candidate compliance requirements.

f) Disclosure and Barring Service

The primary role of the DBS is to help employers make safer recruitment decisions and to prevent unsuitable people from working with vulnerable groups including children.

The DBS is responsible for the Barring Schemes in England, Northern Ireland, and Wales and for disclosures (criminal records checks) in England and Wales.

Access NI (criminal history disclosure service) will continue to check criminal records in Northern Ireland and Scotland will be unaffected by the merger. The equivalent agency in Scotland is Disclosure Scotland.

A criminal records check is processed by the DBS and provides details of an individual's criminal record. For certain roles it will also include information held by the DBS children and adults barred lists, together with any information held locally by police forces that is reasonably considered to be relevant to the applied post.

g) Scotland

From February 2011 Scotland introduced the Protecting Vulnerable Groups (PVG) Scheme. The scheme is managed by Disclosure Scotland. As well as strengthening safeguards for children, the PVG Scheme improves protection for adults because for the first time in Scotland there is a list of those who barred from working with protected adults.

Under the terms of the PVG Scheme a protected adult is a person, aged 16 or over, who receives one or more types of care or welfare service either regularly or for a short period of time.

h) Wales

The Welsh system is comparable to that of England and referrals will be made to adult and child protection local authority designated officers.

i) Northern Ireland

Referrals will be made to the designated officers within the five Health and Social Care Trusts. The Trust is the lead body.

5. Co-member and candidate training

Reed's Safeguarding Policy and best practice requires that all co-members have an awareness and understanding of the policy and its procedures, to enable them to comprehensively understand their individual responsibilities and help promote best practice in the safeguarding of children and protection of adults with needs for care and support. This will be achieved through



the awareness of the Safeguarding Resource Centre on the intranet and through a dedicated, mandatory safeguarding e-learn that all co-members will need to take.

The Learning and Development team, which includes trainers, have been fully trained in safeguarding so they are supported in recognising cases of vulnerability and/or abuse and how to report their concerns.

When co-members attend training courses the Learning and Development team will request their contact information and next of kin details to ensure we can keep them safe whilst on training and away from their normal place of work.

Candidates seeking work through Reed Community Care, Nurse, Health and Doctor are required to undergo safeguarding training as part of their induction training. For candidates seeking work through Reed Education, a safeguarding online course ('e-Learn') is available.

j) Staff development training

Whilst induction can provide a necessary understanding of the Safeguarding Policy, those candidates that work directly with children and adults with needs for care and support will be supported by regular compulsory training opportunities which focus directly on identifying and reporting incidences of child and adult abuse.

6. Co-members' and Candidates' responsibility to recognise and report suspected abuse

Reed co-members and candidates must be fully effective in the safeguarding of children and the protection of adults with needs for care and support. All Reed co-members and candidates must have an awareness and recognition of the types of abuse, and a full understanding of the duty to report suspected or actual abuse.

It is not a co-members or the candidates' responsibility to decide whether or not abuse has taken place or if a child is at risk of significant harm from someone (unless this duty is specifically referenced in a candidates' job contract, description and responsibilities). All co-members and candidates do however have both a responsibility and duty to respond immediately where abuse of any form is suspected to ensure that the appropriate agencies can investigate and take any necessary action to protect a child or adult with needs for care and support. Where abuse is suspected, candidates have a duty to notify and report the suspicion to their immediate work line-manager and to Reed.

Candidates must not investigate suspicions or allegations – they must notify and report.

- k) When co-members have concerns or suspicions or are alerted to concerns or allegations, they must notify the safeguarding team immediately. Contact details of members of the team can be obtained by typing "safeguarding" into the internal directory search field on the intranet homepage.

Mental health

Any concern about the mental health of a child or adult with needs for care and support is also a safeguarding concern. Mental health problems can be an indicator that abuse, neglect or



exploitation is taking place and the impact of any of these occurrences can have a long-lasting impact on the individual concerned.

Only trained professionals should attempt to diagnose and treat mental health problems, but it is everybody's responsibility to observe and report any concerns to the Designated Safeguarding Lead on site and to their Reed consultant.

7. Recognising types of abuse

Abuse is the violation of an individual's human rights. It can be a single act or repeated acts. It can be physical, sexual, or emotional. It also includes acts of neglect or an omission to act - an individual may abuse or neglect a child by failing to act to prevent harm. In all forms of abuse there are elements of emotional abuse. Adults with needs for care and support may also suffer additional types of abuse such as being manipulated financially or being discriminated against. Other examples of abuse include inflicting physical harm such as hitting or misuse of medication, and sexual assault or exposure to sexual acts without informed consent, emotional abuse such as threats, humiliation and harassment, exploitation, ignoring medical or physical needs, withholding of necessities of life such as food or heating. This list is not definitive.

1) Types of abuse

There are four main types of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

For more information, please refer to:

[Appendix 1](#) **Safeguarding Children from abuse**

[Appendix 2](#) **Protecting Adults with needs for care and support from abuse**

8. References

Should Reed receive a reference request for a candidate who has been involved in a safeguarding incident, the appropriate reference template should be used to ensure that all relevant information is provided to prospective employers. Please note that there is a specific reference template for those working in Health, Care and Education.

References provided for all workers who provide direct care or supervision to children or adults with support needs (referred to as "regulated work") should contain additional information that is relevant to safeguarding those vulnerable groups. Where Reed provide references of this kind then only information relating to safeguarding investigations that have been substantiated and that meet the "harm threshold" should be included in the reference. If you have any doubts as to



whether to include information from a safeguarding investigation, then please contact the Compliance team for advice.

Investigations that meet the harm threshold are ones where a person may have:

- Behaved in a way that has harmed a child or may have harmed a child or adult with support needs
- Possibly committed a criminal offence against or related to a child or adult with support needs
- Behaved towards a child or adult with support needs in a way that indicates they may pose a risk of harm
- Behaved in a way that indicates they may not be suitable to work with children of adults with support needs

Additionally, any allegation where the Local Authority safeguarding team or LADO are involved meets the threshold.

9. Data privacy

Early information sharing between relevant organisations is vital for the effective identification and assessment of safeguarding issues and for the allocation of services to assist in cases where safeguarding is a concern. For this reason, fears about sharing information should not be allowed to stand in the way of effective safeguarding.

Should Reed receive a request for information from a third party such as the Police / LADO they should make an official request in writing quoting the Act they are making the request under (e.g., Section 47 Children Act or Section 29 etc). All third-party requests for information must be referred to Compliance.Escalations@reedglobal.com to release.

Under Section 47 Children Act the Compliance Manager can release basic information immediately to a written request from the LADO or the Police.

10. Prevent

Prevent is about safeguarding and supporting those vulnerable to radicalisation.

The Home Office works with local authorities, government departments, community organisations and the police to respond to the ideological challenge we face from terrorism and aspects of extremism, and the threat we face from those who promote these views.

At the heart of Prevent is safeguarding children and adults and providing early intervention to protect and divert people away from being drawn into terrorist activity. Radicalisation is usually a process not an event. During that process it is possible to intervene to prevent vulnerable people being drawn into terrorist-related activity.

We all have a responsibility to keep our country and the people in it safe. Extremism and radicalisation in our community are very real threats to our society and being aware is the first step. You can help to reduce the threat from terrorism, radicalisation, and extremism by being vigilant, knowing what to report, and reporting it.

m) Report it

Immediate threat – If you have seen a person acting suspiciously or if you see a vehicle, unattended package or bag which might be an **immediate threat**, move away and call 999.

No immediate threat – If you're concerned about possible terrorist activity or risk of radicalisation and there is **no immediate threat**, you can:

- Call the police on 101
- Complete an online report form

Information found online – If you've found illegal or harmful information, pictures, or videos online, [you can report your concerns anonymously online](#).

11. Filtering and Monitoring

It is the responsibility of everybody who works with children and vulnerable groups, to ensure that every precaution is taken to prevent access to harmful material whilst online. Within an educational context, each school and college must have its own mobile and technology policy and child protection policy. In addition, each school and college must have its own filtering and monitoring systems in place which include the technological ability to block harmful content, and a clear reporting process to enable the raising of concerns if accessing harmful material is observed. It is the responsibility of every Reed candidate working in an educational setting, to familiarise themselves with the individual school or college's policies and processes in relation to harmful online content, filtering and monitoring, and the reporting of concerns.



Appendix 1: Safeguarding children from abuse

1 Reed Safeguarding Policy

To be fully effective in the safeguarding of children all Reed co-members and candidates must have an awareness and recognition of the types of abuse, and a full understanding of the duty to report suspected or actual abuse.

Reed works in partnership with statutory Social Services who have lead agency authority in safeguarding children from abuse, as set out in the statutory guidance Keeping Children Safe in Education 2023.

2 Definition of abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or indirectly, by failing to act to prevent harm. Children may be abused in a family or in an institutional setting; by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

3 Types of abuse

There are four types or categories of abuse. They are defined in the UK Government guidance "Working Together to Safeguard Children 2018" as follows:

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect

Bullying is not defined as a form of abuse in "Working Together", but there is clear evidence that it is abusive and will include at least one, if not two, three or all four, of the defined categories of abuse.

Children may experience abuse because of domestic violence. Domestic violence is defined by the Home Office as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, or emotional), between adults who are, or have been, intimate partners or family members, regardless of gender or sexuality. The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power within a relationship.

Domestic violence can be an important indicator for the risk of child abuse.

3.1 Physical abuse

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

3.2 Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It may involve 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. 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 over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of others. It may also involve serious bullying (including cyber bullying), causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

3.3 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. They may also include non-contact activities, such as involving children in looking at, or in the production of pornographic media, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse, including use of the internet for such purposes. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

3.4 Neglect

Neglect is the persistent 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. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment).
- Protect a child from physical harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

4 Bullying

Bullying may be defined as deliberately hurtful behaviour usually repeated over a period, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are:

- Physical - e.g. hitting, kicking, theft
- Verbal - e.g. racist or homophobic remarks, threats, name-calling
- Emotional - e.g. isolating an individual from the social acceptance of

their peer groups

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced bullying strategies.

5 Radicalisation

Children and young people can be drawn into violence, or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations and increasingly through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause Significant Harm.

6 Child sexual and criminal exploitation

Both Child criminal and Child sexual exploitation involve instance where a person or a group of people use a position of power to encourage, manipulate or trick a child into taking part in either a sexual or criminal activity, This usually involves offering something that the child wants or a promise of an advantage (financial or other) in exchange for the activity or through violence or the threat of violence against the child.

Child criminal exploitation can additionally involve children being forced to committing specific crimes including drug and illegal money supply, shoplifting or vehicle theft.

It is important to note that, although the children involved in criminal exploitation have usually committed crimes themselves, it is important to still regard them as victims due to the factors outlined above. It is also important to note that both boys and girls are at risk of sexual and criminal exploitation, even though their experiences and the behaviours they display as a result, may be different,

7 Child on Child abuse

It is important to recognise that most types of abuse can be inflicted on a child by another. This includes physical, emotional and sexual and can take a variety of forms including bullying, cyberbullying, sexual violence, abuse in intimate relationships between children, sexual harassment, and physical acts such as hitting, kicking and biting.

8 Serious violence

Keeping Children safe in Education 2023 is clear that instances of serious violence include Knife crim, drug activity through organised gangs (known as county lines) acts of terrorism. In most cases this activity is linked to violent crime.

9 Recognising abuse

Abuse of children is often detected through symptoms or indicators. There are often physical indicators of maltreatment or neglect such as bruises, bites, burns, fractures, dirty skin, and

untreated head lice. However, symptoms can also reveal themselves through emotional, psychological behavioural patterns such as frozen watchfulness or depression.

Recognising child abuse is not easy.

10 Signs of abuse

10.1 Physical abuse

Most children will collect cuts and bruises as part of the rough and tumble of daily life. Injuries should always be interpreted considering the child's medical and social history, developmental stage and explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbow, knees, shins, and are often at the front of the body.

Some children however will have bruising that is inflicted rather than accidental. Important indicators of physical abuse are bruises or injuries that are unexplained or inconsistent with the explanation given, or visible on the soft parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause of concern, although this can be more complicated with burns as these are often delayed in presentation due to blistering taking place sometime later.

The physical signs of abuse may include:

- unexplained grazing/bruising marks or injuries on any part of the body
- multiple bruises in clusters, often seen on the upper arm and outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, especially with upward splash marks
- multiple burns with a clearly demarcated edge

The following behavioural changes may indicate physical abuse

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper tantrums
- flinching when approached or touched
- reluctance to get changed, for example, in hot weather
- depression
- withdrawn behaviour
- running away from home
- having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- acting in a sexually explicit way
- bedwetting
- eating problems, over-eating, or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone
- substance or drug abuse
- sudden unexplained sources of money

- not allowed to have friends (particularly in adolescence)

10.2 Female Genital Mutilation (FGM)

The World Health Organisation (WHO) states that female genital mutilation (FGM):

“Compromises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (Who Fact Sheet No.241 (Feb 2014))

Any professional working for Reed when they have reason to believe FGM has happened or is about to happen must inform the Children or Adult Safeguarding Lead (LADO) immediately. In all cases, professionals should not discuss the referral with the parents/carers/family until a multiagency plan has been agreed.

10.3 Emotional abuse

Emotional abuse can be difficult to identify as there are often no outward physical signs. There may be developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parent’s care. Even so, children who appear well cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate child emotional abuse include:

- neurotic behaviour, e.g. Sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding the child’s behaviour
- developmental delay in terms of emotional progress

10.4 Sexual abuse

Usually in cases of child sexual abuse it is the child’s behaviour that may cause an observer to become concerned, although physical signs can also be present. In all cases children who tell about sexual abuse do so because they want it to stop. It is important therefore that they are listened to and taken seriously.

Changes in behaviour which may also indicate child sexual abuse include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- acting in sexually explicit way towards adults
- bedwetting

- eating problems, over-eating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone
- substance or drug abuse
- sudden unexplained sources of money
- not allowed to have friends (particularly in adolescence)

10.5 Neglect

All forms of child sexual abuse can be a difficult to recognise and neglect is no exception – yet neglect can have significantly damaging long term effects on children who are abused in this manner.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or smelly
- weight loss or being constantly overweight
- inappropriate clothing environmental conditions

Changes in behaviour which can also indicate neglect may include:

- complaining of being continually tired
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being alone or unsupervised

11 Bullying

Bullying is not always easy to recognise as it can take several forms. A child may encounter bullying in several forms including:

- physical: pushing, kicking, hitting, pinching, and other forms violence and threats
- verbal: name calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating

Persistent bullying can result in:

- depression
- low self-esteem
- shyness
- poor academic record
- isolation
- threatened or attempted suicide

Signs that a child may be the subject of bullying abuse can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered

- wanting to avoid leaving their home
- aggressive behaviour towards younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

The definitions and indicators of child abuse are not definitive and are designed to act as a guide to inform and focus attention on the forms of child abuse that occur.

The parameters are complex: many children may exhibit some of the indicators at some time, and they should be viewed in relation to the child's development and context. Whilst the presence of one or more indicators should not be taken as proof that abuse is occurring, such indication(s) may give grounds for suspicion that abuse may be occurring – and requires immediate reporting by Reed employees encountering such indications.

12 Radicalisation

It should be recognised that there is no such thing as a “typical extremist” and the research and evidence base pertaining to this group is limited.

However, potential indicators can include:

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

13 Child sexual and criminal exploitation

Potential indicators of criminal exploitation include:

- Changes in emotional wellbeing.
- Substance, drug or alcohol abuse.
- Having unexplained possessions or money.
- Regularly miss education.
- Are absent from home or school for periods of time.

Potential indicators of sexual exploitation include all of the above and additionally:

- Evidence of older boyfriends or girlfriends
- Displaying more advanced sexual behaviours than expected from their development.
- Suffering from sexually transmitted infections or becoming pregnant

14 Child on Child abuse

Indicators for most other types of abuse may be evident where child-on child abuse is taking place. These would include, but not be limited to, all of the indicators outlined in the bullying section (section 11)

15 Serious violence

Indicators of serious violence would include those listed under physical and sexual abuse and Keeping Children Safe in Education 2023 points put that in addition to these, indicators might include:

- A decline in educational performance
- Increased absence from school or college
- Signs of self-harm or unexplained injuries
- A change of friendship or relationship, including new relationships with older people or groups

16 Missing children

16.1 Definitions

The following definitions apply and relate to children and young people under the age of 18, and young and vulnerable adults who are less than 25 years old.

Runaway:	A child, young person or vulnerable young adult who is absent for one or more nights from the family home or placement without permission or who has been forced to leave by their parents or carers, or a child, young person or vulnerable young adult who is absent for any length of time should their age, experience, background or ability makes such absence a cause for concern.
Adult with needs for care and support:	An adult with needs for care and support is any person aged 18 and over who is in, or may be in, need of community care services by reason of learning or other disability or illness, is or may be unable to take care of him or herself is unable to protect him or herself against significant harm or exploitation
Absconded:	When a child or young person who has runaway is subject to legal orders such as secure orders.
Missing:	Where concern is raised about the child or young person's absence because their location is unknown; the reason for their absence is unknown; they are vulnerable and/or there is a potential danger to the public.

For this guidance, the terms 'runaway' and 'missing' are used interchangeably.

16.2 Children missing from school

Reed candidates in education settings must follow school and Local Authority procedures in the reporting and acting upon information where children do not attend school or are known to be missing. If a child goes missing from the school setting, they could be at risk of significant harm. If a missing child returns to education, education professionals should inform the appropriate agencies – Police and Social Services.

Responding to an incident of missing child:

- Confirm that the child is missing
- Notify School Line Manager, and through them Social Services – and Reed
- There is a Child Missing Education (CME) named contact in every local authority. Every employee working with a child has a responsibility to inform their CME contact if they know or suspect that a child is not receiving education.

The following principles should be adopted by all candidates in relation to identifying and locating children who go missing:

- The safety and welfare of the child is paramount
- Locating and returning the child to a safe environment is the main objective
- Child Protection procedures will be initiated whenever there are concerns that a child who goes missing may be at risk of significant harm.
- Following the completion of a risk assessment, notification to the Police to be in line with local protocols

The Police will act on any report of a child missing on the understanding that a risk assessment has been completed.

17 Children with special educational needs or disabilities (SEND)

Keeping children safe in Education 2023 outlines the fact that additional barriers may exist which make it more difficult to identify abuse and neglect and this is coupled with the fact that SEND children are vulnerable to additional safeguarding challenges.

Vulnerabilities can include:

- Isolation from peers.
- Increased exposure to bullying, including cyber bullying.
- Increased exposure to prejudiced-based bullying.
- Being unable to understand the difference between fact and fiction in an online context and so repeating what has been seen in a school or college.

Barriers to identifying abuse can include:

Mis-interpreting signs of abuse as being part of the child's condition.

Communication barriers leading to an inability or a reluctance by the child to report abuse or concerns.

Candidates should follow the standard procedure for reporting concerns as outlined in section 6 of this policy but should be aware that reports concerning SEND children may involve the SENCO or person with oversight for SEND in addition to the designated safeguarding lead,





Appendix 2: Protection of adults with needs for care and support

1 Reed Safeguarding Policy

To be fully effective in the protection of adults with needs for care and support, all Reed candidates must have an awareness and recognition of the types of abuse, and a full understanding of the duty to report suspected or actual abuse.

Reed works in partnership with statutory Social Services who have lead agency authority in protecting adults with needs for care and support from abuse.

For this policy, an adult with needs for care and support is:

Any person aged 18 (16 in Scotland) or over who:

- Is or may need community care services by reason of mental or other disability, age illness and
- Is or may be unable to care for him or herself or
- Is unable to protect themselves against significant harm or serious exploitation.
-

We are all potential victims of abuse and any of the following conditions may increase a person's vulnerability, for example:

- Learning disability
- Mental Health problem
- Physical/ sensory impairment
- Is frail or an older person
- Domestic violence

2 Definition of abuse of an adult with needs for care and support

Abuse is defined as:

A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress. Abuse is defined in "No Secrets Guidance" as the "violation of an individual's human or civil rights by any other person".

3 Types of abuse

There are four main types of abuse experienced by children, young people, and adults with needs for care and support:

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect (including self-neglect)

Additionally, adults with needs for care and support may also experience:

- Financial or material abuse
- Discriminatory abuse
- Institutional abuse
- Professional Abuse

- Significant harm
- Domestic Violence or abuse
- Modern slavery

3.1 Physical abuse

Physical abuse occurs when non-accidental harm is caused to the body using force, which results in pain, injury, or a change of the person's natural physical state.

Examples of physical abuse include hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, and forced feeding.

3.2 Emotional/psychological abuse

Psychological or Emotional abuse is behaviour that has a harmful effect on the emotional health or development of an adult with needs for care and support.

Some examples of emotional/psychological abuse include:

- Threats of harm or abandonment
- Deprivation of contact
- Humiliation, blaming, controlling, intimidation, coercion, harassment
- Verbal abuse
- Isolation or withdrawal of services or supportive networks
- Withholding affection, shouting
- Depriving a person of a right to choose, information and privacy
- Any behaviour that has a harmful effect on the emotional health and development of an adult with needs for care and support.

3.3 Sexual abuse

Sexual abuse is the involvement of a vulnerable adult in sexual activities or relationships, which are for the gratification of the other person and which:

- they have not consented to, or they cannot understand
- they are not able to consent to,
- violates the individuals expressed cultural or religious preferences, sexual taboos, or family custom and practice.

Examples of sexual abuse involving adults with needs for care and support include:

- Assault or sexual acts to which the vulnerable adult has not consented or was pressurised into consenting
- Inappropriate touching and fondling
- Indecent exposure or attempted penetration.

3.4 Neglect and acts of omission (including self-neglect)

Neglect is behaviour that results in the basic needs of an adult with needs for care and support not being met.

Examples of neglect and acts of omission include:

- Ignoring medical or physical health needs
- Persons physical condition/appearance is poor e.g. ulcers, soiled or wet clothing
- Failure to provide access to appropriate health, social care, or emotional services
- The withholding of the necessities of life, such as medication, nutrition, and heating
- The inability to avoid self-harm (self-neglect)
- Unwillingness to take medication (self-neglect)

3.5 Financial or material abuse includes:

Financial or material abuse involves use of the property, assets, or income of an adult with needs for care and support without their informed consent or making financial transactions that they do not understand to the advantage of the other person.

Examples financial or material abuses include:

- Theft
- Exploitation, and pressure in connection with wills, property or inheritance or financial transactions
- The misuse or misappropriation of property, possessions, or benefits.

3.6 Discriminatory abuse

Discriminatory abuse is behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment.

Examples of discriminatory abuse include racism, sexism, ageism slurs or similar treatment.

3.7 Institutional abuse

Institutional abuse involves the collective failure of an organisation to provide an appropriate professional service to vulnerable people.

It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and stereotyping.

Institutional abuse includes:

- A failure to ensure the necessary safeguards are in place to protect adults with needs for care and support
- Failure to maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping
- Inability or unwillingness to implement professional or clinical guidelines and effective liaison with other providers.

Institutional abuse may be part of accepted custom and culture within an organisation and can be sanctioned by line managers. It can also be systematic in the sense that there is a lack of training, poor operational procedures, poor supervision, and management.

3.8 Professional abuse

Professional abuse is the misuse of power and of trust by professional. Professional abuse can include:

- The failure of professional to act on suspected abuse
- Poor care practice or neglect in the provision of services
- Resource shortfalls or service pressures that lead to service failure
- Culpability because of poor management systems structures.

3.9 Significant harm

Significant harm can be taken to include not only ill treatment including sexual abuse and forms of ill treatment which are not physical, but also the impairment of, or an avoidable deterioration in physical or mental health: and the impairment of physical, intellectual, social, or behavioural development.

3.10 Domestic violence or abuse

Domestic violence or abuse includes any occurrence or pattern of behaviour which is coercive, threatening, or violent between people aged 16 or over who are or have been intimate partners or family members. This can include:

- Assaults, threats, and intimidation
- Harming or intimidation
- Isolating the person from support
- Exploiting of money or resources
- Regulating or controlling everyday behaviour

3.11 Modern slavery

- Modern slavery would normally involve any of the following
- Human trafficking
- Forced labour
- Sexual exploitation
- Debt bondage involving being forced to work to pay off unrealistic debts.

4 Recognising abuse

The abuse of adults with needs for care and support is often detected through symptoms or indicators. There are often physical indicators of maltreatment or neglect such as bruises, bites, burns, fractures, dirty skin, and untreated head lice. However, symptoms can also reveal themselves through emotional, psychological behavioural patterns such as frozen watchfulness or depression.

Recognising abuse of adults with needs for care and support is not easy.

5 Signs of abuse

5.1 Physical abuse

Physical injuries can occur where there is no satisfactory explanation, definite knowledge, or a reasonable suspicion that injury was inflicted with intent, caused through lack of care by that person having custody, charge or care of that person.

Potential indicators of physical abuse include:

- History of unexplained falls
- Unexplained bruising – in well protected or soft parts of the body
- Bruising in different stages of healing
- Unexplained burns – unusual location/type
- Unexplained fractures to any part of the body
- Unexplained lacerations or abrasions
- Slap, kick, punch, or finger marks
- Injury – shape like an object
- Untreated medical problems
- Weight loss due to malnutrition or dehydration

5.2 Emotional /psychological abuse

Emotional/psychological abuse can include intimidation, humiliation, shouting, emotional blackmail and denial of basic human rights.

Potential indicators of emotional/psychological abuse include:

- Ambivalence about carer
- Fearfulness, avoiding eye contact, flinching on approach
- Deference
- Insomnia or need for excessive sleep
- Change in appetite
- Unusual weight gain/loss
- Tearfulness
- Unexplained paranoia
- Low self esteem
- Confusion, agitation
- Coercion
- Possible violation of human and civil rights
- Distress caused by being locked in room, house etc
- Isolation, no visitors, or phone calls allowed
- Inappropriate clothing
- Sensory deprivation
- Restricted access to hygiene facilities
- Lack of personal respect.
- Lack of recognition of individual rights
- Carer does not offer personal hygiene, medical care/regular food/drinks

- Use of furniture to restrict movement

5.3 Sexual abuse

Sexual abuse is the involvement of adults with needs for care and support in sexual activities which they do not fully comprehend to which they are unable to give consent, either verbally or by their behaviour, to which they object or may cause them harm.

Potential indicators are complex and may indicate a range of many different problems. In this context, it is important not to jump to conclusions too quickly.

Indicators of sexual abuse of adults with needs for care and support include:

- Sudden changes in behaviour
- Sudden onset of confusion
- Incontinence
- Withdrawal
- Overt sexual behaviour/language by the vulnerable adult
- Self-inflicted injury
- Disturbed sleep pattern/poor concentration
- Difficulty in walking
- Torn, stained underwear
- Love bites
- Pain or itching in the genital area.
- Sexually transmitted disease/urinary tract/ vaginal infection
- Bruising to upper thighs and arms
- Severe upset or agitation when being bathed etc
- Pregnancy in a person unable to give consent

5.4 Neglect and acts of omission

A person can suffer because their physical and/ or psychological (emotional needs) are being neglected by the carer. This can include the failure to keep someone warm, clean and well-nourished or neglecting to give prescribed medication.

Potential indicators of neglect and acts of omission include:

- Poor environmental conditions
- Inadequate heating and lighting
- Poor physical condition of the adult in need of care and support
- Person's clothing is ill fitting, unclean and in poor condition
- Malnutrition
- Failure to give prescribed medication properly
- Failure to provide appropriate privacy and dignity
- Inconsistent or reluctant contact with health and social care agencies
- Isolation – denying contact to callers or visitors

5.5 Financial abuse

- Sudden inability to pay bills

- Sudden withdrawal of money from an account
- Person lacks belongings they can afford
- Lack of receptivity by the persons relatives to necessary expenditure
- Power of Attorney obtained when the person is unable to understand what they are signing
- Extraordinary interest by carer, and family in the vulnerable persons assets
- Recent change in deeds of house
- Carers main interest is financial with little regard for the health or well-being of the vulnerable adult
- The person managing the finances is evasive and uncooperative
- Purchase of items that the individual does not require or need
- Personal items going missing
- Care services are refused under clear pressure from family or other potential inheritors
- Personal items go missing
- Unreasonable or inappropriate gifts

5.6 Professional abuse

The following are indicators for assessing the risks involved where professional abuse is suspected:

- Entering into a sexual relationship with a service user
- Failure to refer disclosure of abuse, poor, ill-informed or outmoded care practice
- Failure to support the adult with needs for care and support to access health care
- Denying the adult with needs for care and support access to professional support and services such as advocacy
- Responses to challenging behaviours – failure to whistle blow when internal procedures to highlight issues are exhausted.

5.7 Institutional abuse

Institutional abuse differs from other types of abuse because it is about who abuses and how that abuse comes to pass, rather than about types of harm. Abuse occurs in a relationship, family, service or institution and it can be perpetrated by an individual or a regime.

Potential indicators of institutional abuse include:

- poor staff morale, high staff turnover or high sickness rate among staff
- No flexibility in bedtime routine and/or deliberate waking
- People left on commode or toilet for long periods of time
- Inappropriate care of possessions, clothing and living area
- Lack of personal clothes and belongings
- Deprived environmental conditions and lack of stimulation
- Inappropriate use of medical procedures e.g. enemas, catheterisation
- Lack of individual care programmes
- Illegal confinement or restrictions
- Inappropriate use of power or control
- People spoken to with disrespect
- Inflexible services based on convenience of the service provider rather than the person receiving services
- Inappropriate physical intervention

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