



Queen Mary's College

Safeguarding, Prevent and Child Protection Policy & Procedures

(including Roles, Indicators of Abuse, and Definitions)

All Prevent policy information is given in red.

Please note, QMC Staff should read this document alongside other relevant policies:

- **The Use of Force to Control or Restrain Policy**
- **The Allegations of Abuse Against Staff Policy.**
- **The Safe Recruitment and Selection Policy**
- **The Health and Safety Policy**
- **The Harassment and Bullying Policy**
- **The Single Equalities Framework**
- **The Students at Risk Procedure**
- **The SEN Policy**
- **The Off-Site Activities, Field Trips and Visits Policy & Instructions**
- **Staff Code of Conduct**
- **Staff Guidelines on the use of social media**
- **QMC PREVENT Risk Assessment & Action Plan**

Where necessary, the guidance contained in this Policy will take precedence.

This Policy is available in different font sizes, formats, languages or on different coloured paper, or someone can go through it with you – please ask in Resources or ask your tutor.

Updated, May 2018, in line with the Hampshire Safeguarding Children Board model policy.

The DSL is Beth Linklater

The Deputy DSLs are Mark Henderson, Denise Valler, Barbara Dossett, and Lyn Oram

Safeguarding & Child Protection Policy (including Prevent)

Policy Statement

Queen Mary's College fully recognizes our moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of "it could happen here" where safeguarding is concerned.

Aims

- To provide Staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities. Specific guidance is available to staff within the procedure documents
- To inform parents and guardians how we will safeguard their children whilst they are in our care.
- To ensure consistent good practice across the College.
- To demonstrate our commitment to protecting children.

Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the College will work openly with parents as far as possible, the College reserves the right to contact children's social care or the police, without notifying parents if this is in the child's best interests.

The Children Act 1989 states that the child's welfare is paramount and safeguarding and promoting it is our priority.

The Children Act 2004 sets out a duty for the Local Authorities to work closely with those providing services to children and young people.

The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism.

This Policy has been developed in accordance with the principles established by these Acts, by the Education Act, 2002 and in line with the following Government publications:

- Framework for the Assessment of Children in Need and their Families, 2000
- What to Do if You are Worried a Child is Being Abused, 2015
- Use of Reasonable Force: When Can Reasonable Force be Used? 2013
- Dealing with Allegations of Abuse against Teachers and Other Staff, 2012
- Working Together to Safeguard Children, 2015
- Keeping Children Safe in Education, September 2016

It has also been developed in line with advice from our local Safeguarding Children Board (LSCB).

Our definitions of harm and abuse are wide ranging and include Female Genital Mutilation and Forced Marriage (see Definition & Types of Abuse). This Policy also covers managing allegations against other students (peer on peer abuse), in line with recent guidance. Victims of peer on peer abuse will be supported as all other victims of abuse. We understand that extremism may also lead to significant harm and abuse and in line with our PREVENT duty believe that there is an important role for us in helping prevent people being drawn into terrorism.

Children are legally defined as young people under 18 years of age for the purpose of referrals to Children's Services. However, as a College, we will apply the moral guidelines to all our students regardless of race, ethnicity, gender, disability, sexual orientation or age - this includes vulnerable adults. The Policy will also extend to visiting children and students from other establishments. When our staff are visiting other educational establishments they will act in the spirit of this policy, but in accordance with the policies of those establishments.

Queen Mary's College will:

1. Establish a safe environment within which children can learn and develop.
2. Support students who have been, or are, at risk of significant harm.
3. Ensure we practice safe recruitment in checking the suitability of staff and volunteers who work with children.
4. Carry out regular child protection training, in line with legal requirements

5. Publish and implement clearly defined procedures for identifying and reporting cases, or suspected cases, of abuse (see attached procedures)
6. Develop and promote effective working relationships with other agencies, especially the Police and Children's Services.
7. Implement our PREVENT Action Plan in line with our PREVENT Risk Assessment. (see separate documents)

We will focus on:

- **PREVENTION** (positive and safe environment, careful and vigilant teaching, accessible support to students and good adult role models).
- **PROTECTION** (agreed procedures are followed, staff are trained and supported to respond appropriately and sensitively to child protection / safeguarding concerns).
- **SUPPORT** (to students, staff and children who may have been abused or have been affected by the abuse of others).

1. Establish a safe environment within which children can learn and develop.

Induction sessions at the start of a student's time at college make the college ethos of respect clear to all. It is the responsibility of the whole college community to create and maintain this ethos, which is in line with British values. This message is reinforced through a variety of means - Induction, tutorial, curriculum, events and student support provision, regularly publicised to all students. The student guide gives all students advice about where to seek support. We ensure that systems are in place for any student to be able to raise concerns with staff, knowing that they will be listened to, believed, and valued. We will ensure that appropriate IT filters and monitoring systems are in place, to safeguard children from harmful and inappropriate online material.

2. Support students who have been, or are, at risk of significant harm.

The College will support students who are at risk of harm or who suffer harm through our tutorial system, the provision of a professional Counselling Service, and a trained Student Support Adviser. Tutors may refer students to either service if they are concerned for the welfare of the student. *This does not obviate the need for the tutor to report child protection issues to the Designated Safeguarding Lead (DSL) or Deputy DSLs or for the Counsellors to follow child protection guidelines.* Students may also refer themselves to either support service without the involvement of any of their tutors.

The College will also support students, and to make them aware of safeguarding and safeguarding support, through:

- Compliance with and support of any Child Protection plans; Child in Need Plans; Team Around the Family plans etc that may be in place for any of our students.

- Liaison with, and referral to, other agencies that support the student such as Hampshire Youth Support Service, Children’s Services, Child and Adolescent Mental Health Services, YPI (local Counselling service), Catch-22 (Drugs education and support), Education Welfare Service, Educational Psychology Service **and The Channel Programme**. We are also able to refer to MASH and Early Help Hub.

The College will identify students who are in need of support pre-entry through liaison with the schools, parents/guardians, relevant agencies and the students themselves. These students will be confidentially identified to relevant staff via our internal systems, and staff are invited to talk to a member of the support team, or the AP, Personal Development, Behaviour & Welfare, for further information. Students identified will be monitored via their tutor and other staff, and monitoring will be confidentially recorded. We will also develop risk assessments and provide targeted work for students identified as being a potential risk to other students.

3. Ensure we practice safe recruitment in checking the suitability of staff and volunteers who work with children.

‘Safe recruitment’ means that the College will scrutinise all job applicants; verifying identity and any academic or vocational qualifications; obtaining professional and character references; checking previous employment history and that a candidate has the health and physical capacity for the job (making reasonable adjustments where necessary). Candidates will always undergo a face to face interview. The College will carry out the mandatory DBS checks. The College will follow the guidance contained in the DfE Document: Department for Education Guidance Safeguarding Children and Safer Recruiting in Education, 2007, and in Working Together to Safeguard Children (2015).

4. Carry out regular Child Protection Training, in line with legal requirements

All staff are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately.

All staff in whatever role, will undertake training to equip them to carry out their responsibilities for child protection effectively. This will be kept up to date by regular refresher training. The particular safeguarding risks for looked after children are always included in this training, as well as those for other vulnerable groups of children (see Definitions & Types of Abuse section of the policy). Also included in the training is guidance on how to act out of hours or on college trips, where either the police or college emergency contacts should be notified.

Detailed child protection training will be part of Induction for all new staff.

All staff will receive a copy of the Child Protection & Safeguarding Policy & Procedures, and a copy of the Staff Code of Conduct (contained within the Staff Handbook) as well as Keeping Children Safe in Education (part 1). All staff will have a copy of the Child Protection memo to refer to at all times. **How to spot and refer possible indicators of**

Extremism are also dealt with in this memo, as is guidance on how to act out of hours or on college trips, where either the police or college emergency contacts should be notified.

The Designated Safeguarding Lead and other Designated Deputy Safeguarding Leads will undertake refresher training as required (currently every two years) to keep their knowledge and skills up to date. (They will also develop knowledge more regularly as outlined on page 16 of Keeping Children Safe in Education.) The DSL will receive specialist training in issues concerning Looked After Children.

Any update in national or local guidance will be shared with all staff in briefings and then captured in the next refresher training. This policy will be updated during the year to reflect any changes brought about by new guidance.

5. Publish and implement clearly defined procedures for identifying and reporting cases, or suspected cases, of abuse

See attached procedures, including managing allegations against other students.

6. Develop and promote effective working relationships with other agencies, especially the Police and Children's Services.

The Designated Safeguarding Lead, all DSLs, and the Counsellors will liaise closely with other agencies that support students such as MASH, EHH, Hampshire YSS, Children's Services, Child and Adolescent Mental Health Services, YPI, Catch-22, Education Welfare Service, Educational Psychology Service, and The Channel Programme. They will attend Child Protection Reviews, CAMHS reviews, Child In Need conferences, and Team Around The Child/Family or relevant multi-agency meetings, as invited. The Designated Safeguarding Lead and all DSLs will receive training as to how to contribute effectively to review meetings, and support Social Workers to take decisions about individual children.

7. Implement our PREVENT Action Plan in line with our PREVENT Risk Assessment. (see separate documents).

Through Tutorial sessions and the curriculum we make students aware of the dangers of extremism and what to do if they are worried about someone. In addition, we focus on fundamental British/human values of Individual Liberty, The Rule of Law, Democracy and Mutual Respect and Tolerance.

We train staff (including Governors) in spotting possible indicators of extremism and how to refer using our safeguarding procedures. We share concerns with all relevant agencies and authorities, including police and local authority PREVENT coordinators. We provide pastoral care and support for students and staff affected.

We provide a multi faith prayer and reflection room open to all, and have guidelines available for the use of the room, including booking. There is careful management of external speakers and visitors, publicity materials, and IT equipment and systems – where users are researching terrorism and extremism for whatever reason (including as part of their studies) on our equipment, we are aware.

We have clear and visible policies and procedures in place for managing whistleblowing and complaints. QMC has assessed risk and implemented an action plan.

QMC will ensure that every adult who works with or on behalf of Queen Mary's College is aware of the contents of this policy and understands what the reporting procedures are in cases where a young person (or their parent(s) / carer(s)) makes a disclosure of abuse or an allegation. Any such disclosures or allegations will always be taken very seriously to ensure that any children involved in whatever role are protected and supported.

Any documents regarding Child Protection issues will be kept by the AP, Personal Development, Behaviour & Welfare until the child's 25th birthday. This information will be stored securely and will be held separately from the student's routine paperwork. It will only be used for the purposes of child protection, and only be shared with relevant agencies under strict guidance from the police/children's services, in line with GDPR regulations.

This policy will be reviewed annually, by the AP, Personal Development, Behaviour & Welfare, CMT, and by the Governors. It will be published on the college website.

Procedures

Overview

The following procedures apply to all staff working in the College and will be covered by training to enable staff to understand their role and responsibility.

The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried that a child is being abused.

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

All staff are aware that children with disabilities, special needs or with language delay may communicate concerns with behaviours rather than words. Additionally staff will question the cause of knocks and bumps in children who have limited mobility.

Disclosure and Confidentiality

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the ‘working together’ guidance.
- Information will only be shared with agencies who we have a statutory duty to share with or individuals within the College who ‘need to know’.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

As a general rule you should treat all personal (ie non-academic) information you acquire or hold in the course of working with children and families as confidential and take particular care with sensitive information.

However, in cases of child protection you cannot promise confidentiality. You may be anxious about the legal or ethical restrictions on sharing information. Be mindful that passing on information might prevent a tragedy. Therefore, if you are unsure about whether or not to regard information as confidential, you **MUST** talk about the situation to the Designated Safeguarding Lead or a designated DSL. If you prefer, you can do this without disclosing the student’s name.

A decision whether to disclose information may be particularly difficult if you think it may damage the trust between you and the student. Wherever possible you should try to obtain the student’s consent to share information they have told you, and take their wishes and feelings into account. In order to get this consent, you should explain the problem to the student, seek agreement and explain the reasons if you decide to act against a parent or student’s wishes. However, you do not need to seek consent where you consider that to do so would be contrary to a child’s welfare, or if urgent action is required. In some instances seeking consent may prejudice a police investigation or may increase the risk of harm to the child. The law recognises that disclosure of confidential information without consent may be justified in the public interest to prevent harm to others.

This restriction regarding gaining consent also applies in cases concerning potential extremism or radicalization.

The key factor in deciding whether or not to disclose confidential information is proportionality: is the proposed disclosure a proportionate response to the need to protect the welfare of the child? The amount of confidential information disclosed, and the number of people to whom it is disclosed, should be no more than is strictly necessary to meet the public interest in protecting the health and wellbeing of a child (‘the need to know basis’). This is particularly important where there is a serious allegation directly against the parents, guardians, close family members or friends, or in cases of allegations against other students or staff.

Decisions regarding communicating with parents/guardians should always be clear and should be made jointly by whichever authorities are involved, including the college. This should be the case even if one of the statutory agencies is present in college at the time the allegation is made.

Referrals

It is important that everyone in Queen Mary’s College is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional child protection agencies following a referral to them of concern about a child.

If a member of staff has concerns about a student’s welfare, suspects abuse or potential radicalisation, spots signs or indicators of abuse, or they have a disclosure of abuse made to them they must:

1. Make an initial record of the information

2. Report it to a DSL immediately, or, if out of hours/on a trip and you consider it urgent, report to the police and email or phone the DSL.
3. The DSL will consider if there is a requirement for immediate intervention, however urgent medical attention should not be delayed if a DSL or Principal is not immediately available (follow separate first aid procedures if the situation requires)
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
 - Dates and times of their observations
 - Dates and times of any discussions they were involved in.
 - Any injuries
 - Explanations given by the child / adult
 - What action was taken
 - Any actual words or phrases used by the child.
5. The records must be signed and dated. Pass all relevant documents and records to the Designated Safeguarding Lead (Beth Linklater) for safekeeping.
6. **Following a report of concerns from a member of staff, the DSL must:**
 - Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to children's social care
 - Normally the College should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to children's social care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.
 - If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact children's social care via the Children's Reception Team (CRT) on Professionals Line 01329 225379 and make a clear statement of:
 - the known facts
 - any suspicions or allegations
 - whether or not there has been any contact with the child's family
7. If the DSL feels unsure about whether a referral is necessary they can phone children's reception team (CRT) to discuss concerns
8. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the early help process
9. The DSL will, in some circumstances, confirm any referrals in writing to children's social care, within 24 hours, including the actions that have been taken. The written referral must be made using the inter-agency referral form (IRAF) which will provide children's social care with the supplementary information required about the child and family's circumstances. (IARF can be accessed at the following link https://hampshire.firmstep.com/default.aspx/RenderForm/?F.Name=Md_9d1aRLwN&HideAll=1)

10. If a child is in immediate danger and urgent protective action is required, the Police must be called. The DSL must also notify children's social care of the occurrence and what action has been taken.
11. Where there are doubts or reservations about involving the child's family, the DSL should clarify with children's social care or the Police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the Police may need to conduct a criminal investigation.
12. When a student is in need of *urgent* medical attention and there is suspicion of abuse the DSL or Principal should follow first aid procedures, as well as notifying children's social care. The DSL should seek advice about what action children's social care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

You may be approached by Children's Services or another agency – e.g. GP - and asked to provide information about a child or family or to be involved in an assessment or to attend a Child Protection Conference. Contact the DSL or a designated DSL for advice. They will ensure a member of the Safeguarding team will respond to the request, or attend the meeting on behalf of the College.

Remember: A child is a student under of the age of 18 but it is always important to establish whether the student has any younger siblings in dealing with cases of child protection.

If you have concerns about a student's welfare, you can always discuss your concerns with a member of the College's Safeguarding Team.

Remember that an allegation of child abuse, **extremism** or neglect may lead to a criminal investigation, so **don't do anything that may jeopardise a Police investigation**, such as asking a student leading questions or attempting to investigate.

In all cases communicate with the student in a way that is appropriate to their age, understanding and preference. This is especially important for students who have any form of disability or learning difficulty and for students whose first language is not English. The nature of this communication will also depend on the substance and seriousness of the concerns and you may require advice from one of our team to ensure that neither the safety of the student nor any subsequent investigation is jeopardised.

The **Forced Marriage** (Civil Protection) Act 2007 states that anyone who comes into contact with potential victims has a statutory responsibility to report to a member of the Safeguarding team who will pass the information to the relevant authorities. Where there are suspicions that a child is to be taken out of the country for the purposes of entering into a forced marriage extreme caution should be taken in sharing information, especially if honour based violence is also a possibility.

In line with recent Home Office guidance on Mandatory Reporting of **Female Genital Mutilation** (2015) teachers are now required by law to report known cases of FGM in girls under 18 to the police. There are no circumstances in which staff should be examining a girl. If staff are informed, or suspect, that someone they know is at risk of being subjected to any form of FGM (Female genital mutilation) or Child Sexual Exploitation (CSE) they should take action to report it immediately to one of the Child Protection Team who will call the Foreign and Commonwealth Office (0207 008 1500), or the Police. They will also call Children's Services. The professionals referred to will investigate each reported case, and make sure the girl is safe, and her needs are put first.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf

Where a **child goes missing** from college or from home without explanation, and there are concerns about their welfare, we will always contact the parents/guardians and the Police, and if asked to do so by the Police, Children's Services.

Where you suspect a child is at risk of being drawn into **terrorism, extremism or radicalization** you are duty bound to report this immediately to a member of the College's Safeguarding Team, who will call the PREVENT hotline or the Channel Panel (0800 789321 or 07717 801384). They will also call Children's Services and any other relevant partner agencies.

You should not contact other agencies yourself, but ALWAYS go through the AP, Personal Development, Behaviour & Welfare or a member of the Safeguarding team.

Protecting yourself

Dealing with a disclosure from a child and safeguarding issues can be stressful. The member of staff or volunteer should, therefore, consider seeking support for him/herself and discuss this with HR, or a member of the Safeguarding team.

Seek to minimise the risk of any situation arising in which misunderstandings can occur. The following sensible precautions can be taken when working alone with children:

- work in a room where there is a glass panel in the door or leave the door open
- make sure that other adults visit the room occasionally
- avoid working in isolation with children unless thought has been given to safeguards
- do not give out personal mobile phone numbers or private e-mail addresses
- do not engage in communications with parents or children from the college community in any personal social media. If any parent or child requests such communication, report this to a member of the Safeguarding Team.
- set all privacy settings to the highest possible levels on all personal social media accounts
- do not give students lifts in your cars
- do not arrange to meet students outside of normal college hours
- do not chat to students on the social websites or engage in any form of inappropriate electronic communication with a student

Under the Sexual Offences Act 2003 it is a criminal offence for anyone working in an educational setting to have a sexual relationship with a student even when the student is over the age of consent.

For sensible use of force and restraint, please read the relevant policy. For permitted use of social media, please read the guidelines in the staff handbook.

All allegations of abuse against members of staff will be referred to the LADO (Local Authority Designated Officer). Allegations of abuse against ex-members of staff will be referred to the police. Please read the separate policy on Dealing with Allegations of Abuse.

Managing allegations against other students

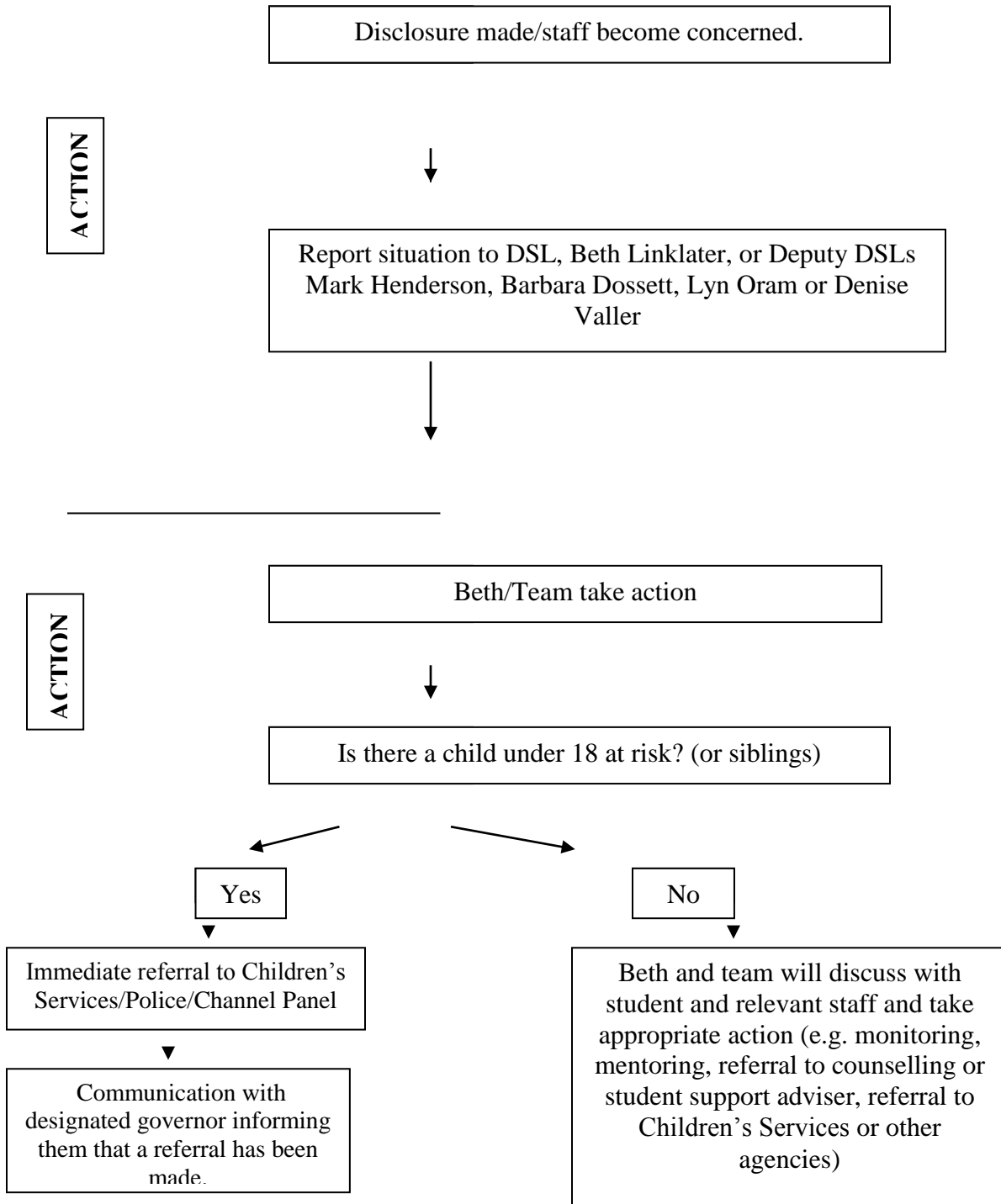
In most instances, the conduct of students towards each other will be covered by our college expectations regarding behaviour, and the learning agreement signed by all students. However, some allegations made against other students may be of such a serious nature that they may raise safeguarding concerns – similar to those detailed above. The procedure for reporting does not differ from that detailed above. It may be appropriate to suspend the student being complained about for a period of time according to usual procedures.

It is important to distinguish between consensual sexual activity between children of a similar age, and sexual activity involving a power imbalance, or some form of coercion or exploitation. Decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

- The age, maturity and understanding of the student
- Any disability or special needs of the student
- Any evidence in the behaviour or presentation of the student that might suggest they have been harmed
- Any evidence of pressure to engage in sexual activity
- Any indication of sexual exploitation

Where neither Childrens Services nor the police accept the complaint, a thorough College investigation should take place into the matter using the College's usual disciplinary procedures. In situations where the College considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan, which will be monitored and reviewed, and a date set for a follow-up evaluation with everyone concerned.

What happens when a disclosure is made or when staff have concerns about a student's safety and welfare?



Guiding principles, the Seven R's

Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

Reassure

- Reassure the student, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

Respond

- Respond to the student only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not ask the child why something has happened.
- Do not criticise the alleged perpetrator; the student may care about him/her, and reconciliation may be possible
- Do not ask the student to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to

Report

- Share concerns with a DSL as soon as possible
- If you are not able to contact a DSL, and the child is at risk of immediate harm, contact the Principal, who will contact Children's Services directly
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

Record

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. Record the actual words used, rather than translating them into 'proper' words.
- Note the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

Remember

- Support the child: listen, reassure, and be available
- Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it
- **Review (led by DSL)**
 - Has the action taken provided good outcomes for the child?
 - Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
 - Is further training required?

CHILD PROTECTION PROCEDURES AT QMC

If in doubt – share with a member of the At Risk team!

1. If a child or student discloses something that appears to put them at risk of significant harm, and therefore be a potential child protection issue, you should seek advice from **Beth Linklater, Barbara Dossett, Denise Valler, Lyn Oram or Mark Henderson**. In this instance you cannot promise confidentiality, because it may be putting them, or other siblings, at risk. If you have an urgent child protection case you may contact Help Desk, who will find a trained member of staff for you. **Do not attempt to deal with difficult cases on your own or without support.**
2. As part of noticing signs and symptoms which might cause you to seek advice, or refer a student on, please be aware that we are now also legally required to refer on anyone at risk of “being drawn into terrorism”. This includes all forms of extremism which threaten fundamental British values, including the extreme right. The aim of referring is to seek support for the student concerned. Signs to look out for:
 - Seeing any worrying changes in behaviour or attitudes to authority. For example students may suddenly become more aggressive, isolated, vengeful etc.)
 - Hearing any concerning outlooks being expressed, for example as regards the value of human life, race, religion, minority groups etc.

Please pass these concerns on through the usual safeguarding systems. We will refer concerns to Channel (a national programme to divert people away from extremism and offer support). Where possible please seek the consent of the young person concerned before referring on, but you are not obliged to.

3. If you are a teacher, you can (and should) contact parents about matters relating to a student’s academic progress or with other concerns unless there is a note on VISTA to the contrary. You must not divulge information about a student to anyone who is not a named contact, regardless of their relationship to the student. If you are contacted in this way and the person is insistent, please refer the case directly to the Principal.
4. Do not contact parents about medical information a child or student has requested be kept confidential (e.g pregnancy, terminations). However, you might attempt to get them to talk to their parents, to a Counsellor or Barbara Dossett, or to their tutor (if you are not the tutor).
5. If a child or student is experiencing any form of bullying refer the matter to Beth Linklater, your Assistant Principal, the Deputy Principal or, in serious cases, The Principal. In cases involving cyber-bullying children and students must keep all relevant evidence (texts, Facebook messages, etc)
6. Keep yourself safe – do not communicate with children or students on sites such as Facebook, do not give them your personal mobile number (except in extreme cases such as when you are off-site on trips), or any other personal details, do not comfort children or students with overt displays of affection etc. If anything happens which could be misconstrued, talk to your line manager about it.
7. If there is a violent incident in your department, class or elsewhere in College, call security – phone the Help Desk on 321 (the same number as First Aid). Do not put yourself in a dangerous situation. While you wait for security attempt to calm the situation by talking to the person concerned, or separating him/her from the rest of the group if possible.

If you are approached by a child or student about whom you have concerns:

1. Listen carefully – don’t ask leading questions
2. Bring the child or student to see a member of the team as soon as you can.
3. Make a record of the conversation as soon as you can and pass this to Beth Linklater, Barbara Dossett, Lyn Oram, Denise Valler or Mark Henderson.

If you are approached by a child or student in the evening or outside usual College hours take them to the Help Desk. Ensure that Beth or a member of the team is alerted to the situation as soon as possible. You may want to encourage a student to stay with a friend or safe family member that night. If the situation is **really urgent**, direct the student to the Police Station, or phone the police and ask them to come to College. The number for Basingstoke police is 101. Explain that it is a child protection emergency. Make a record of the conversation as soon as you can and pass this to a member of the At Risk and Child Protection team. If the matter is health related (eg self harm) and it is out of hours, refer the student to their GP, and inform your line manager and AP, Beth, Mark or Ali by email.

Definitions & Types of Abuse

General:

Abuse could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given below.

Child Protection is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

Children and Young People these terms are interchangeable and refer to children who have not yet reached their 18th birthday.

The term **Staff** applies to all those working for or on behalf of the College, full time or part time, in either a paid or voluntary capacity. This also includes governors.

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.

Significant harm - is defined as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

Vulnerable adults – The Safeguarding Vulnerable Adults Act 2006 (s59) defines “vulnerable adult” as a person who is aged 18 and over and:

- Receiving social care service
- Receiving health service care
- Living in sheltered accommodation
- Detained in custody or under a probation order
- Requiring assistance in the conduct of his/her affairs
- Receiving a service or participating in an activity targeted at older people, people with disabilities (learning or physical) or with physical or mental health conditions.

This definition can include participants **whose particular circumstances make them vulnerable** for example because they are leaving (or recently left) care, they have inadequate housing or they are being supported to overcome a dependency on drugs or alcohol.

Other definitions:

Breast Ironing - Breast Ironing also known as ‘Breast Flattening’ is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore be kept in education. Much like Female Genital Mutilation (FGM), Breast Ironing is a harmful cultural practice and is child abuse.

Bullying including cyberbullying – Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences. Stopping violence and ensuring immediate physical safety is obviously our first priority but emotional bullying can be more damaging than physical; tutors and staff have to make their own judgements about each specific case. See separate policy. See also DFE Guidance, <https://www.gov.uk/government/publications/preventing-and-tackling-bullying>

Child Sexual Exploitation (CSE) – is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. The manipulation or ‘grooming’ process involves befriending children, gaining their trust, and often offering them drugs and alcohol, sometimes over a long period of time, before the abuse begins. The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim’s options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual.

See: <https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited>

Domestic Violence - any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

See <https://www.gov.uk/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition>

Drugs – this includes alcohol, tobacco, illegal drugs, medicines, new psychoactive substances (“legal highs”) and volatile substances. See separate policy and DFE guidance, <https://www.gov.uk/government/publications/drugs-advice-for-Colleges>

Emotional Abuse - 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 a child 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 a 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 involve seeing or hearing the ill-treatment of another. 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 of a child, though it may occur alone.

Extremism:

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. This also includes calls for the death of members of the British armed forces. (From the PREVENT Guidance)

Fabricated or Induced Illness - The fabrication or induction of illness in children by a carer has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy, Factitious Illness by Proxy, or Illness Induction syndrome. There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.

See guidance at: <https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>

Faith Abuse – is the mistreatment of a person by someone in a position of spiritual authority, resulting in diminishing that person’s sense of wellbeing and growth—both spiritually and emotionally. It is also defined as the use of spiritual authority, by words or actions, to manipulate someone for personal gain or to achieve a personal agenda.

See: <https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>

Female Genital Mutilation (FGM, female circumcision) – is defined by The World Health Organisation as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (WHO, 1996). The Female Genital Mutilation Act 2003 states that it is illegal in the UK to subject a child to female genital mutilation or to take a child abroad to undergo FGM. In England, Wales and Northern Ireland all forms of FGM are illegal. A child for whom FGM is planned is at risk of significant harm through physical/emotional and sexual abuse.

See: <https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines>

Forced marriage - A forced marriage is one that is entered into without the person’s free and full consent. Whilst the majority of extended visits to family overseas are for valid reasons, every year at least 250 UK residents are forced into a marriage against their will, often by violence, coercion or emotional blackmail. Unlike arranged marriages, where the bride and groom both freely consent to the marriage, forced marriages do not give the bride or groom any choice. Forced marriage is a violation of human rights. Children may be at risk of violence, harassment from family / community members, and ‘home policing’ where it is deemed their

behaviour has/may have 'shamed' the family. The types of behaviour which can precipitate this and may also be key motives for forcing the child into marriage are:

- Protecting 'family honour' or 'izzat'.
- Responding to peer group or family pressure.
- Attempting to strengthen family links.
- Financial gain or ensuring land, property and wealth remain within the family
- Protecting perceived cultural ideas or perceived misguided religious ideals.
- Ensuring care for a child or vulnerable adult with special needs when parents or existing carers are unable to fulfill that role.
- Assisting claims for residence and citizenship
- Long standing family commitments

See: <https://www.gov.uk/forced-marriage>

Fundamental British Values – British values are defined by the Government as "democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs"; institutions are expected to encourage students to respect other people with particular regard to the protected characteristics set out in the Equality Act 2010.

Gangs and youth violence – refers to group violence, often in the community. An organised criminal group is a group of individuals for whom involvement in crime is for personal gain (financial or otherwise). For most, however, crime is their 'occupation'. These groups operate almost exclusively in the grey and illegal marketplace where market transactions are totally unregulated by the law.

A gang is a relatively durable group who have a collective identity and meet frequently. They are predominantly street-based groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity.

A peer group is a relatively small, unorganised and transient group composed of peers who share the same space and a common history. Involvement in crime will be mostly be non-serious in nature and not integral to the identity of the group. (Adapted from Hallsworth S and Young T (2004) *Getting Real About Gangs*. Criminal Justice Matters (55) 12-13)

Dealing with gang or youth violence issues in an area of shared responsibility for all partner agencies, such as the police, youth offending teams, other local authority teams or the voluntary and community sector. We will liaise with all partners and the LSCB to address these issues.

See DFE advice,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226293/Advice_to_Colleges_and_Colleges_on_Gangs.pdf

Gender-based violence/violence against women and girls – Gender-based violence involves men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm. The most pervasive form of gender-based violence is abuse of a woman by intimate male partners. Gender-based violence includes: battering, intimate partner violence (including marital rape, sexual violence, and dowry/bride price-related violence), feticide, sexual abuse of female children in the household, honour crimes, early marriage,

forced marriage, female genital mutilation (FGM)/cutting and other traditional practices harmful to women, sexual harassment and intimidation at work, in College and elsewhere, commercial sexual exploitation, and trafficking of girls and women.

See: <https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk>

Honour based violence - is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community.

Mental Health – QMC recognises that there a number of mental health conditions which make studying difficult, and may have safeguarding implications, eg. Anorexia nervosa, OCD, psychosis etc. We will work with students with all conditions, having requested information regarding these conditions at enrolment and interview. We will work with the relevant health professionals. We will take account of government guidance.

See: <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

Neglect - 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 of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

Peer on peer abuse – encompasses 4 main areas of abuse, recognizing that children are capable of abusing their peers. QMC will deal with allegations of peer on peer abuse through our normal safeguarding procedures. Abuse will never be tolerated as part of ‘growing up’ or as ‘banter’. Victims of any form of abuse will be supported.

- The definition for domestic abuse relates to young people aged 16 and 17 who experience physical, emotional, sexual and/or financial abuse, and coercive control, in their intimate relationships
- The definition for child sexual exploitation captures young people aged under 18 who are sexually abused in the context of exploitative relationships, contexts and situations by a person of any age - including another young person
- The definition for young people who display harmful sexual behaviour refers to any young person, under the age of 18, who demonstrates behaviour outside of their normative parameters of development (this includes, but is not exclusive to abusive behaviours), including sexting
- Serious youth violence is defined with reference to offences (as opposed to relationships/contexts) and captures all those of the most serious in nature, including murder, rape and GBH between young people under 18

Physical abuse - may involve hitting, shaking, pushing, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child. Physical abuse includes domestic violence or honour based violence.

PREVENT – The PREVENT strategy is part of the British counter-terrorism strategy, CONTEST. The aim of the PREVENT strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. As part of this strategy Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on us to have "due regard to the need to prevent people from being drawn into terrorism". See <http://www.gov.uk/government/publications/prevent-duty-guidance>.

Private fostering- A private fostering arrangement is one that is made privately (that is to say without the involvement of a local authority) for the care of a child by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt, or a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child. The private foster carer becomes responsible for providing the day to day care of the child in a way which will promote and safeguard his/her welfare.

Overarching responsibility for safeguarding and promoting the welfare of the privately fostered child remains with the parent or other person with parental responsibility. Local authorities do not formally approve or register private foster carers. However, it is the duty of local authorities to satisfy themselves that the welfare of children who are, or will be, privately fostered within their area is being, or will be, satisfactorily safeguarded and promoted. Therefore QMC must inform the local authority where we become aware of such arrangements. See:

<https://www.gov.uk/government/publications/children-act-1989-private-fostering>

Radicalisation – is the process whereby people are drawn into terrorist-related activity. QMC will collaborate with all statutory partners, the police and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. We will follow the PREVENT strategy and intervene early to protect and divert people away from the risk they face before illegality occurs. We will challenge any ideology that supports terrorism; protecting vulnerable individuals; and support sectors and institutions where there is a risk of radicalisation. See <http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy> and <http://www.homeoffice.gov.uk/publications/counter-terrorism/counter-terrorism-strategy>

Self-harm - is when someone deliberately hurts or injures themselves. This can take a number of forms including:

- cutting or burning - the most common forms of self-harm.
- taking overdoses of tablets or medicines.
- punching themselves.
- throwing their bodies against something.
- pulling out their hair or eyelashes.
- scratching, picking or tearing at their skin causing sores and scarring.
- inhaling or sniffing harmful substances.
- swallowing things that are not edible.
- inserting objects into their bodies.

Some young people self-harm on a regular basis while others do it just once or a few times. For some people it is part of coping with a specific problem and they stop once the problem is resolved. Other people self-harm for years whenever certain kinds of pressures or feelings arise.

A few people who self-harm may go on to commit suicide - generally this is not what they intend to do. In fact, self-harm can be seen as the opposite of suicide as it is often a way of coping with life rather than of giving up on it. Self-harm comes under the more general category of “physical abuse”. If others know about the activity and do nothing, the issue of “neglect” may also be relevant.

Sexting - The exchange of sexual messages or images and the creating, sharing and forwarding of sexually suggestive nude or nearly nude images through mobile phones and/or the internet. See: <http://ceop.police.uk/>

Sexual Abuse - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. 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

Sexual Exploitation – Exploitative sexual behaviours. For example:

- Encouraging other students to engage in inappropriate sexual behaviour (For example - having a significantly older partner; associating with unknown adults or other sexually exploited young people; staying out overnight)
- Photographing or videoing other young people performing indecent acts
- Forcing others to watch pornography or take part in sexting
- Indecent exposure, touching, or serious sexual assault

Teenage Relationship Abuse - is a type of intimate partner violence. It occurs between two teenagers in a close relationship. It can be physical, emotional, or sexual.

- Physical — occurs when a partner is pinched, hit, shoved, slapped, punched, or kicked.
- Psychological/Emotional — threatening a partner or harming his or her sense of self-worth. Examples include name calling, shaming, bullying, embarrassing on purpose, or keeping him/her away from friends and family.
- Sexual — forcing a partner to engage in a sex act when he or she does not or cannot consent. This can be physical or nonphysical, like threatening to spread rumours if a partner refuses to have sex
- Stalking — refers to a pattern of harassing or threatening tactics that are unwanted and cause fear in the victim

See: <https://www.gov.uk/government/collections/this-is-abuse-campaign>

Trafficking - Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

See: <https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>

Vulnerable adults – a vulnerable adult is defined as a person “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of himself or herself, or unable to protect him or herself against significant harm or exploitation.” (1997 Consultation “Who Decides?” issued by the Lord Chancellor’s Department) We will liaise with Adult Services and the Police in order to establish procedures in cases where we deem an adult vulnerable. **Indicators of abuse**

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don’t keep it to yourself.

Neglect

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children:

- frequently going hungry
- frequently having to go to college in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill or not receiving dental care

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the DSL.

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Emotional abuse

The nature of emotional abuse

Emotional abuse is difficult to define, identify/recognise and/or prove. Emotional abuse is chronic and cumulative and has a long-term impact. All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of emotional abuse

Developmental issues

- Delays in physical, mental and emotional development
- Poor academic performance
- Speech disorders, particularly sudden disorders or changes

Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away

- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early, leaving late

Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

Physical abuse

The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

No child should be asked to remove clothing by a member of staff.

Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*

- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

It is perfectly acceptable to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

Sexual Abuse

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, people working with the child in school or college, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Characteristics of child sexual abuse:

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

Physical observations

- Damage or soreness to genitalia, anus or mouth and other medical problems such as chronic itching, unexplained recurrent urinary tract infections and discharges or abdominal pain
- Sexually transmitted diseases
- Unexpected pregnancy

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, nightmares
- Onset of insecure, clinging behaviour
- Arriving early, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Roles & Responsibilities

Designated Staff Members.

The Principal, Ali Foss, has overall responsibility for child protection within College, but is free to delegate this responsibility to others as required.

CMT & HR

- Contribute to inter-agency working in line with guidance
- Carry out tasks delegated by the Governing body such as training of staff; safer recruitment; maintaining a single central register
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the College
- Treat any information shared by staff or students with respect and follow procedures
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), Hampshire Safeguarding Children Board (HSCB) and Hampshire County Council (HCC)

The DSL/AP, Personal Development, Behaviour & Welfare (Designated Safeguarding Lead), Beth Linklater, has lead responsibility for dealing with child protection, safeguarding and PREVENT related issues providing advice and support to other staff; liaising with Hampshire LA, the LSCB, PREVENT agencies and Colleges where appropriate; and working with other agencies. She is a member of the College Management Team. She is also the Designated Teacher for Looked After Children. In addition to the role of staff and senior management team the DSL will:

- Assist the Governing Body in fulfilling their responsibilities under section 175 or 157 of the Education Act, 2002

- Attend initial training for the role and refresh this every other year. By attending appropriate training and demonstrating evidence of continuing professional development thereafter:
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL
- Ensure that whole College training occurs regularly with at least annual updates so that staff and volunteers can fulfil their responsibilities
- Ensure any members of staff joining the College outside of this training schedule receive induction prior to commencement of their duties
- Keep records of child protection concerns securely and separately from the main student files and use these records to assess the likelihood of risk
- Ensure that safeguarding records are transferred accordingly (separate from student files) when a child transfers College
- Ensure that where a student transfers College and is on a Child Protection Plan or is a Child Looked After, the information is passed on or acted upon immediately and that the child's Social Worker is informed
- Link with the HSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Develop, implement and review procedures in College that enable the identification and reporting of all cases, or suspected cases, of abuse
- Attend case conferences and review meetings as appropriate.
- Be alert to the specific needs of Looked After Children, children with special educational needs, and young carers
- Ensure the Child Protection and Safeguarding Policy and procedures are reviewed annually and available to all stakeholders via the website etc
- Compile the Child Protection and Safeguarding report to Governors and CMT
- Ensure information is available to tutors and support staff relating to looked after children (legal status, contacts, care arrangements, social worker's details etc)
- Keep detailed and accurate records of concerns and referrals

The other **DSLs** are Mark Henderson, Barbara Dossett, Lyn Oram and Denise Valler. Their role is to:

- Report to Beth Linklater as Designated Safeguarding Lead, and support her in her work outlined above
- Know how to make an appropriate referral.
- Be available to provide support and advice to other staff on issues relating to child protection/**radicalization**
- Be available to listen to children and young people at college and to refer them to other appropriate people at College (e.g. the Counselling Service)
- Deal with individual cases, including attending case conferences and review meetings as appropriate.
- Receive training in child protection issues and inter-agency working, as required by the local safeguarding children board and receive refresher training at least every two years.
- Keep up to date with developments in child protection/**radicalization** issues.
- Be alert to the specific needs of Looked After Children, children with special educational needs (SEN), and young carers
- Raise awareness of safeguarding/**radicalization** within the College
- Train staff and Governors on child protection and safeguarding when required
- Keep detailed and accurate records of concerns and referrals

All students and staff should be aware of the College's Child Protection Memo published in the Staff Handbook, and the Procedure and Guidance for Identifying and Reporting Cases, or Suspected Cases of Abuse.

All staff

All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the College whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of "it could happen here" with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day.
- If the disclosure is an allegation against a member of staff they will follow the allegations' procedures (see separate policy).
- Follow the procedures set out above and take account of the Keeping Children Safe in Education guidance issued by the DfE.
- Support relevant students in line with their child protection plan.
- Treat information with confidentiality but never promising to "keep a secret".
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with, or signpost them to, opportunities to change the situation.
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSLs are and know how to contact them.
- **Include Prevent referrals in their referrals to DSLs**

The Governing Body is accountable for ensuring the College has effective child protection, **PREVENT** and safeguarding policies and procedures in place and for monitoring their College's compliance with them. They should ensure that an appropriate senior member of staff is designated to take lead responsibility for dealing with child protection/**radicalization** issues, providing advice and support to other staff, liaising with the local authority and working with other agencies (see Section 175 of the Education Act 2002). They need to ensure that the College:

- keeps children safe and challenges poor and unsafe practice
- The College has effective Safeguarding Policies & Procedures including a Child Protection Policy; a Prevent Policy and a Staff Behaviour Policy and including effective partnership working between all those involved with providing safeguarding services for children
- HSCB is informed annually about the discharge of duties via the safeguarding audit
- Recruitment, selection and induction follows safer recruitment practice including all appropriate checks.
- Allegations against staff are dealt with by the Principal. Allegations against the Principal are dealt with by the Chair of Governors and/or LADO
- A member of the senior staff team is allocated the role of Designated Safeguarding Lead (DSL) and has this recorded in their job description. Deputies are available in her absence.
- Staff have been trained appropriately and this is updated in line with guidance

- Any safeguarding deficiencies or weaknesses are remedied without delay
- They have identified a nominated Governor for Safeguarding

However, neither the Governing body, nor individual Governors, have a role in dealing with individual cases or a right to know details of cases (except when exercising their disciplinary functions in respect of allegations against a member of staff).

The designated member of the Governing body with responsibility for child protection issues is Islam Jalaita. He is responsible for liaising with the Principal and Designated Safeguarding Lead over matters regarding child protection, as detailed above. To assist in these duties, the designated Governor will seek appropriate training.

Glossary

CAMHS	Child and Adolescent Mental Health Services
DBS	Disclosure & Barring Service
DFE	Department for Education
DSL	Designated Safeguarding Lead
EHH	Early Help Hub
LA	Local Authority (in our case Hampshire)
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MASH	Multi-Agency Safeguarding Hub