



Policy:	Further Safeguarding Information and Guidance
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Introduction

This document has been produced to provide additional information and guidance to staff, learners and employers in relation to safeguarding and to supplement the existing safeguarding policy at Axia Solutions Ltd.

For the avoidance of doubt, if you have concerns about the welfare of a child, young person or adult at risk then you should consult the Axia Solutions Ltd Safeguarding Policy and communicate with the Designated Safeguarding Lead.

If you believe someone to be in immediate danger of harm then you must call 999.



The role of Designated and Deputy Safeguarding Leads

Our Designated Safeguarding Lead is Yvonne Licata – Internal Quality Manager

Our Deputy Designated Safeguarding Lead is Victoria Harte – Director

The Designated and Deputy Safeguarding Leads (DSL and DDSL) will carry out their roles in accordance with Keeping Children Safe in Education.

[Keeping Children Safe in Education](#)

The DSL/DDSL will undergo the appropriate Safeguarding Training to provide them with the knowledge and skills to carry out their role. This training should be updated regularly.

In addition to the formal training, their knowledge and skills should be refreshed at regular intervals, at least annually, through the SCC DSL Briefings, meeting other DSL's, emails and reading statutory guidance.

DSL/Deputy DSL will refer cases of suspected abuse to the local authority children's social care as required. They will represent the organisation at child protection conferences and core group meetings. The DSL will be the expert within the organisation to support staff in liaising with other agencies, making assessments and referrals.

[NPCC Guidance 'When to call the Police'](#) helps designated safeguarding leads understand when they should consider calling the Police and what to expect when they do.

The DSL / Deputy DSL will support staff who make referrals to Staffordshire Children's Advice and Support service.

The DSL /Deputy DSL will refer cases to the Channel programme where there is a radicalisation concern as required, and support staff making Prevent referrals to the Channel programme.

The DSL / Deputy DSL will refer cases where a crime may have been committed to the Police as required.

The MD will refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required.

The DSL/Deputy DSL along with the DSL at NSCG will maintain robust systems to monitor and record training of all staff. This will include staff briefings, and CPD activities. Regular updates are to be shared with staff.

The DSL/Deputy DSL will ensure all staff have training on how to recognise indicators of concern, how to respond to a disclosure from a learner and how to record and report this information accurately. Staff will not make promises to any learner and will not keep secrets. Every learner will be made aware of what a staff member will have to do with any information they have chosen to disclose to them.



DSL will share risks of learners with staff on “a need to know and in the learner’ best interest”. This will be recorded and monitored to ensure risks/progress of the learner is understood. The DSL will clearly state reasons for sharing this information and that this is carried out in the strictest confidentiality.

The recording and storing of information is kept in-line with the General Data Protection Act.

DSL ensures systems in place to induct new staff are robust and monitored and non-compliance shared with the Senior Management Team. DSL to ensure induction policy is updated annually in-line with Keeping Children Safe in Education.

DSL ensures each member of staff has access to and understands the organisation’s safeguarding and child protection policy and procedure, especially new staff.

DSL understands and supports the organisation with regards to the requirements of Prevent duty and will provide advice and support to staff on protecting learners from the risk of radicalisation. The DSL will liaise with the DSL at NSCG where appropriate.

DSL will liaise with the Managing Director to inform them of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.

DSL as required, will liaise with the “case manager” and the LADO (designated officer(s) at the local authority for child protection concerns.

DSL will liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with the Lead DSL at NSCG / relevant agencies. DSL/ Deputy will act as a source of support and advice for staff.

The DSL or DDSL is available throughout the year to discuss any safeguarding concerns. We have cover arrangements in place.

The organisation at times may require further assistance from interpreters to support learners. These services will be accessed with support of the DSL / DSL at NSCG.

Should a learner registered with Axia Solutions Ltd living outside of the local authority be deemed to be at risk Axia Solutions Ltd would liaise with the SSCB to ensure compliance with out of area LA frameworks.

The Board ensures that the DSL understands they have the responsibility in leading safeguarding and child protection across the organisation.

The Board ensures **Safer Recruitment Procedures**, that include the requirement for appropriate checks in line with national guidance, are followed



Managing Allegations against Staff and Volunteers

Axia Solutions ensures there are procedures in place to manage allegations of abuse against staff members or employers in work-based learning settings. The company also recognises that it has a responsibility to protect staff from unfounded allegations of abuse.

Our aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for all learners at Axia Solutions Ltd. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

We will take all possible steps to safeguard our learners and to ensure that the adults in our organisation are safe to work with children. We will adhere to and will seek appropriate advice from the Local Authority Designated Officer (LADO). **The LADO can be contacted on 0800 1313126**

If an allegation is made or information is received about an adult who works at Axia Solutions Ltd or an employer involved in work-based learning, which indicates that they may be unsuitable to work with children, the member of staff receiving the information should inform the Managing Director immediately. Should an allegation be made against the Managing Director, this will be reported to the Chair of the Governing Body. In the event that neither the Managing Director nor Chair of Governing Body is contactable on that day, the information must be passed to and dealt with by Craig Hodgson (Director).

The Managing Director or Chair of Governors will seek advice from the LADO within one working day. No member of staff or the governing body will undertake further investigations before receiving advice from the LADO.

Any member of staff who does not feel confident to raise their concerns with the Managing Director or Chair of Governors should contact **the LADO directly on 0800 1313126**.

The NSPCC [whistleblowing helpline](#) is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk.

The organisation has a legal duty to refer to the Disclosure and Barring Service anyone who has harmed, or poses a risk of harm, to a young person /vulnerable adult, or if there is reason to believe the member of staff has committed one of a number of listed offences, and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. If these circumstances arise in relation to a member of staff at our organisation, a referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from the LADO and /or HR. The DSL has a responsibility to inform Barring service.



Staffordshire Early Help

What is Staffordshire Early Help

The terms 'Early Help' and early intervention' are often used interchangeably and this can result in confusion. They both refer to the support which is needed for children and families at the first sign of additional unmet need. Providing the right help at the earliest opportunity, helps to solve problems before they become more pressing and complex, and avert the need for statutory intervention when concerns for the safety and well-being of children has become acute. In reality, they mean the same thing.

Staffordshire County Council Early Help involves bringing together people with the relevant skills and experience from the voluntary sector, community and/or other services to work in partnership with the child and/or their family to help themselves, build on their strengths to resolve the issue(s) and to become more resilient to prevent the issue from reoccurring. The purpose is to work alongside families to enable them to make the changes that they need to make for themselves.

Any young person/VA may benefit from Early Help, but the organisation's staff should be particularly alert to the potential need for early help for a young person/VA who: -

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- Is a young carer
- Is showing signs of being drawn in to antisocial or criminal behaviour, including gang involvement and association with organised crime groups
- Is frequently missing/goes missing from care or from home
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited
- Is in a family circumstances presenting challenges for the young person, such as drug or alcohol issues, adult mental health issues and domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered YP.

What Happens After a Referral is Deemed Necessary to Escalate Beyond Early Help?

The DSL and sometimes other staff members may be asked to attend a child protection conference on behalf of the Axia Solutions Ltd in respect of individual young people. In any event, the person attending will require to have as much relevant up-to-date information/case files about the young person as possible; any member of staff will be required to contribute to this process. The person attending must contribute a recommendation on the risks/protective factors for the family from their factual information and a view on a need for child protection plan.



Activities and Behaviours linked to safeguarding issues

Staff have an awareness of safeguarding issues that can put learners at risk of harm. Presenting behaviours linked to issues such as drug taking and or alcohol misuse, consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk.

Other safeguarding issues that all staff should be aware of include:

1. Bullying Including Cyberbullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to protect themselves. It can take many forms but the 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 activities and social acceptance of their peer group); and
- Cyberbullying (including sexting).

Guidance on bullying can be [found here](#)

2. Missing from Home or Care

There are strong links between children / young people / adults at risk involved in sexual exploitation and other behaviours such as running away from home or care, bullying, self-harm, teenage pregnancy, truancy and substance misuse. In addition, some are particularly vulnerable, for example, children/young people / adults at risk with special needs, those in residential or foster care, those leaving care, migrant children, particularly those who are unaccompanied, those forced into marriage, those involved in gangs and unaccompanied asylum seeking children/young people. The majority of children/young people who go missing are not in care and go missing from their family home. However, those who are looked after are much more likely to run away than those who live at home, and over 50% of young people in care have ran away at some point.

Guidance documents

- [Children who run away or go missing from home or care](#)

3. Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Child Sexual Exploitation:-Definition and Guidance, Feb 2017. Gov.uk).



CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;

- Can still be abuse even if the sexual activity appears consensual;
- Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- Can take place in person or via technology, or a combination of both;
- Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- May occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- Can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- Unexplained gifts or new possessions;
- Association with other young people involved in exploitation;
- Older boyfriends or girlfriends;
- Suffering from sexually transmitted infections or becoming pregnant;
- Changes in emotional well-being;
- Misuse of drugs and alcohol;
- Going missing for periods of time or regularly coming home late; and
- Regularly missing education or do not taking part in education

4. County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of "deal line".

Exploitation is an integral part of the county lines offending model with young people and vulnerable adults exploited to move and/or store drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Young people / vulnerable adults are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. YP/VA can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.



One of the ways of identifying potential involvement in county lines are missing episodes (both from home and learning), when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism (NRF) should be considered. Further information can be found here [National Referral Mechanism](#).

If a young person/ vulnerable adult is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

Like other forms of abuse and exploitation, county lines exploitation: -

- Can affect any child or young person (male or female) under the age of 18 years.
- Can affect any vulnerable adult over the age of 18 years.
- Can still be exploitation even if the activity appears consensual.
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.
- Can be perpetrated by individuals or groups, males or females, and young people or adults and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Guidance Document:

- [Criminal Exploitation of Children and Vulnerable Adults; County Lines](#)

5. Domestic Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on individuals. In some cases, a child/YP/VA may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people /VA, can also occur within their personal relationships, as well as in the context of their home life.



Guidance Documents:

- [Domestic Violence and Abuse](#)
- [Domestic Abuse-Staffsscb](#)
- [NSPCC-Domestic Abuse](#)

6. Drugs

There is evidence that young people and vulnerable adults are increasingly misusing alcohol and illegal drugs. Consequences range from non-attendance and poor attainment, poor health, committing crime to support 'habits' and increased risk of being a victim of violent crime and criminal exploitation, including sexual exploitation.

Guidance Documents:

- [NSPCC-Parental Substance Misuse](#)
- [SSCB-Working with parents who misuse substances](#)
- [Drugs Advise for Schools](#)

7. Fabricated or Induced Illness (FI)

Fabricated or Induced Illness is a condition whereby a young person/vulnerable adult suffers harm through the deliberate action of their carer, and which is attributed by the adult to another cause.

There may be several explanations for these circumstances, and each requires careful consideration and review. Concerns about an individual's health should be discussed with a Designated Safeguarding Lead / Deputy Designated Safeguarding Lead.

Guidance Documents:

- [Safeguarding children in whom illness is fabricated or induced](#)
- [Staffsscb-Fabricated or induced Illness Guidance](#)

8. Female Genital Mutilation (FGM)

FGM comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

FGM is known by several names including "cutting", "female circumcision" or "initiation". The term female circumcision suggests that the practice is like male circumcision, but it bears no resemblance to male circumcision and it has serious health consequences with no medical benefits. FGM is also linked to domestic abuse, particularly in relation to "honour-based abuse".

Guidance Documents: -

- [Multi Agency Statutory guidance on Female Genital Mutilation](#)
- [Female Genital Mutilation Act 2003](#)

9. Forced Marriage



Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one, entered, **without** the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter a marriage. The threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Some perpetrators use perceived culture practices, to coerce a person into marriage.

There are some significant differences between the referral of a concern about a young person being forced into marriage and other child protection referrals. Professionals must be aware that sharing information with a young person's parents, extended family, or members of their community, could put the young person in a situation of significant risk.

Any disclosure that indicates a young person may be facing a forced marriage must be taken seriously by professionals who should also realise that this could be 'one chance to save a life'. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual, and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

Guidance Document:

- [Forced Marriage](#)

10. Child on Child abuse (or "Peer on Peer abuse" including Child on Child Sexual Violence and Sexual Harassment)

Staff at Axia Solutions Ltd have the knowledge and awareness that young people can and sometimes do abuse other young people (often referred to as Child on Child abuse). All staff are clear about Axia Solutions' policy and procedure regarding Child on Child and Peer on Peer abuse and how this links with the Bullying and Harassment policy to help guide, inform and support staff, learners and employers.

Child on Child abuse including sexual violence and sexual harassment can occur between two young people of **any** age and sex. It can occur with a single YP or group of YP. This can happen both inside and outside of our setting including online. Individuals who are victims of Child on Child abuse including sexual violence and sexual harassment will find the experience stressful and distressing. This is likely to have an adverse effect their attainment. This type of abuse can exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable.

Staff at Axia Solutions recognise the indicators and signs of Child on Child abuse and know how respond to reports of it. This topic is included in the mandatory safeguarding training programme. They understand the importance of the **timely** challenge of inappropriate behaviours between peers, many listed below, that are abusive in nature. They are aware of the importance of: -



- Making clear that Child on Child or Peer on Peer abuse, including sexual violence and sexual harassment, is not acceptable and that that we have a zero-tolerance approach.
- Not dismissing Child on Child or Peer on Peer abuse (including sexual violence or sexual harassment) as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- Challenging behaviours (potentially criminal in nature), such as physical and sexual assaults e.g. grabbing bottoms, breasts, and genitalia, flicking bras and the lifting up of skirts.

All staff know that if we do not challenge and support our learners that this will lead to a culture of unacceptable behaviours, an unsafe environment and in worst case scenarios a culture that normalises abuse leading to learners accepting it as normal and not coming forward to report it.

At Axia Solutions we strive for a culture where learners feel safe to speak to staff about their experiences. We know that the initial response to a report from a young person is vitally important. We do not want to miss that opportunity and so we will reassure victims that their reports are being taken seriously and that they will be supported and kept safe. We will never give victims the impression that they are creating a problem by reporting sexual violence or sexual harassment. We will reassure victims that they should not feel ashamed for making a report.

We have well promoted and easily understood systems in place so that our learners feel confident in knowing their concerns will be treated seriously. We strive to achieve this by listening to students, recording, investigating, and dealing with the situation using clear and transparent processes which are in place. This will show victims, perpetrators and any other individuals affected that they will be supported. We will involve other agencies as deemed necessary and comprehensively risk assess the situation.

All victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Abuse that occurs online or outside of Axia Solutions will not be downplayed and will be treated equally seriously. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. We will ensure that learners know that the law is in place to protect them rather than criminalise them, and we will be explained in such a way that avoids alarming or distressing them.

Victims of Child on Child or Peer on Peer abuse will be supported by an appropriate member of Axia Solutions Ltd’s staff and referred to specialist agencies if appropriate. Staff are aware of the groups that are potentially more at risk as evidence shows that girls, Children and Young people with SEND and LGBTQ+ learners are at greater risk.

All staff understand, that even if there are no reports in our setting, this does not mean that it is not happening, it may be the case that it is just not being reported. As such it is important that if staff at Axia Solutions Ltd have any concerns regarding



Child on Child abuse, they speak to the Designated Safeguarding Lead (DSL) or deputy (DDSL). Our staff will not develop high thresholds before acting.

Child on Child or Peer on Peer abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying).
- abuse in intimate personal relationships between peers.
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse).
- sexual violence such as rape, assault by penetration and sexual assault and may include an online element which facilitates, threatens and/or encourages sexual violence. Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
- sexual harassment such as sexual comments, remarks about clothes and/or appearance, jokes, taunting and online sexual harassment. This also includes the telling of sexual stories, making lewd comments and calling someone sexual names and physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes and displaying pictures, photos or drawings of a sexual nature; and online sexual harassment.
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
- consensual and non-consensual sharing of nudes and semi-nude images and or videos (also known as sexting or youth produced sexual imagery) Consensual image sharing, especially between young people of the same age, may require a different response. It might not be abusive – but young people still need to know it is illegal- whilst non-consensual is illegal and abusive.
- upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm; and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

All staff are clear on Axia Solutions' policy and procedures with regards to child-on-child abuse and the important role they play in preventing it and responding where they believe a learner may be at risk from it. We also share information with employers to make sure they are aware of the risks and the support available to them if they have any concerns about their learners.

If staff have a concern about a learner or a learner makes a report to them, they will follow the safeguarding referral process. As is always the case, if staff are in any doubt as to what to do, they should speak to the designated safeguarding lead (or a



deputy). All staff are made aware of how to refer a learner within the organisations safeguarding process.

The DfE states 'Child on Child abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures.

Guidance Documents:

- [Staffscb-Responding to Sexting Guidance](#)
- [Disrespect NoBody](#)
- [CEOP-Safety centre](#)
- [UKCIS Guidance: Sharing Nudes and Semi-Nudes](#)
- [Sexual violence and sexual harassment between children in schools and colleges \(publishing.service.gov.uk\)](#)
- [Review of sexual abuse in schools and colleges - GOV.UK \(www.gov.uk\)](#)
- [Searching, screening and confiscation \(publishing.service.gov.uk\)](#)
- [Sharing nudes and semi-nudes: advice for education settings working with children and young people - GOV.UK \(www.gov.uk\)](#)

11. Serious Violence

All staff should be aware of the indicators, which may signal YP/VA are at risk from, or are involved with serious violent crime. These may include increased absence, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that individuals have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

All staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Guidance documents:

- [Home Office Preventing Youth Violence and Gang Involvement](#)
- [Criminal Exploitation of Children and Vulnerable Adults; County Lines](#)

If staff have a concern about a learner or a learner makes a report to them, they should follow Axia Solutions Ltd safeguarding referral process. If staff are in any doubt as to what to do they should speak to the DSL or DDSL.

12. Vulnerable Young People

We recognise that safeguarding against **radicalisation and extremism** is no different to safeguarding against any other vulnerability in today's society. Our staff are alert to signs to look out for and the individual triggers to be aware of when considering the



risks of potential safeguarding concerns such as **travelling to conflict zones, FGM and forced marriage**.

As a training provider we are aware of the potential for learners with SEN-D to have **additional barriers when it comes to safeguarding**, Axia Solutions Ltd recognises that this group can be more vulnerable to abuse and neglect. Disabled young people may be **especially vulnerable to abuse**, because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it **difficult to tell** others what is happening.

Heightened vulnerability linked to:

- Communications skills;
- Maturity (Lower cognitive ability);
- Perceptions of intent from others;
- Lower self-esteem/confidence;
- Potential to trust unreservedly ;
- A need to have “friends” or find a partner;
- Differing boundaries; and
- Online safety – digital technology understanding.

A **combination** of these factors can make them more susceptible to risks.

Young people develop and mature at different rates. By **understanding the warning signs**, you can respond to problems as early as possible and provide the right support and services for the young person and their family.



Mental Health and Wellbeing

All staff have an incredibly important role to play in supporting the mental health and wellbeing of our learners and are aware that mental health problems can, in some cases, be an indicator that a learner has suffered or is at risk of suffering abuse, neglect or exploitation.

If Axia Solutions Ltd staff have a mental health concern about a learner that is also a safeguarding concern, immediate action should be taken, by speaking to the designated safeguarding lead or a deputy.

The Managing Director and the Designated Safeguarding Lead take the lead roles in mental health at Axia Solutions Ltd.

A Mental Health First Aider is being appointed to raise the profile of mental wellbeing across the organisation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Work Based Trainers / tutors, however, may identify those learners whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Referrals will be made to external agencies as required.

Guidance and helpful documents: -

- [Addressing Trauma and Adversity](#)
- [Mental Health and Behaviour in Schools Guidance.](#)
- [Preventing and tackling bullying](#)
- [Every Interaction Matters](#)
- [Education recovery](#)
- [MIND-Parenting Capacity and Mental Health](#)
- [NSPCC-Mental Health and Parenting](#)
- [SSCB-Children & Young People who Self Harm or Disclose an Intent to Die by Suicide](#)



Online Safety

The use of technology has become a significant component of many safeguarding issues. The internet can be a fantastic place for children and young people where they can talk to friends, be creative and have fun. However, just like in the real world some things go wrong. Child Criminal Exploitation, Child Sexual Exploitation, radicalisation, sexual predation, and technology often provides the platform that facilitates harm.

Working with our learners we develop a curriculum to develop skills in identifying and avoiding risk, learning how best to protect themselves and their friends, and knowing how to get support and report abuse if they do encounter difficulties. Learners complete the Education and Training Foundation (ETF) Side by Side online course - Staying Safe Online. Online safety will be discussed with learners at regular Reviews.

We consider online safety in other relevant policies, when planning CPD activities and the role and responsibilities of the DSL. We have a firewall in place, which is monitored, regulated, and risk assessed as part of the prevent duty.

Online learning: - Where learners are being asked to learn online the organisation refers to the ETF document 'Creating a Safe Space online for Teaching and Learning.' The organisation will use the links and resources provided by the DfE; Safeguarding in schools, colleges and other providers and Safeguarding in remote education.

At Axia Solutions we have an online /e- safety policy which identifies the usage and expected behaviours of staff and learners.

Guidance Documents:

- [Children's Commissioner-Online Safety](#)
- [Teaching online safety in education settings](#)
- [Appropriate Filtering and Monitoring](#)
- [CEOP-Safety Centre](#)
- [National Cyber Security Centre](#)
- [NSPCC-Undertaking remote teaching safely](#)
- [PHSE-Advice on addressing coronavirus \(COVID-19\)](#)
- [360 Degree Safe - Online Safety Review Tool](#)
- [UKCCIS-UK Council for Child Internet Safety](#)



Prevent Duty and Channel

Prevent

The DSL at Axia Solutions is also the Prevent Lead.

The Prevent Duty and is part of our organisations wider safeguarding obligations.

Designated safeguarding leads and other senior leaders familiarise themselves with the revised Prevent duty guidance: for England and Wales, - Work Based Learners and the Prevent Statutory Duty especially paragraphs 57-76, which are specifically concerned with schools and colleges (and covers childcare). We follow the guidance in terms of four general themes: risk assessment, working in partnership, staff training, and IT policies.

Axia Solutions Ltd has a Prevent Single Point of Contact (SPOC) who is the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism:

The SPOC for Axia Solutions Ltd is Yvonne Licata

Axia Solutions Ltd monitors online activity to ensure that inappropriate sites are not accessed by learners or staff within the internal network. This is done using specialist online monitoring software, Fortiguard.

Channel

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by the Staffordshire Police Counter-Terrorism Unit, and it aims to:

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals.
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.
- The Channel programme focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for organisations to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's participation in the programme is entirely voluntary at all stages.
- The organisation will cooperate with the Channel programme in the carrying out of its functions, and with the Police in providing information about an individual who is referred to Channel (Section 38, Counter Terrorism and Security Act 2015).

Guidance Documents:

- [The Prevent Duty](#).
- [Educate Against Hate](#)



- [ACT Early | Prevent radicalisation](#)



Communication – Confidentiality/Information Sharing

We will work in partnership and endeavour to establish effective working relationships in line with Working Together to Safeguard Children (2018). Axia Solutions Ltd will work with Stoke on Trent & Staffordshire Children's Social Care and, where appropriate from a placing local authority.

We recognise the importance of information sharing between professionals and agencies. We follow [best practice guidance](#).

The General Data Protection Act places a duty on organisations and individuals with regards to processing personal information fairly and lawfully. As an organisation we adhere to data protection yet we do not allow this to stand in our way in the need to promote the welfare and protect the safety of the learner.



Managing Complaints

As a training provider we encourage learners, individuals and employers, to raise with us compliments, concerns or comments and have a robust internal investigation process.

The complaint policy states clearly the stages of complaints and where to escalate concerns. Our complaints policy is on our website.

Safeguarding concerns should be raised with the Axia Solutions Ltd immediately. If there is a concern a learner is **at immediate risk then the individual needs to contact (0800 1313126).**



Site Security

Axia Solutions Ltd provides a secure site. All people on the site have to adhere to the rules which govern it.

- Visitors gain access through the main entrances and must sign in at reception.
- Visitors are to be accompanied/supervised by a staff member.
- Risk management of site security is managed by senior management; and
- Health and safety checklists are carried out in relation to work-based learning employer premises.



Definitions and Indicators of Abuse

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 as a result 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 and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment.

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers.
- Adolescent neglect
- Affluent neglect

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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;



- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

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 or young person is aware of what is happening. The activities may involve physical contact, including assault by penetration (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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;



- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

Exploitation

Child Sexual Exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to Staffordshire Children’s Social Care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.
- Missing for periods of time (CSE and County Lines)

Emotional Abuse

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

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;



- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

Responses from Parents/Carers

Research and experience indicate that the following responses from parents may suggest a cause for concern across all five categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household;
- Evidence of coercion and control.

Disabled Children

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;



- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.



Indicators of Vulnerability to Radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:
 - The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
 - Seek to provoke others to terrorist acts;
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
 - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Learners may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that the organisation’s staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
 - Identity Crisis – the learner/individual is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
 - Personal Crisis – the learner/individual may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
 - Personal Circumstances – migration; local community tensions; and events affecting the learner’s/individual’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;



- Unmet Aspirations – the learner/individual may have perceptions of injustice; a feeling of failure; rejection of civic life;
 - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration; and
 - Special Educational Need – learners/individuals may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. This list is not exhaustive, nor does it mean that all learners/individuals experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
- Being in contact with extremist recruiters;
 - Family members convicted of a terrorism act or subject to a Channel intervention;
 - Accessing violent extremist websites, especially those with a social networking element;
 - Possessing or accessing violent extremist literature;
 - Using extremist narratives and a global ideology to explain personal disadvantage;
 - Justifying the use of violence to solve societal issues;
 - Joining or seeking to join extremist organisations;
 - Significant changes to appearance and/or behaviour; and
 - Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.



Further access to advice on Safeguarding matters

Further advice on safeguarding matters should you require it can be obtained from the organisations and contacts listed below.

Local Contacts

- Staffordshire County Council's Education Safeguarding Advice Service
01785 895836 e-mail: esas@staffordshire.gov.uk
- LADO Staffordshire 0800 13 13 126
- Staffordshire Children's Social Care Services: Staffordshire Childrens Advice and Support team within the Multi Agency Safeguarding Hub (M.A.S.H.) 0800 1313 126 or using the online referral [Report a concern online](#)
- Emergency Duty Services (out of hours safeguarding concerns) 0345 604 2886 or email eds.team.manager@staffordshire.gov.uk
- Staffordshire Police M.A.S.H. can be contacted on 101. In the event of an emergency please dial 999
- Stoke-on-Trent Children's Services: Chat and Advice Service (CHAD) 01782 235100 Emergency Duty Team: 01782 234234 (outside office hours, weekends, and bank holidays) Minicom: 01782 236037
- Sam Hubza – School Guidance around Asylum Seekers (Central Thoroughfare Team) Tel: 01785 854906
- Staffordshire Police coordinator: Mark Hardern Tel: 07539 3636299 Email: mark.hardern@staffordshire.pnn.police.uk
- Staffordshire Police Prevent Team 01785 232054, 01785 233109 or email prevent@staffordshire.pnn.police.uk

NSPCC

- Harmful Sexual Behaviour project: **0844 892 0273**
- [Keeping children safe online-online safety sexting/sending nudes](#)

Local Advice

- Entrust Learning Technologies ICT/Computing/E-safety Teacher Consultants 0300 111 8030
- Fostering Service (Staffordshire) 0800 169 2061 email fostering&adoptionbus@staffordshire.gov.uk
Out of Hours: Emergency Duty Service 01785 354030
- Staffordshire Safeguarding Children Board [StaffsSCB](#)
- Entrust HR Services (subscription basis) 01785 278961
- Fostering Service (Stoke-on-Trent) 01782 234555
Email: fostering@stoke.gov.uk
- Stoke-on-Trent Family Information Service Hub (F.I.S.H) 01782 232200 email fish@stoke.gov.uk

National Contacts

- Police (Non-emergency 101)
- CEOP (Child Exploitation and Online Protection) [CEOP Safety Centre](#)



- Professionals Online Safety Helpline – 0844 381 4772 [Safer Internet Helpline](#)
- Internet Watch Foundation (IWF) – [Internet Watch Foundation](#)
- Safer Internet Centre – helpline@saferinternet.org.uk
- Childline – 0800 1111 [Childline](#)
- Ofsted – General enquiries: 0300 123 1231
About Schools: 0300 123 4234
Concerns: 0300 123 4666
e-mail: enquiries@ofsted.gov.uk
- HM Government (advice on protecting children from radicalisation for parents, teachers and leaders) www.educateagainsthate.com
- **NSPCC** Harmful Sexual Behaviour project: **0844 892 0273**

Useful websites

- Staffordshire Safeguarding Children Board [StaffsSCB](#)
- Child Exploitation and Online Protection Centre (CEOP) – [Ceop-Police](#) & [knowaboutcse](#)
- NSPCC – 24-hour Child Protection Helpline 0808 800 5000
[NSPCC](#)
- WOMENS AID - 24 Hour Helpline: **0870 2700 123**
- UNICEF – Support Care Team 0300 330 5580 (Mon – Fri 8am-6pm). If you think a child is in immediate danger, please call 999. [Unicef](#)



Review

This Axia Further Safeguarding Information and Guidance document is reviewed annually (or sooner should legislation/guidance change), to determine the impact of the document and actions required. The document was last reviewed in September 2022.