

Safeguarding Policy

Document reference	UKSEQ-POL-009
Policy area	Governance
Version	0.1 — Draft
Status	In development — not approved for operational use
Policy owner	UKSEQ Quality & Compliance Lead (proposed)
Approval authority	UKSEQ Board (proposed)
Effective date	To be confirmed upon approval
Review frequency	Annually and following material change
Next review	12 months after approval

1. Purpose and scope

This policy establishes the proposed UKSEQ approach to safeguarding. It applies to UKSEQ directors, employees, contractors, centres and learners as relevant to their roles. It will take effect only when formally approved and implemented. UKSEQ is not currently recognised by Ofqual or Qualifications Wales and does not currently award regulated qualifications.

2. Responsibilities

The Board is accountable for approving the policy and ensuring sufficient resources and independent oversight. The designated Quality & Compliance Lead is responsible for implementation, monitoring and escalation. Centres and authorised personnel must comply with applicable requirements, cooperate with reviews and maintain accurate records. Specific appointments and delegated authorities must be confirmed before the policy takes effect.

3. Scope and principles

UKSEQ is committed to safeguarding children and adults at risk in activities it controls, and to ensuring that centres understand their own statutory and operational responsibilities.

4. Roles and accountability

A designated safeguarding lead and deputy must be appointed before operational delivery, with named contacts and escalation arrangements published to staff and centres.

5. Centre expectations

Centres must maintain safeguarding policies, suitable recruitment and vetting where applicable, training, reporting routes, appropriate supervision and local referral arrangements.

6. Recognising concerns

Concerns may include abuse, exploitation, neglect, harassment, online harm or unsafe practice. Staff must respond calmly, avoid promising secrecy and record factual information promptly.

7. Immediate danger and referral

Where there is immediate danger, contact emergency services. Concerns must be referred promptly to appropriate statutory agencies and the designated safeguarding lead, with information shared lawfully and proportionately.

8. Allegations against personnel

Allegations involving staff, assessors or centre personnel require independent management, preservation of evidence and referrals to the relevant local authority or statutory body where required.

9. Records, confidentiality and review

Safeguarding records must be restricted, accurate and retained under a documented schedule. UKSEQ will review incidents, training and centre compliance regularly.

10. Monitoring, records and review

Compliance will be monitored through management review, sampling, incident analysis and internal audit as appropriate. Records of decisions, exceptions, approvals and corrective actions must be maintained in approved secure systems. This policy will be reviewed annually, and sooner following relevant legal or regulatory change, material incident or identified weakness.

11. Related documents

This policy should be read alongside the UKSEQ policy suite, applicable qualification specifications, approved centre agreements and relevant statutory or regulatory requirements. In any conflict, applicable law and binding regulatory conditions take precedence.

Document control and approval

Prepared for consultation and Board review. Before issue, UKSEQ must confirm named accountable officers, contact routes, delegated decision rights, service standards, implementation evidence and any necessary regulatory cross-references.

Approved by	Pending
Approval date	Pending
Next scheduled review	12 months after approval