


UHL Apprenticeship and Development Centre Safeguarding and Prevent Radicalisation Policy

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Document Amendment and Review Log

2021	V2 Planned refresh	2021	JG
January 2023	V3.3 Change of name and annual review	30/01/23	JS
January 2024	V3.4 Branding updated, amendments to section 8	02/01/23	JS
December 2024	V4 Annual review and refresh	01/12/24	JAM
September 2025	V5 Annual review and refresh; remove COVID, add Digital Recording policy, add FGM, clarify manager responsibility re risk assessments, add support appendix, remove Remploy.	30/09/25	JG

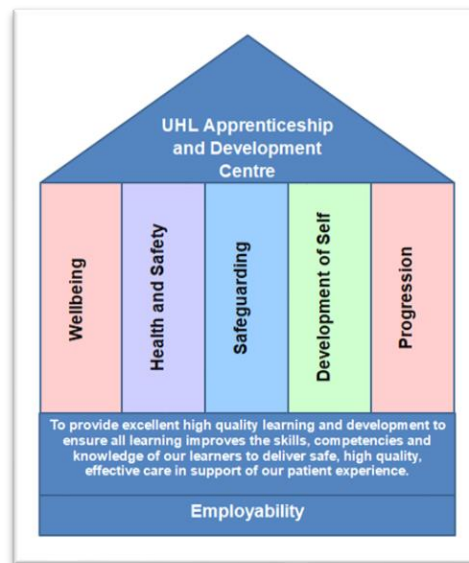
1. Rationale

- 1.1. The University Hospitals of Leicester Apprenticeship and Development Centre (hereon referred to as the Centre) is committed to supporting apprentices and learners by enabling them to learn in an environment through the Centre, employer or the subcontractor which helps them to be safe and succeed. This includes environments both in person and online.
- 1.2. The Centre will provide support and access to programmes that is fair, consistent and provides apprentices/learners with the resources necessary to both complete programmes and support their welfare.
- 1.3. This policy covers safeguarding adults, safeguarding children and Prevent.
- 1.4. The Centre recognises the existence of UHL Trust Safeguarding and Prevent policies, which applies not only to its employees but to apprentices/learners who use the Trusts services and the organisations premise.
- 1.5. This policy does not in any way supersede the Trusts Safeguarding and Prevent policies and is in addition to this as required by external inspection authorities to support apprentices/learner needs.
- 1.6. This guidance should be read in conjunction with the Trust's Safeguarding Vulnerable Adults Policy, Trusts Safeguarding Children and Young People Policy and Prevent Policy and Keeping Children Safe in Education.

2. Aims of the Policy

- 2.1. Safeguarding at both the Centre and Trust is everyone's responsibility and it is an apprentice/learner centred approach. Safeguarding is one of the 5 key Centre pillars (as in diagram over page) which the Centre focus' on to ensure apprentices/learners get the right help and support in a timely manner

The processes and procedures used at the Centre support the Education Inspection Framework standards for developing and maintaining a culture of Safeguarding, with effective arrangements to identify apprentices/learners who might need help or who are at risk of abuse, grooming or exploitation, avenues and processes to record concerns and implement referrals.



2.2. Safeguarding arrangements in this policy are supported by an annual report and regular governance meetings with the Trust Safeguarding lead.

3. Responsibilities

3.1. Trust

The Trust will:

- Hold a Trust level Safeguarding and Prevent Risk Log and Action Plan
- Conduct reviews of the Centre Safeguarding and Prevent Risk Log and Action Plan on at least a termly basis
- Have in place a Trust Safeguarding and Prevent board
- Have a Trust designated Safeguarding and Prevent Lead
- Have robust Trust recruitment arrangements in place in line with NHS requirements to ensure any necessary Disclosure and Barring Service checks are completed at each recruitment opportunity
- Ensure a robust Trust corporate and local induction policy and procedure is in place for new Centre staff and apprentices/learners
- Monitor the Centre activity, providing advice and guidance to support continuous improvement and Safeguarding/Prevent issues.

3.2. Centre

The Centre and Centre staff will:

- Support the Centre's work in line with the Trusts policies and procedures
- Work with the Trust Safeguarding lead to identify actions and risks for Safeguarding and Prevent.
- Have governors to oversee their performance and activity, including safeguarding
- Report into the Trust Safeguarding Board

- Provide access to appropriate training to Centre staff and governors on an annual basis
- Understanding what is meant by safeguarding and promote the welfare of apprentices and learners
- All Centre staff should be clear as to the Centre policy and procedures with regard to Child-on-Child Abuse and the important role they have to play in preventing and responding to it where they believe a child may be at risk
- Being aware of statutory duties towards the welfare of children and vulnerable adults, ensuring policies and procedures are in place that make clear that harmful behaviour and sexual abuse is unacceptable
- Ensuring a designated safeguarding lead is in place with level 3 safeguarding training
- Ensuring Centre staff are effectively trained in safeguarding and prevent annually
- Being familiar with early identification of apprentices or learners who may need help and are at risk of harm or those who have been harmed (e.g. neglect, abuse including peer on peer, grooming or exploitation)
- Know where to find referral information
- Know how to report and record safeguarding and Prevent concerns, including FGM
- Supporting apprentices and learners to raise concerns; ensuring effective reporting arrangements should an incident or concern occur
- Being aware of the National Prevent Strategy
- Holding a Prevent risk assessment
- Producing an annual safeguarding survey and report
- Adapting the Safeguarding arrangements to ensure apprentices/learners are fully supported during business continuity situations e.g. a pandemic

3.3 The Centre has an appointed Centre Safeguarding Lead, Judith George, and Deputy, Clara Bayley.

Centre Designated Safeguarding Lead will:

- Keep a secure record of all disclosed wellbeing and safeguarding concerns and the support in place (referred to as the Amber List)
- Add all younger apprentices/learners (aged 16-18) and those who have declared a mental health condition automatically to amber list to ensure they have access to support they need
- Know the referral process for Safeguarding and Prevent issues and update this as required
- Ensure employers, apprentices/learners have an up to date risk assessments place
- Conduct termly safeguarding calls with under 19's and a declared learning difficulty or disability reviewing conversations for themes and make any recommendations to the governors re: for follow up Centre/Trust actions
- Maintain an up-to-date record of DBS checks for Centre staff and refer any concerns
- Maintain an up-to-date record of Conflicts of Interest and refer any concerns
- Ensure Centre staff and governors have their annual Trust Safeguarding and Prevent training

- Maintain an up-to-date record of Safeguarding and Prevent training for Centre staff and governors
- Refresh the Prevent risk assessment annually
- Provide a report to the Governors at least termly on the assurance and concerns for safeguarding and Prevent
- Complete an annual safeguarding survey and report for the Centre and use this report to implement continuous improvements
- The Centre Lead will report any serious concerns to the appointed Trust Safeguarding Lead.

3.4. Centre Staff

Centre Staff will:

- Have a duty of care to report all wellbeing and safeguarding concerns to the Centre Safeguarding Lead, or the deputy in their absence, and follow Trust safeguarding referral procedures in a timely manner using the most appropriate method
- If they have direct contact with apprentices/learners, be subject to DBS and provide details and evidence of this to the Centre Safeguarding Lead
- Will know the referral process for Safeguarding and Prevent issues
- Have a duty of care, alongside governors, to keep up to date with Safeguarding and Prevent issues and training. They will engage in regular safeguarding CPD to ensure their practice is current. Completion of training will be recorded in a training log
- Ensure regular opportunities are available for apprentices/learners to discuss concerns e.g. review meetings.

3.5. Centre Governors

The Centre Governors will:

- Keep up to date with Safeguarding and Prevent training, including reading the relevant sections each year of Keeping Children Safe in Education
- Monitor and oversee the activity of the Centre ensuring Safeguarding and Prevent activities remain robust and effective
- Know the referral process for Safeguarding and Prevent issues
- Receive the annual Safeguarding and Prevent report and review the content.

3.6. Apprentices and Learners

Apprentices and Learners will:

- Maintain their Safeguarding and Prevent training
- Know the referral process for Safeguarding and Prevent issues
- Make timely referrals for concerns.
- Have access to confidential 1:1 sessions with a representative from AMICA to discuss any personal or wellbeing concerns

3.7. Responsibilities of the apprentice or learner's employer:

- To understand what is meant by Safeguarding and Prevent and promote the welfare of apprentices and learners
- Be aware of statutory duties towards the welfare of children and vulnerable adults
- Be familiar with reporting arrangements should an incident or concern occur
- Be aware of the National Prevent Strategy
- Make timely referrals for concerns to relevant bodies in line with their organisations policies
- Ensure an apprentice/learner risk assessments are in place including departmental risk assessment and young person risk assessments
- Ensure employees working alongside apprentices/learners are free from convictions and of sound character and judgement and will not pose as any threat or danger to apprentices or learners. Follow the organisations/NHS policy in terms of DBS checks for colleagues working with young people
- Ensure activities are appropriate to the age of the apprentice/learner
- Ensure that values and behaviours are adhered to in the work environment to ensure a Safe Learning Environment
- The employer of the apprentices/learners should have robust recruitment arrangements in place in line with NHS requirements.

4. Supporting the apprentice or learner

- 4.1. The Centre is committed to providing high quality teaching and learning in a safe environment to staff, both new to organisation or existing, undertaking an apprenticeship programme or another course. The Centre has a designated Safeguarding and Prevent Lead; the Trust has a lead Safeguarding and Prevent Officer and a designated Safeguarding and Prevent Board.
- 4.2. Should an apprentice or learner fall behind with their learning the Centre will ensure that managers, facilitators and practitioners from the Centre have regular meetings to discuss progress of learning and to action plan. There may be a concern with their wellbeing or they are seen to be struggling to achieve predicted results.
- 4.3. The Centre has a number of ways that it ensures all apprentices and learners are safeguarded including policies and charters
- Trust policies for Safeguarding Children, Safeguarding Adults and Prevent
 - Trust policies for Whistleblowing and Freedom to Speak Up
 - Centre policy for Safeguarding and Prevent Visitor Policy, IT Usage Policy, Privacy Policy
 - Centre policies for Positive Behaviour Policy, Code of Conduct for Centre Staff and Code of Conduct for Apprentices and Learners, Bullying and Harassment.
 - Safe Learning Environment Charter
 - Sexual Environment Charter

5. Who Should Read This Guidance?

- 5.1. This guidance is for Centre staff who support apprentices/learners either in person or through processing of paperwork; as well as Centre governors, sub-contractors, the apprentice/learner's manager, mentor/clinical educator, apprentices and learners.
- 5.2. Staff at the Centre should adhere to this guidance and share it with any external training providers/sub-contractors who are involved with the Centre programmes.
- 5.3. The Centre policy should be used in conjunction with organisational guidance and policies for Safeguarding and Prevent and with relevant awarding body guidelines e.g. NMC.
- 5.4. The Centre policy should be used in line with national guidelines e.g. Keeping Children Safe in Education.

6. Definition of Safeguarding

- 6.1. The term 'safeguarding' embraces both child (under 16), young persons (16-18) - who will both be referred to in this policy as young people - and vulnerable adults. Safeguarding helps to both protect and promote preventative to keep apprentices/learners safe. It is the Centres duty to protect apprentices/learners from harm or damage using appropriate measures.
- 6.2. Safeguarding encompasses apprentices/learners' health and safety, welfare and well-being.
- 6.3. This guidance outlines the importance of the Centres responsibility to safeguard and promote the welfare of all apprentices/learners and staff by protecting them from physical, sexual or emotional abuse, neglect and bullying.
- 6.4. Providers of government funded training have a duty to safeguard their apprentices and learners and to take such steps that try to ensure the safety of children, and young people under 18, and vulnerable adults, at all times.

7. Definitions of Prevent

- 7.1. Prevent is reducing or eliminating risk of individuals becoming involved in terrorism. Prevent includes but is not confined to the identification and referral of those at risk of being drawn into terrorism into appropriate interventions. Prevent is regulated by guidance from specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015, which includes having due regard to the need to prevent people from being drawn into terrorism.
- 7.2. Terrorism is actions of individuals or groups who seek to bring about social or political change through actions intended to cause serious harm, loss of life or raise attention through fear and/or damage to property to cause loss of life, disruption or raise attention by fear.

- 7.3. Extremism is defined 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.
- 7.4. Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- 7.5. Safeguarding and Prevent is the process of protecting vulnerable people, whether from crime, other forms of abuse or from being drawn into terrorist related activity.
- 7.6. The term vulnerable adult refers to someone aged eighteen or over who is unable to protect himself or herself against significant harm. Within Prevent, vulnerable adult describes factors and characteristics associated with being susceptible to radicalisation.

8. Different Types of Abuse

- 8.1. All apprentices and learners of all ages can be susceptible to abuse including; modern slavery, child criminal or sexual exploitation, physical, emotional/psychological, financial or sexual abuse, neglect by others (e.g. as a child by the parents/guidance), self-neglect, discriminatory abuse (as defined in the Equality Act 2010) or organisational abuse. The main categories abuse for children/young people and adults can be found below:
- 8.2. Child Abuse:
 - 1. Physical
 - 2. Emotional
 - 3. Sexual
 - 4. Neglect

More can be found on the following link:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

- 8.3. Adult Abuse:
 - 1. Physical
 - 2. Domestic
 - 3. Sexual
 - 4. Psychological/ emotional
 - 5. Financial
 - 6. Modern slavery
 - 7. Discriminatory
 - 8. Institutional
 - 9. Neglect
 - 10. Self-neglect
- 8.4. Disclosing abuse

Staff will need to realise the difficulties children and young people may have in telling somebody they've been abused, and recognise how important it is for staff to understand abuse and how to respond to concerns about it. Staff will also need to be able to determine how best to build trusted relationships with children and young people which facilitate communication.

Centre staff need to be aware of the child criminal exploitation disclosure and protection provided to the young person [Criminal exploitation and gangs | NSPCC](#).

9. Safeguarding Issues

9.1. Grooming

This is a word to describe people befriending children and vulnerable adults to take advantage of them for sexual preferences. Grooming is also used by extremist groups to radicalise individuals into supporting and potentially committing terrorist attacks. Grooming affects children, young people and adults at risk. Groomers will hide their true intentions and may spend a long time gaining a child or vulnerable adults trust. They may try to gain the trust of the whole family to allow them to be left alone with a child or vulnerable adult. Groomers may deliberately try to work with children or vulnerable adults and gain the trust of their colleagues.

9.2. Sexual Online Grooming

Sexual online grooming is when people form relationships with children, young people or adults on social media or online platforms pretending to be their friend. The person carrying out the online grooming will try to establish the likelihood of the potential victim telling someone. They will also find out as much as they can on their family and social networks. Online groomers will tend to use chat rooms that are focussed on children and young people. Those carrying out the grooming may pretend to be a child themselves, similar in age to the person they are grooming. Grooming online is anonymous and children, young people and adults at risk find it easier to trust an online 'friend' than someone they have met 'face to face'. [Kayleigh's Love Story - Full Version](#)

Children, young people or adults at risk may not speak out about their situation because they feel ashamed, guilty or are unaware what they are experiencing is abuse. They may also believe they are in a relationship with the groomer.

9.2.1. How do you know if someone is being groomed online? An individual may exhibit some behaviours such as:

- Wanting to spend more and more time on the internet
- Being secretive about who they are talking to online and what sites they visit
- Switching screens when you come near the computer
- Possessing items - electronic devices or phones – you haven't given them
- Using sexual language you wouldn't expect them to know
- Becoming emotionally volatile

9.3. Cyber bullying

Cyber bullying involves the use of electronic communication devices to bully people. These include, but are not limited to, mobile phones, tablets, iPods, laptops and PCs. Social media platforms such as Facebook, Instagram, Twitter and WhatsApp may be used by cyber bullies to interact negatively with their victims. Most at risk are children and vulnerable adults using social media unsupervised as they may be more emotionally and mentally susceptible to the abuse.

9.4. Female Genital Mutilation

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for Non-Medical reasons. The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical and/or mental health or for purposes connected with labour and/or birth.

For the purposes of the duty, the 'relevant age' is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18). Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply. The duty is a personal duty which requires the professional individual who becomes aware of the case to make a report. The responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second. For more details on how to report FGM please see FGM Mandatory Reporting Duty on the Intranet.

9.5. Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of child sexual abuse. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet. CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on

social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

9.6. Child Criminal Exploitation (CCE)

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing crime or threatening/committing serious violence to others. Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to. It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same; however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that all children being criminally exploited may be at higher risk of sexual exploitation.

9.7. Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can be emotional, physical, sexual, financial or psychological. It can happen inside and outside the home; over the phone, on the internet and on social networking sites and in any relationship and can continue even after the relationship has ended. Apprentices/Learners may be victims of domestic abuse themselves or may be children/young people exposed to it. Centre staff need to be aware of the Domestic Abuse Act (2021) and the rights of those affected by it.

9.8. Mental Health

Mental health challenges can affect us all however, in some cases, they can be an indicator that a child/young person has suffered or is at risk of suffering abuse, neglect or exploitation.

The Centre will have in place processes for staff to identify possible mental health concerns and have access to a range of referral routes.

9.8.1. Supporting the Mental Health of our Apprentices/Learners

There are a number of resources available to apprentices/learners directly and to managers of apprentices/learners to support their mental health. There are a number of websites that can be accessed such as:

- <https://www.mind.org.uk/information-support/>
- <https://www.thecalmzone.net/>
- <https://www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis>
- <https://www.papyrus-uk.org/>
- <http://www.themix.org.uk/>
- <https://kooth.com/>
- <https://www.samaritans.org/>

The Trust has a number of Mental First Aiders as well as TRiM practitioners to support mental wellbeing, an Occupational Health service and Amica staff counselling. There is education for staff and apprentices/learners on supporting both physical and mental wellbeing as well as safeguarding and prevent.

9.9. Child on Child Abuse

Child on Child Abuse is a term used to describe children/young people abusing other children/young people. It can happen both inside and outside of the workplace/Centre or online. It is important that all Centre staff recognise the indicators and signs of Child on Child abuse and know how to identify it and respond to reports.

All Centre staff should understand that even if there are no reports in the Centre it does not mean it is not happening, it may be the case that it is just not being reported. As such it is important if Centre staff have any concerns regarding Child on Child Abuse they should speak to their designated safeguarding lead (or deputy).

It is essential that all Centre staff understand the importance of challenging inappropriate behaviours between colleagues that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it. The Trust fully supports Sexual Safety at Work and has referral methods in place to enable staff and apprentices/learners to speak up.

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

- Bullying; including cyber bullying, 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; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- Sexual harassment such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- 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 nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery) or up skirting, 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
- 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).

9.10. Serious Violence

All Centre staff should be aware of the indicators which may signal young people 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
- Signs of assault or unexplained injuries
- Unexplained gifts or new possessions.

Unexplained gifts or new possessions could also indicate that young people 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 that increase the likelihood of involvement in serious violence. For example this may include being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

10. Warning signs that an apprentice or learner is experiencing difficulties

An apprentice/learner may exhibit signs that they are in difficulty. The following list is by no means exhaustive but suggests some changes in behaviour that might occur:

- Absence e.g. missing work or not turning up for training provider sessions
- Changes in appearance

- Changes in behaviour and character such as becoming quiet or loud, aggressive or withdrawn
- Withdrawing from activities
- Changes in use of technology or online presence
- Changes in emotional health i.e. crying, anxiety or low mood
- Excessive alcohol consumption
- Physical injuries
- Poor living conditions
- Self-harm
- Use of drugs.

It is important to have a conversation with the apprentice/learner and establish if they are ok or if additional support is needed.

11. Risk Assessment

11.1 The Centre will request that employers submit a generic risk assessment for their business in terms of the apprentices they wish to contract from the Centre. (NB: This is likely to be one risk assessment per contract which means 1 would be held for UHL regardless of the number of learners). It will be reviewed no less than 2 yearly.

11.2 Centre staff should ensure that the employer has a risk assessment for the department under the Health and Safety policy.

11.3 There should also be a personal risk assessment (Appendix 1).

11.4 In addition if they are under 18 a young person's risk assessment [Health and Safety of Young People at Work UHL Policy](#) should be conducted to ensure activities and hours of work etc. are suitable. These should be shared with the Centre as relevant.

11.5 A further Trips and Visit risk assessment is available for apprentices attending activities outside the Trust.

11.6 Centre staff have regular conversations on safeguarding during progress meetings and if risks / concerns come up these should be documented and referred as appropriate.

Any changes to risk assessments should be notified to the Centre at the earliest opportunity.

12. Training on The Policy

- The Trusts mandatory training, policies and procedures are the main source of training for this policy.
- Additional development can be requested from the Trust subject matter experts for safeguarding and prevent as needed/identified.
- The Centre Education Manager can also provide 121/team training for Centre staff.

Appendix 1

Apprentice/Learner RISK ASSESSMENT FORM		Assessment No.	
Campus:			
Directorate /Department:		Location:	
Assessor:	Job title:	Date completed:	
Date due for review:	Date reviewed:	Reviewed by:	

Description of activity													
Apprenticeship fixed term employment													
Supporting information (for example, case of need, explanation of activity)													
Young workers are at risk within the workplace because of a relative lack of experience and in some cases a lack of maturity which may reduce their awareness of existing or potential risks.													
Risks, Controls and Assessment													
No.	Risk Identified	Controls in place	A- Objectives	B- Harm	C- Experience	D- Service Delivery	E- External	Likelihood	Risk Score (Highest Score A-E x Likelihood)	Priority Indicator Score (A+B+C+ D+E)	Does the control adequately address the risk? Yes / No	Is the control measure documented and communicated? Yes / No	Is the control Measure in operation and applied consistently? Yes/ No
1	Breach of confidentiality or data protection legislation Access to patient information eg clinic lists, addresses	Participants required to read and sign declaration of confidentiality. Information governance covered at induction. Participants not given access to patient files and databases.											

2	Slips, trips and falls Damaged flooring, other trip hazards	Induction will familiarise participant with the environment. Spillages cleared up immediately. No running in building. Workspace inspections. Faults and defects reported to Estates. Aware of keeping areas tidy and walkways clear of obstructions.																							
3	Electricity Fire, shock, burns	All electrical equipment within the environment is PAT tested. Supervision in use of equipment. Induction will identify equipment to be used and potential training requirements.																							
4	Fire Smoke inhalation, burns	Throughout premises: Programme of weekly fire alarm call point testing in place. Fire risk assessments conducted on premises. Induction to familiarise participant with local arrangements in the event of fire Weekly audibility tests.																							
5	Toxic, irritant , harmful, corrosive Substances hazardous to health: cleaning products Substances used for clinical procedures, latex, body fluids	Appropriate storage and disposal arrangements are in place for chemicals. Personal protective equipment is provided. Spillage kit located centrally within clinic areas and staff trained in use.																							

		Participants told not to deal with spillages at induction.											
6	Exposure to ionising and non-ionising radiation sources	The young person will not be allowed to work in areas where they might be exposed to radiation unless they are required to do so as part of their training and this would be under the direct supervision of a competent supervisor and only where the Radiation Protection Advisor has assessed the risk and advised on safe participation.											
7	Clinical waste and sharps Infection, needlestick injuries	Sharps are disposed of according to [<i>name of policy</i>] Participants will not be directly handling clinical medical devices including sharps. Waste segregation and identification. Participants always supervised by staff.											
8	Aggression, abuse Members of the public	Participants not to undertake any form of lone working. Participants instructed to seek assistance in the event of any concerns.											
9	Infectious diseases Illness	Follow infection control procedures with regard to hand washing as outlined at induction.											
10	Manual handling of office equipment and consumables Musculoskeletal injuries resulting in back pain from handling heavy objects	Use equipment if provided for lifting and carrying e.g. trolleys. Follow good practice with											

		regard to lifting as outlined at induction.											
11	Use of display screen equipment Posture problems and pain, discomfort or injuries to hands and arms from improper use Headaches and sore eyes from work environments e.g. poor lighting, glare etc.	Workstation to be set up for participant according to good practice. Participant advised to take regular breaks/change of activity every 50 - 60 minutes and to report any concerns to supervisor.											
12	Hot Liquids Scalding	Induction to include instruction to carry hot liquids on a tray and avoid overfilling of cups.											
13	Stress caused by: travelling to unfamiliar locations unfamiliar surroundings and meeting new people exposure to distressing situations	Clarification of activities and timetable with supervisor. Participant to be asked to raise any concerns with supervisor.											
14	Attending non-trust premises e.g. patients' homes, nursing homes NB even where a visit is considered low risk, supervisors should carefully consider the patient and their treatment before planning to bring a student. Heightened likelihood of some risks covered above, especially slips, trips, falls; aggression/abuse; breach of confidentiality.	Only accompanying where it is a follow up visit to a known patient without any known behavioural issues and the staff member is confident that there will be no issues with any other Occupants of the property. The member of staff being satisfied the student displays an appropriate level of maturity i.e. a home visit would not be the first activity timetabled with a new student. The environmental conditions outside and within the property do not present significant risks.											

Summary of action taken to date

Health and Safety is discussed at induction. Person on work experience is supervised at all times.

Action Planning and monitoring (dependant upon score)

Risk Ref No.	Action still required	Cost (£) (If known)	By Whom	Due Date	Review Date	Revised Risk Score

Official Use Only
 Approval
 Group
 Added to the Risk Register Y / N

Date Score Approved
 Date added to the Register

Consequence and Likelihood Matrix

	Objectives / Financial	Degree of Harm (to Patient, Visitor or Member of the Public)	Claims & Complaints / Patient Experience / Outcomes	Impact on Service Delivery / Business Interruption / Projects	Adverse Publicity / Reputation / Inspection / Audit / Enforcement Action	Likelihood
1 Minor	Minor impact on Trust objective. AND /OR Barely noticeable reduction in scope or quality AND /OR Small loss.	Minor injury not requiring first aid or no apparent injury / adverse outcome, Near Miss.	Verbal locally resolved Complaint. Reduced quality of patient experience not directly related to the delivery of patient care Small claims (up to £25,000)	Negligible impact, brief loss / interruption > 1 hour of service. Insignificant cost increase / schedule slippage. <1%	Local interest, rumours within Trust. Little effect upon staff morale. Small number of minor recommendations, which focus on minor quality improvement issues. Minor non-compliance with Standards for Better Health	Not expected to occur for years Probability <1%
2 Moderate	Temporary non compliance with Trust Key Tasks* AND /OR Minor reduction in quality / scope AND /OR Loss > 0.1% of Trust budget	Temporary Minor Injury / Illness / Effect. First aid treatment needed, referral to A&E / OH / GP	Justified formal Compliant. Unsatisfactory patient experience directly related to patient care-readily resolvable	Local only. Some loss / interruption delays in service provision (> 8 hours) < 5% over budget / schedule slippage.	Local adverse publicity, local media coverage, adverse publicity for < 3 days. Minor effect on staff morale/public attitudes. Internal inquiry reported to local committee structure. Recommendations made which can be addressed by low-level management action. Non-compliance with the Developmental requirements of the Standards for Better Health	Expected to occur annually in the UK or 1-5 years in the Trust Probability 1-5 % The event may only occur in exceptional circumstances
3 Serious	Temporary non- compliance with Trust Primary Objective* AND /OR Reduction in scope or quality. AND /OR Loss > 0.25% of Trust budget	Semi-permanent Injury, Over 3 day reportable injury. RIDDOR / Agency reportable	Independent review. Mismanagement of patient care, short term effects (<1 week) Justified complaint involving lack of appropriate care. Significant claim (up to £250,000)	Critical Service loss / interruption, minor delays > 1 day. 5 -10% over budget / schedule slippage.	Local media coverage, adverse publicity for > 3 days. Significant effect on staff morale / public perception of organisation. Internal inquiry reported to external agency. Challenging recommendations that can be addressed with appropriate action plan. Reduced rating. Non-compliance with core requirements of the Standards for Better Health	Expected to occur at least annually Probability 6-20% The event may occur at some time
4 Major	Non-achievement of Trust's Key Tasks* AND /OR Loss > 0.5% of Trust budget	Major injuries, or long term incapacity / disability, Major Specified Injury (RIDDOR)	Ongoing National publicity. Regional inquiry. Ombudsman. Serious mismanagement of patient care, long term effects (>1week) Multiple justified complaints. Multiple claims or single major claim (over £250,000).	Critical Service loss, major reduction in service > 1 week 10 - 25% over budget / schedule slippage.	National media coverage, adverse publicity for < 3 days. Regional inquiry. Severe effect on staff morale, public confidence in organisation undermined. Enforcement action Low rating / Critical report Major non-compliance with core requirements of the Standards for Better Health	Expected to occur monthly Probability 21-50% The event will occur at some time
5 Catastrophic	Non -achievement of Trust Primary Objective(s)* AND /OR Loss > 1% of Trust budget	Death or major permanent incapacity	Full National Inquiry. Select Committee. Public Accounts Committee. Totally unsatisfactory patient outcome or experience	Total loss of Critical Service or facility. >25% over budget/ schedule slippage.	National/international media coverage with adverse publicity for > 3 days. Loss of key staff. Public inquiry / MP Concerns raised in Parliament. Court enforcement. Non-compliance with legal requirement, which may result in Prosecution, Zero rating. Severely critical report	Expected to occur at least weekly Probability > 50% The event is expected to occur in most circumstances

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Appendix 2 UHL Apprenticeship and Development Centre

Examples of Support

1.0 The Centre Safeguarding Leads

Nursing Development Safeguarding Lead - Annabel Coulson annabel.coulson@nhs.net 07525 757295

Learning and Development Safeguarding Lead – Judith George judith.george2@nhs.net 07966556760

Deputy Safeguarding Lead - Clara Bayley clara.bayley2@nhs.net 07929 839638

2.0 Trust Safeguarding Leads are:

Executive Lead	
Chief Nurse	Julie Hogg
Head of Safeguarding	Michael Clayton
Named Professionals	
Named Doctor	Dr Daniel Bronnert
Named Nurse Children	Michelle Kelly
Named Nurse Adults	Sarah Meadows
Named Midwife	Lynn Cunningham Rheo Knight from March 2026

3.0 Safeguarding Adult Team

- Office telephone number is 0116 258 7703 or ext. 7703 internally (safe to leave messages).
- Office Safe Haven e-fax number is 0116 258 5130 (faxes are received securely via email)

uhl-tr.adultsafeguardingmailbox@nhs.net

4.0 Safeguarding Children Team

- Office telephone number is 0116 258 5770 or ext. 5770 internally

uhl-tr.childprotectionteam@nhs.net

5.0 Resources and Links Accessed to Support the Safeguarding of Apprentices/Learners

Domestic Violence UHL Staff Policy – available on UHL Connect

<https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges-and-other-providers>

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf

<https://www.saferinternet.org.uk/advice-centre/teachers-and-school-staff/appropriate-filtering-and-monitoring>

The [UK Council for Internet Safety](#) provides information to help governing boards and proprietors assure themselves that any new arrangements continue to effectively safeguard children online.

The [UK Safer Internet Centre's professional online safety helpline](#) also provides support for the children's workforce with any online safety issues they face. Local authorities may also be able to provide support.

The department is providing separate guidance on providing education remotely. It will set out 4 key areas that leaders should consider as part of any remote learning strategy. This includes the use of technology. Recently published [guidance from the UK Safer Internet Centre on safe remote learning](#) and from the [London Grid for Learning on the use of videos and livestreaming](#) could help plan online lessons and/or activities and plan them safely.

The principles set out in the [guidance for safer working practice for those working with children and young people in education settings published by the Safer Recruitment Consortium](#) may help schools and colleges satisfy themselves that their staff behaviour policies are robust and effective

[Internet matters](#) - for support for parents and carers to keep their children safe online

[London Grid for Learning](#) - for support for parents and carers to keep their children safe online

[NSPCC Learning](#)- for support for parents and careers from the NSPCC

[Parent info](#) - for support for parents and carers to keep their children safe online

[Thinkuknow](#) - for advice from the National Crime Agency to stay safe online

[UK Safer Internet Centre](#) - advice for parents and carers

6.0 Sources of Advice and Support to Sufferers/Survivors of Domestic Abuse National & Local Support Agencies

National Domestic Abuse Line
0808 2000 247

Rights of Women

Rights of Women provides runs a domestic violence and sexual violence advice line and also provides free legal advice for women and produces free leaflets which you can download from their site (including ones on sexual violence and on sexual harassment). Monday 11am–1pm; Tuesday 10am–12noon.

Textphone: 020 7490 2562

Telephone: 020 7251 8887

Web Address: www.rightsofwomen.org.uk

Men's Advice Line

If you are a male victim of domestic violence, in a heterosexual, gay, bi-sexual or transgender relationship and need confidential help, contact the helpline.

Telephone: 0808 801 0327

E-mail: info@mensadviceline.org.uk

Web Address: www.mensadviceline.org.uk

Jewish Women's Aid

Jewish Women's Aid runs a free-phone national confidential helpline, available from 9am to 9pm Monday to Thursday. The organisation provides refuge and/or support to Jewish women and their children affected by domestic violence.

Telephone: 0800 591203

Web Address: www.jwa.org.uk

Apna Ghar

Helpline offering telephone support, emotional counselling and group work. Specifically for Asian women. Languages offered are: Bengali, Gujarati, Hindi, Punjabi, Sylheti, Tamil, Urdu

Telephone: 0845 451 2547

Turkish Cypriot Women's Project

Advice service for Turkish Cypriot, Turkish and Kurdish women on all matters relating to domestic violence.

Telephone: 0208 340 3300

Web Address: www.tcwp.org.uk

7.0 Support within UHL

AMICA

AMICA provides free counselling support to all UHL staff. We all need from time to time support dealing with changes and challenges in our lives – whether it's work related or personal. [> Click here to find out how AMICA can help you](#)

Anxiety and Stress Mind Coaching Workshops

Please contact healthspamailbox@mhs.net for more details

Occupational Health

Our Occupational Health team provide confidential and impartial advice to staff on aspects of the relationships between work and health. This also includes access Mental Health Support for Managers. [> Click here to see the Occupational Health pages](#)

Listening Ear- Chaplaincy

Confidential email, phone or face to face support available from our Chaplains or non-religious pastoral carer. [> Click here to see the Listening Ear information page](#)

Vita Health Group

In partnership with the NHS, Vita Health Group provide talking therapies services to adults 16 years and over who live and are registered with a GP in Leicester, Leicestershire and Rutland. Getting support is easy by self referral [NHS Leicester, Leicestershire & Rutland Talking Therapies \(vitahealthgroup.co.uk\)](http://NHS.Leicester,Leicestershire&RutlandTalkingTherapies(vitahealthgroup.co.uk))

MIND Wellness Action Plans

The Wellness Action Plan (WAP) is designed for anyone in employment or a voluntary role who would like use the plan to support and promote their mental health and wellbeing at work. **You** could be:

- Currently experiencing a mental health problem and want to find out how a WAP can help you
- Currently well, and interested in using the WAP as a proactive tool to map out what needs to be in place for you to be mentally well at work

[MIND Wellness Action Plans-Employees](#)

[MIND Wellness Action Plan-Managers](#)

For any further information regarding the WAP please visit the NHS website (link Below)

- [Dealing with Anger](#)
- [Depression](#)
- [Eating Disorders](#)
- [Effects of recreational drugs and alcohol](#)
- [Panic Attacks](#)
- [Post -Traumatic Stress Disorder \(PTSD\)](#)
- [Understanding anxiety and panic attacks](#)
- [Understanding Mental Health Problems](#)
- [What works for you](#)
- [Action for happiness](#)
- [Suicide Awareness](#)
- [Looking after your Mental Health](#)

8.0 Top Rated Apps

The below apps are available to download to your smartphone to help you to access the latest information, advice on Mental Health:

Catch it

Catch It uses cognitive behavioural therapy (CBT) to help you change the way you think and feel about things.

Stress and Anxiety Companion

Stress & Anxiety Companion uses cognitive behavioural therapy (CBT) to help you change the way you think and feel about things.

SilverCloud

SilverCloud uses cognitive behavioural therapy (CBT) to help you change the way you think and feel about things. Once registered, you work through a series of topics chosen by your therapist at your own pace, where and when it suits you.

9.0 Links to external websites:

- [Mind Charity – Information and support](#)
- [Mind Charity - How to cope with loneliness](#)
- [Mind Charity – Mental health at work](#)
- [Re-think mental illness – it's time to talk](#)
- [NCT Post Natal Depression](#)
- [Heads Together](#)
- [Mental Health Organisation](#)
- [Young Minds](#)
- [Managing Mental Health In The Workplace](#)
- [Public Health England-Every Mind Matters](#)

The Samaritans

Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

- Phone: 0116 2700 007 (local charges apply)
- National helpline: 116 123 (this number is free to call)
- Website: www.samaritans.org
- jo@samaritans.org (UK and ROI) 19

10.0 Resources to support Mental Health due to Bereavement

Cruse Bereavement Care

A listening service for those or someone they know who has been affected by a death. They provide information on practical and financial matters and details of groups available.

- Phone: 0116 288 4119
- National Helpline: 0808 808 1677
- Website: www.cruse.org.uk

The Laura Centre

Counselling for parents and carers of children who have died as well as offering counselling to children who have lost a parent. Their website also gives information relating to needs which may be specific to bereaved children and teenagers.

- Phone: 0116 254 4341
- Website: www.thelauracentre.org.uk

Leicester Counselling Centre

Affordable, high quality, professional counselling to the communities of Leicester, Leicestershire & Rutland.

- Phone: 0116 255 8801
- Website: www.leicestercounsellingcentre.co.uk

Shama Women's Centre

Fee bereavement counselling support to men, women and children with special emphasis on minority ethnic communities. They have multi-lingual staff.

- Phone: 0116 262 5876 (to book a confidential counselling session)
- Phone: 0116 251 4747 (for general enquiries)

The Good Grief Trust

Provides practical help and advice to newly bereaved.

- Website: <http://www.thegoodgrieftrust.org>

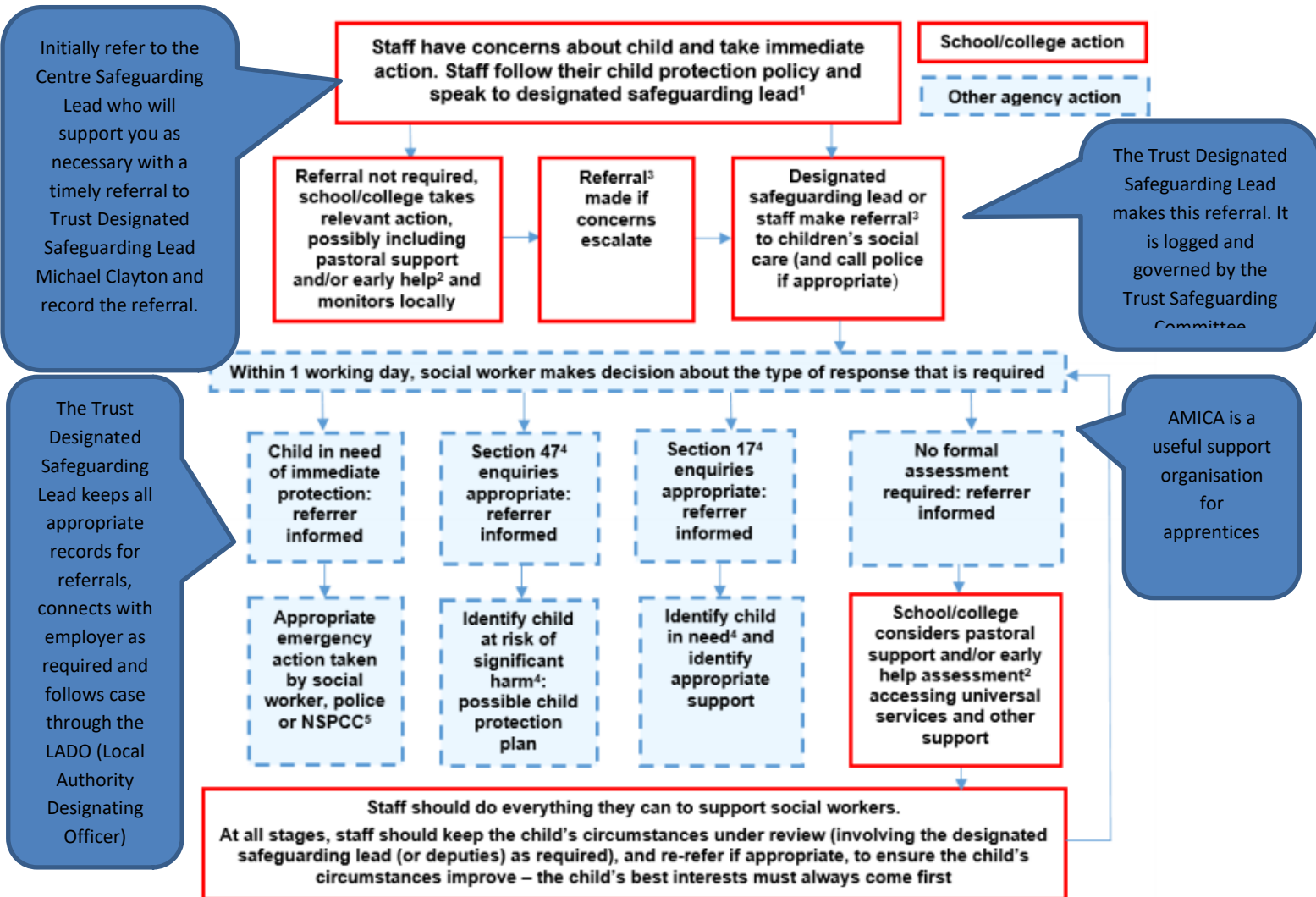
Widowed and Young

A self-help group created to offer support for those bereaved who are under 50. Their website offers helpful information about talking to children, the practicalities of planning the funeral and its aftermath.

- Website: www.widowedandyoung.org.uk

Appendix 3

Actions where there are concerns about a child



In cases which also involve a concern or an allegation of abuse against a staff member, see Part Four of this guidance

1. Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of Working Together to Safeguard Children provides detailed guidance on the early help process.
2. Referrals should follow the process set out in the local threshold document and local protocol for assessment chapter one of Working Together to Safeguard Children.
3. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of Working Together to Safeguard Children.
4. This could include applying for an Emergency Protection Order (EPO). [Keeping Children Safe in Education 2025 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Appendix 4

Safeguarding and Prevent at the UHL Apprenticeship and Development Centre

The UHL Apprenticeship and Development Centre are fully supportive of Safeguarding (Adult and Children) and Prevent Radicalisation.

The Centre is part of University Hospitals of Leicester. There is a named Safeguarding and Prevent lead however as it is a 24 hour 7 day a week service there is also a generic lead available for the Trust to support the service through the generic contact points as detailed below.

As an apprentices/learners of the Centre please do talk to a member of Centre staff if you have concerns you wish to raise in the first instance however if this is not possible or you would prefer to talk to someone else please do contact the Trust Lead.

The role of overall Safeguarding/Prevent lead for UHL is undertaken by the Chief Nurse, Julie Hogg and the Head of Safeguarding Michael Clayton.

Further information:

- Office telephone number is **0116 258 7703** or ext 7703 internally (safe to leave messages)
- Office Safe Haven e-fax number is **0116 258 5130** (faxes are received securely via email)
- uhl-tr.adultsafeguardingmailbox@nhs.net
- Mobile numbers; available on UHL Connect phonebook **and** switchboard.
- Intranet information;
 - [The Adult Safeguarding Team - UHL Connect](#)
 - [Meet the Safeguarding Children Team - UHL Connect](#)
 - [Safeguarding Adults - UHL Connect](#)
 - Trust policies on Safeguarding and Prevent
 - Centre Policies on Safeguarding and Prevent.

Appendix 5

Prevent Risk Assessment September 2025

Trust Prevent lead: Michael Clayton Executive Director Chief Nurse Review date: September 2026

	Complete?		Action required/comments
	Yes	No	
LEADERSHIP AND GOVERNANCE			
Does your safeguarding policy make reference to seek protection from radicalisation and extremist narratives as a safeguarding concern?	Y		Within UHL Safeguarding Policy V8 (2025) B1/2012 and PREVENT policy V4 (2024) B10/2015 UHL Apprenticeship and Development Centre Safeguarding (including Prevent) Policy
Are the lead responsibilities for Prevent clearly identified in the policy?	Y		PREVENT policy V4 (2024) B10/2015
Do you have a Prevent Safeguarding Lead?	Y		Head of Safeguarding UHL
Do you have a Prevent Governor Lead?	Y		Oversight of Safeguarding arrangements is overseen by the Trust Safeguarding Lead and the Safeguarding Assurance Committee that includes membership by a Patient Partner
Is there someone who has responsibility for checking visitors to the Trust	See note		Trust visitor policy managed by the Trust communications department each centre has different processes depending on whether the building has a reception desk (e.g. School of Nursing associates) who check visitors or Knighton Street (which is Trust Office area housing different Trust administrative functions)
Is there someone that has the responsibility for checking premises use by outsiders?	See note		The Trust has a Celebrity and VIP Visitor Policy V3 (2025) B29/2014
Is there someone that has the responsibility for ensuring commissioned services are complying with the Prevent Duty?	See note		Through the Trust Security Management Committee
Is there someone that has the responsibility for record keeping demonstrating compliance with the Prevent Duty?	See note		Leicester, Leicestershire and Rutland Clinical Commissioning Group
			Prevent activity is reported through to the Trusts safeguarding assurance committee. An annual audit is undertaken on Prevent training
POLICIES AND PRACTICE			
Is there a clear understanding of information sharing and when cases should be referred to CASS for Channel or other support?	Y		Outlined with the PREVENT policy V4 (2024) B10/2015
Has the Trust ensured its internet security systems prevent access to unauthorised or extremist websites?	See note		GDPR and cyber controls run at Trust level
Is there a clear Visitors Policy for VIPs and Celebrities	Y		Celebrity and VIP visitor policy V3 (2025) B29/2014
TRAINING			
Do staff receive PREVENT training	Y		PREVENT policy V4 (2024) B10/2015 outlines training requirements for staff
Has the Designated Safeguarding Officer been trained?	Y		Head of Safeguarding WRAP level train the trainer accredited
Have Governors received training on Prevent?	Y		Yes as governors are UHL staff or honorary staff who have to complete the training
Does your induction programme cover Prevent i.e. new staff.	Y		
Does your safeguarding policy make explicit how Prevent concerns should be reported by staff?	Y		
Have you checked that all staff know what they should do if they have a Prevent concern and to whom it should be reported?	Y		The Trust undertakes an Trust annual Prevent training audit.
Are there a members of staff who is WRAP trained in your setting?	See note		The UHL Apprenticeship and Development Centre does do an annual check and CPD session on PREVENT concerns and referrals to Not needed in Centre; Trust level need/requirement
CURRICULUM			
Do you deliver Prevent through the curriculum?	Y		Via mandatory training
Is Prevent delivered through discreet lessons?	Y		Delivered through mandatory training and bespoke sessions on request
Are pupils aware of the dangers of radicalisation and extremism?	Y		Through mandatory training
Do you have specific resources to deliver lessons on Prevent?	Y		The Trust uses approved e-learning to deliver Prevent training
Do you work with outside providers to support you with delivering Prevent?	Y		The Head of Safeguarding is a member of the Leicester, Leicestershire and Rutland Multi agency Prevent steering group
Is your staff confident in delivering lessons on controversial issues such as dangers of extremism?	Y		Training only delivered by designated train the trainers