



South Gloucestershire and Stroud College

Safeguarding Children, Young People & Vulnerable Adults Policy & Procedure

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Please contact the Human Resources Department

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Job Titles / Role:	Inclusion Manager & DDSL
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Approved by:	Corporation
Date:	25 April 2019

Impact Assessment

Main aim and purpose of the policy:	To prioritise and promote the safeguarding and protection of children, young people and vulnerable adults from harm				
Is this policy (or its constituent parts) relevant to a general equality duty? (please tick)	This policy development will assist in the elimination of unlawful discrimination and/or harassment of identified groups?	Implementation of this policy will promote equal opportunities for identified groups?	Implementation of this policy will promote positive attitudes and participation between groups?	Implementation of this policy will promote good relations between groups?	
Age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender Reassignment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Race or Ethnicity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion or Belief	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Marriage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy/ Maternity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sex	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Carers/ Care givers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Persons in care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specify any groups for which there is evidence or reason to believe that some groups or individuals could be affected differently:					
How much evidence is there:	None	A little	Some	A lot	
Is there any concern that the policy may operate in a discriminatory way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	None	A little	Some	A lot	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessed relevance to equality (tick one row only)	High	Med	Low	None	Brief reason for this assessment
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gender Reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Race or Ethnicity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religion or Belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carers/ Care givers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the next step? (tick one only)	What priority level is this policy?			Has the Policy been sent for Full EQIA, or do you believe the policy should have a Full EQIA?	
	High <input checked="" type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>I am satisfied that an initial screening has been carried out on this policy/procedure and a full Impact Assessment is not require</i>					
Completed by: Jo Johnson Position: Inclusion Manager & DDSL Date: 01 April 2019					

Safeguarding Children, Young People & Vulnerable Adults Policy & Procedure

1. Safeguarding Statement

- 1.1. South Gloucestershire & Stroud College (SGS) is committed to prioritising and promoting safeguarding and protecting all children, young people and vulnerable adults from harm whatever their age, culture, disability, gender, language, race, religion or belief and / or sexual orientation. SGS also aspires to support all learners as far as it is able to do so.

2. Introduction

- 2.1. Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.
- 2.2. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
- 2.3. Safeguarding and promoting the welfare of children is defined as:
 - protecting children from maltreatment;
 - preventing impairment of children's health or development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - taking action to enable all children to have the best outcomes.
- 2.4. '**Child**' is defined as: Any person under the age of 18.
- 2.5. '**Young Person**' is defined as any student under the age of 18. The terms child and young person are used synonymously throughout this policy and procedure.
- 2.5. '**Vulnerable Adult**' is defined as: A person aged 18 years or over who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care of unable to protect him or herself against significant harm or exploitation.
- 2.6. The College recognises that some adults are also vulnerable to abuse. Accordingly, the procedures may be applied (with appropriate adaptations) to allegations of abuse and the protection of young people and vulnerable adults.
- 2.7. SGS will work with the Local Safeguarding Children Board (LSCB), further details available at www.swcpp.org.uk, the Police and other external agencies while always placing the welfare of the child at the centre of any actions taken.

3. Purpose

- 3.1. The purpose of this policy and procedure is to ensure that SGS responds in a measured and supportive manner to reports or suspicions of abuse. The policy also safeguards all learners, staff, partners, volunteers, contractors, stakeholders and visitors to SGS, whether on site, at other external facilities or in the workplace.

4. Roles & Responsibilities

- 4.1. SGS has a nominated Governor with specific responsibility for Safeguarding Children, Young People & Vulnerable Adults.
- 4.2. A senior member of staff from the College Senior Leadership Team (SLT) is appointed to the role of Designated Safeguarding Lead (DSL). The specific responsibilities of the DSL are described in **Appendix 1**.
- 4.3. Contact details for other designated members of staff with responsibility for Safeguarding Children, Young People & Vulnerable Adults are shown on the **SGS College Safeguarding Key Contacts List**.

5. Information for ALL Staff

- 5.1. If staff have **any concerns** about a child's/young person's welfare, they should act on them immediately. **Appendix 2** shows a flow chart setting out the process for staff when they have concerns about a child/young person.
 - 5.1.2. **All** staff have a responsibility to provide a safe environment in which children can learn and all staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life.
 - 5.1.3. **Any staff member** who has a concern about a child's/young person's welfare should follow the referral processes set out in **Appendix 2**. Staff should expect to support social workers and other agencies following any referral.
 - 5.1.4. **All** staff should be aware of systems within the College which support safeguarding and these should be explained to them as part of staff induction.
 - 5.1.5. **All** staff should receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
 - 5.1.6. **All** staff should be aware of their local early help process and understand their role in it.
 - 5.1.7. **All** staff should be aware of the processes for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child

suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.

- 5.1.8. **All** staff should know what to do if a child tells them they are being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the DSL, DDSL or other designated members of staff with responsibility for Safeguarding shown in the **SGS College Safeguarding Key Contacts List** and the children's social care.
- 5.1.9 Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.
- 5.1.10. **All** staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.
- 5.1.11. Staff working with children are advised to maintain an attitude of '**it could happen here**' where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the **best** interests of the child.
- 5.1.12. Knowing what to look for is vital to the early identification of abuse and neglect. If staff are unsure, they should **always** speak to the DSL, DDSL or other designated members of staff with responsibility for Safeguarding shown in the **SGS College Safeguarding Key Contacts List**.
- 5.1.13. The DSL, DDSL or other designated members of staff with responsibility for Safeguarding should always be available during office hours to discuss safeguarding concerns.
- 5.1.14. Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. If in any doubt about sharing information, staff should speak to the DSL, DDSL or other designated members of staff with responsibility for Safeguarding shown in the **SGS College Safeguarding Key Contacts List**. Fears about sharing information **must not** be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.

6. Work Experience Placements

- 6.1. Staff organising work experience placements should ensure that the placement provider has policies and procedures in place to protect children from harm.
- 6.2. The College needs to provide safeguards such as; undertaking initial checks, checks during the placement and helping pupils to prepare for their placement. This will involve working closely with work experience placements to ensure that the correct employment checks, health and safety considerations and any other safeguards, such as risk assessments are in place. The College and the work

experience placement should clearly identify responsibilities for ensuring these checks are in place.

- 6.3. Barred list checks by the DBS might be required on some people who supervise a child under the age of 16 on a work experience placement. The College should consider the specific circumstances of the work experience.

Consideration must be given in particular to the nature of the supervision and the frequency of the activity being supervised, to determine what, if any, checks are necessary.

These considerations would include whether the person providing the teaching / training / instruction / supervision to the child on work experience will be:

- unsupervised themselves; and
- providing the teaching / training / instruction frequently (more than three days in a 30 day period, or overnight).

- 6.4. If the person working with the child is unsupervised and the same person is in frequent contact with the child, the work is likely to be regulated activity. If so, the College could ask the employer providing the work experience to ensure that the person providing the instruction or training is not a barred person.
- 6.5. The College is not able to request an enhanced DBS check with barred list information for staff supervising children aged 16 to 17 on work experience.
- 6.6. If the activity undertaken by the child on work experience takes place in a 'specified place', such as a school or college, and gives the opportunity for contact with children, this may itself be considered to be regulated activity. In these cases and where the child is 16 years of age or over, the work experience provider should consider whether a DBS enhanced check should be requested for the child in question. DBS checks cannot be requested for children under the age of 16.

7. Trips

- 7.1. This Policy and Procedure (along with all other College Policies & Procedures) will apply during College trips.

8. Definitions of Abuse & Neglect

- 8.1. **All** staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

- 8.1.1. **Abuse:** is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting by those know to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Types of abuse are difficult to define precisely or fully. However, the following examples are indicative of various types of abuse:

8.1.2. **Emotional Abuse:** is the persistent emotional maltreatment of a child such as to cause severe and 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 cyberbullying), 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, although it may occur alone.

8.1.3. **Neglect:** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result 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.

8.1.4. **Physical Abuse:** is a form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child/young person. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

8.1.5. **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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

9. Specific Safeguarding Issues

9.1. **All** staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

9.1.1 **Children Missing from Education**

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of FGM or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. **All** staff should be aware of the College's unauthorised absence and children missing from education procedures.

9.1.2. **Child Criminal Exploitation**

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs.

9.1.3 **Child Sexual Exploitation**

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

9.1.4. **Domestic Abuse**

The cross-government definition of domestic violence and abuse is: 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; and emotional.

9.1.5. **Female Genital Mutilation**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It

is illegal in the UK and a form of child abuse with long-lasting harmful consequences

Whilst staff should speak to the DSL, DDSL or other designated members of staff with responsibility for Safeguarding with regard to any concerns about FGM, **there is specific legal duty on teachers**. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

It is recommended that you make a report orally by **calling 101**, the single non-emergency number. When you call 101, the system will determine your location and connect you to the police force covering that area.

9.1.6. **Forced Marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. College can play an important role in safeguarding children from forced marriage.

9.1.7. **Peer on Peer Abuse**

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment;
- sexting (also known as youth produced sexual imagery); and
- initiation / hazing type violence and rituals.

9.1.8. **Radicalisation & Extremism**

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is a part of the Colleges' safeguarding approach.

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the DSL or DDSL making a referral to the Channel programme.

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for educational institutions to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

SGS Single point of contact for Prevent is the DSL. For details of current post holders and their contact information please see the **SGS College Safeguarding Key Contacts List**.

[Prevent Duty Guidance: for further education institutes in English & Wales](#) Section 26 (1) of the Counter-Terrorism and Security Act 2015 ("the Act") imposes a duty on "specified authorities", when exercising their functions, to have due regard to the need to prevent people from being drawn into terrorism.

There is an important role for further education institutions, in helping prevent people being drawn into terrorism, which includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. It is a condition of funding that all further education providers must comply with relevant legislation and any statutory responsibilities associated with the delivery of education and safeguarding of learners.

9.1.9. **Sexual Violence & Sexual Harassment**

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

9.1.10. **So called 'Honour-Based' Violence (HBV)**

HBV encompasses incidents or crimes which have wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such.

9.2. Possible indicators of abuse and neglect are described in **Appendix 5**.

10. Responding to a Disclosure or Allegation of Abuse

10.1. If you're in a situation where a child discloses abuse to you, there are a number of steps you should take:

- Listen carefully to the child. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to 'shut down', retract or stop talking.
- Find an appropriate opportunity to explain that the information will need to be shared with others. Do not promise to keep the information confidential or a 'secret'.
- Allow the child to continue at her / his own pace and not interrupt if the child is freely recalling events.
- Avoid asking questions or pressing for more information. Ask for clarification only. If questions are necessary, only ask open questions: **Tell me... Explain to me... Describe to me...**
- Let them know they've done the right thing. Reassurance can make a big impact to the child who may have been keeping the abuse secret.
- Tell them it's not their fault. Abuse is never the child's fault and they need to know this.
- Say you will take them seriously. A child could keep abuse secret in fear they won't be believed. They've told you because they want help and trust you'll be the person who will listen to and support them.
- Don't talk to the alleged abuser. Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child.
- Explain what you'll do next. If age appropriate, explain to the child you'll need to report the abuse to someone who will be able to help.
- Don't delay reporting the abuse. The sooner the abuse is reported after the child discloses the better. Report as soon as possible so details are fresh in your mind and action can be taken quickly. You can report or concern using the My Concern software or speak to a member of the safeguarding team. (**within 2 hours**).

NOTE: Disclosures relating to allegations against colleagues and members of staff should be treated in the same way. This information must be passed immediately to the DSL or DDSL who will ensure the appropriate procedures are followed.

11. Keeping Records

11.1. All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded on My Concern. If in doubt about recording requirements, staff should discuss with the DSL, DDSL or other designated members of staff with responsibility for Safeguarding.

11.2. It is important for children to receive the right help at the right time to address risk and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take action. Examples of poor practice include:

- failing to act on and refer the early signs of abuse and neglect;

- poor record keeping;
- failing to listen to the views of the child;
- failing to re-assess concerns when situations do not improve;
- not sharing information;
- sharing information too slowly; and
- a lack of challenge to those who appear not to be taking action.

12. Information Sharing

- 12.1. All information sharing decisions and reasons must be recorded in line with the Colleges procedures. If at any stage you are unsure about how or when to share information, you should seek advice from the DSL or DDSL. You should also ensure that the outcome of the discussion is recorded.
- 12.2. Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children and young people at risk of abuse or neglect.
- 12.3. **The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.**
- 12.4. **Appendix 4** provides a summary of the procedure for sharing information.

13. Allegations Management Procedure

- 13.1. If staff have safeguarding concerns, or an allegation is made about another member of staff (including volunteers) posing a risk of harm to children, then they should immediately report it to the DSL or DDSL, who in turn will notify the Principal and Human Resources (HR).
- 13.3. Where there are safeguarding concerns, or an allegation is made about the DSL or DDSL, this should be referred to the Principal.
- 13.4. Where there are safeguarding concerns, or an allegation is made about the Principal, this should be referred to the Chair of Governors.
- 13.3. The DSL or DDSL will report the incident to the Local Authority Designated Officer (LADO).
- 13.5. For details of current post holders and their contact information, please see the **SGS College Safeguarding Key Contacts List**.
- 13.4. **Appendix 3 provides** a summary of the Allegations Management Procedure.

14. Whistleblowing

- 14.1. All staff should feel able to raise concerns about poor or unsafe practice and potential failures in the College's safeguarding regime and know that such concerns will be taken seriously by SLT.
- 14.2. The [NSPCC whistleblowing helpline](#) is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by the College.

15. Related Legislation, Guidance, Policies & Procedures

- 15.1. [Information Sharing, Advice for practitioners providing safeguarding services to children, young people, parents & carers](#)
- 15.2. [Inspecting Further Education & Skills: Guidance for Providers](#)
- 15.3. [Keeping Children Safe in Education 2018](#)
- 15.4. [Keeping Children Safe in Education 2018, Part 1 information for all school & college staff](#)
- 15.5. [Mandatory Reporting of Female Genital Mutilation – procedural information](#)
- 15.6. [NSPCC](#)
- 15.7. [NSPCC Whistleblowing Advice Line](#)
- 15.8. [Prevent Duty Guidance for Further Education Institutes in England & Wales](#)
- 15.9. [Safeguarding Vulnerable Groups Act 2006](#)
- 15.10. SGS College Abuse of Trust Policy & Procedure
- 15.11. SGS College Anti-Bullying & Harassment Policy & Procedure
- 15.12. SGS College Children Missing Education Procedure
- 15.13. SGS College Behaviour Policy & Procedure (including the learner probation period procedure)
- 15.14. SGS College External Speakers & Freedom of Speech Guidelines
- 15.15. SGS College IT Acceptable Use Policy (Email; Mobile Devices; Social Networking; Users; and Security)
- 15.16. SGS College Learner Charter & Codes of Conduct 2018 / 2019
- 15.17. SGS College Photographic and Visual Media Policy, Codes of Practice & Procedure
- 15.18. SGS College Recruitment Procedure
- 15.19. SGS College References Policy & Procedure
- 15.20. SGS College Staff Code of Conduct
- 15.21. SGS College Trips Policy & Procedure
- 15.19. SGS College Whistleblowing (Public Interest Disclosure) Policy & Procedure
- 15.20. [South West Child Protection Procedures](#)
- 15.21. [The Children's Act 2004](#) (sections 11 & 16)
- 15.22. [What to do if you're worried a child is being abused: Advice for Practitioners](#)
- 15.23. [Working Together to Safeguard Children 2018](#)

Appendix 1 – Role of the Designated Safeguarding Lead (DSL)

The activities listed below can be delegated to appropriately trained deputies but the ultimate lead responsibility remains with the DSL.

Manage Referrals

- refer cases of suspected abuse to the local authority children’s social care as required;
- support staff who make referrals to local authority children’s social care;
- refer cases to the Channel programme where there is a radicalisation concern as required;
- support staff who make referrals to the Channel programme;
- refer cases where a person is dismissed or left due to risk / harm to a child to the Disclosure and Barring Service as required; and
- refer cases where a crime may have been committed to the Police as required.

Work with Others

- act as a point of contact with the three safeguarding partners;
- liaise with the Principal to inform them of issues - especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
- as required, liaise with the “case manager” and the LADO for child protection concerns in cases which concern a staff member;
- liaise with staff (especially pastoral support staff, nurses, IT Technicians, and SENCOs or the named person with oversight for SEN) on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies; and
- act as a source of support, advice and expertise for all staff.

Training

- understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children’s social care referral arrangements;
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to, and understands, the College’s safeguarding policy & procedure, especially new and part time staff;
- are alert to the specific needs of children in need, those with special educational needs and young carers;
- understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulation;
- understand the importance of information sharing, within the College, and with the three safeguarding partners, other agencies, organisations and practitioners;
- are able to keep detailed, accurate, secure written records of concerns and referrals;
- understand and support the College with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at College;
- can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online;
- obtain access to resources and attend any relevant or refresher training courses; and

- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the College may put in place to protect them.

Raise Awareness

- ensure the College's safeguarding policy & procedure is known, understood and used appropriately;
- ensure the College's safeguarding policy & procedure is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with the Governing Body regarding this;
- ensure the safeguarding policy & procedure is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the College in this; and
- link with the safeguarding partner arrangements to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

Child Protection File

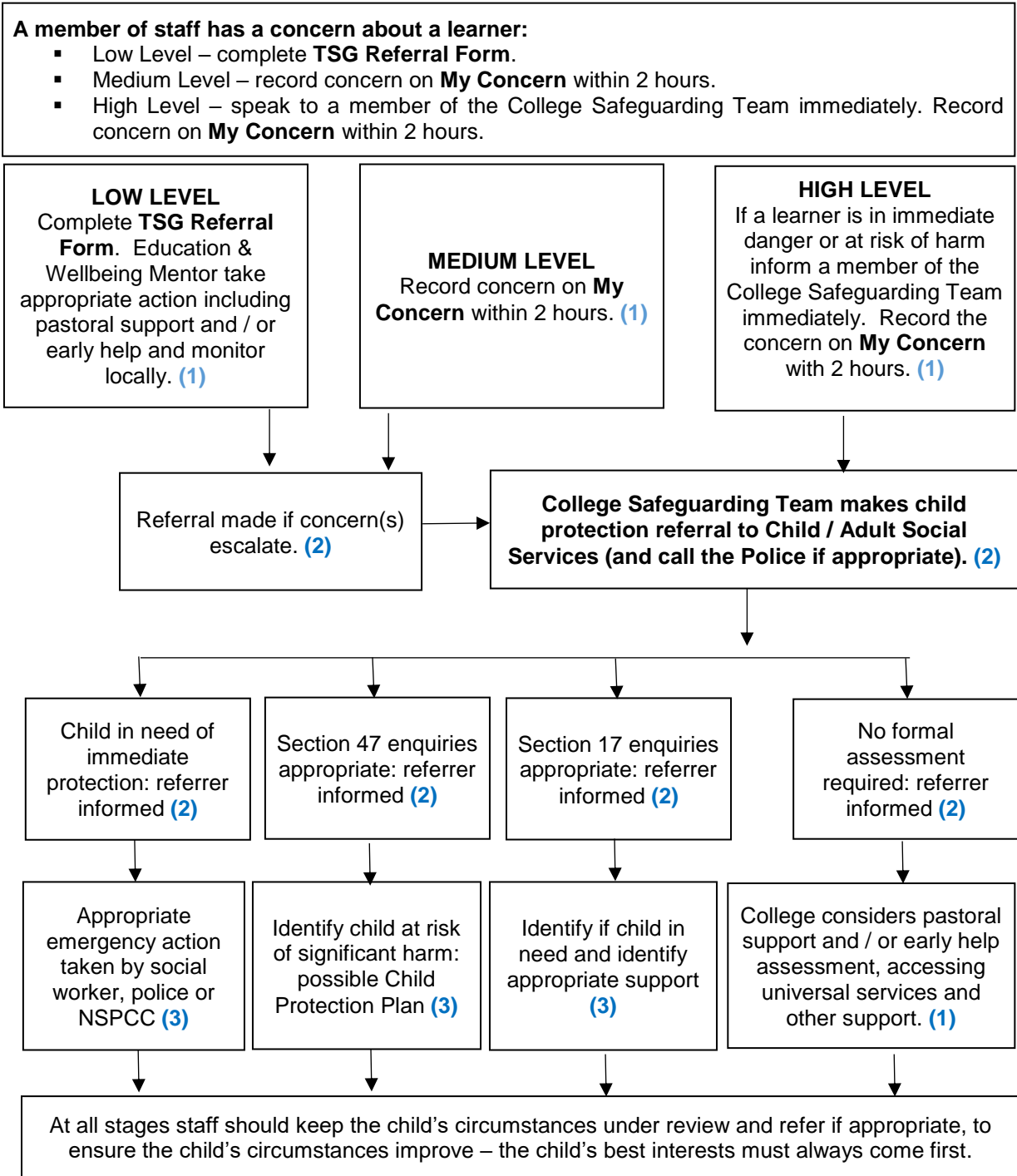
Where children leave the College the DSL should ensure their safeguarding file is transferred to the new educational establishment as soon as possible. This should be transferred separately from the main student file, ensuring secure transit, and confirmation of receipt should be obtained.

In addition to the safeguarding file, the DSL should also consider if it would be appropriate to share any information with the new educational establishment in advance of a child leaving.

Availability

During term time the DSL (or deputy) will be available during College hours for staff to discuss any safeguarding concerns.

Appendix 2 - Procedure for concerns about the abuse of a Child, Young Person or Vulnerable Adult



- (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.
- (2) Under the Children's Act 1989, local authorities are required to provide services for children in need for the purpose of safeguarding and promoting their welfare. Children in need may be assessed under section 17. Under section 47, 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.
- (3) This could include applying for an Emergency Protection Order (EPO).

Appendix 3 – Summary of Allegations Management Procedures

ALL STAFF
Concern about a member of staff (including volunteers) working with children

If a professional receives an allegation or has a concern about the behaviour of a member of staff working or volunteering with children and that concern could amount to:

- a member of staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

Then the professional should:



ALL STAFF
Report their concerns

Report the concern to the DSL or DDSL if not implicated in the allegation, or Principal if implicated.



Record the concern on My Concern

Record the concern on **My Concern** within 2 hours, include the nature and circumstances surrounding the concern, including any previous concerns. Include where the concern came from and brief details only.



Governor, Principal, DSL or DDSL
Seek advice before proceeding – Initial Discussion

Always contact the LADO for advice prior to investigating the allegation. This is because it might meet the criminal threshold and so your investigation could interfere with a Police or Social Care investigation.

CONTACT THE APPROPRIATE LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

The LADO will offer advice on any immediate action required and will assist with employment and safeguarding issues.



Governor, Principal, DSL or DDSL
Allegations Management Process

If, after your Initial Discussion with the LADO, it is agreed that the allegation meets the criteria, a multi-agency meeting will be convened and you will be invited. This might result in a criminal investigation, a Social Care investigation and / or an investigation to inform whether disciplinary action is required.

If it is agreed that the allegation does not meet the criteria, the LADO will record the Initial Discussion and send it to you for your records. Any further action will be taken within your setting if necessary.



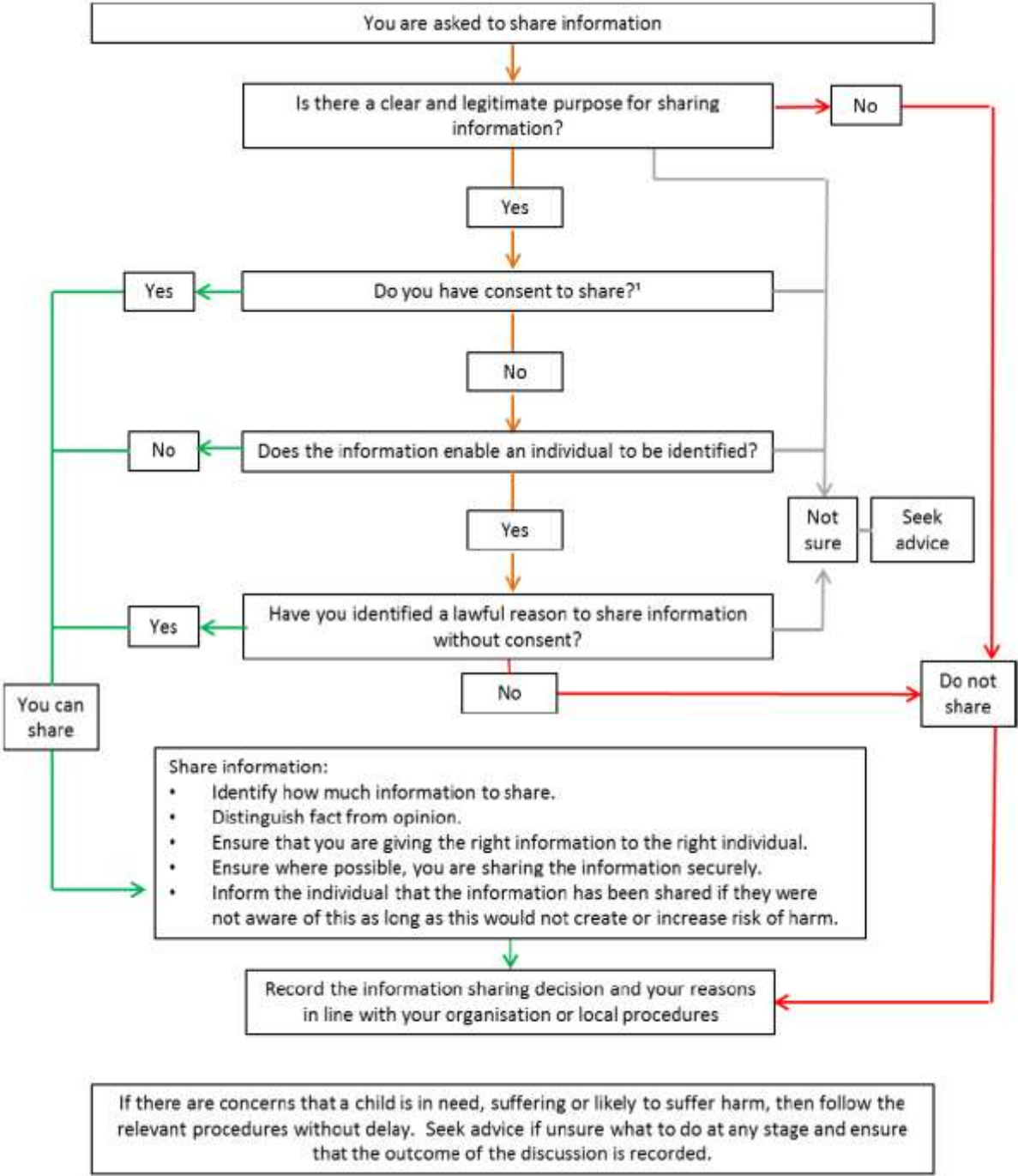
Governor, Principal, DSL or DDSL
Further action

Further meetings might be required and these will be convened by the LADO, with your input at all times. Further information on the Allegations Management process can be found in the Government Document: Working Together to Safeguard Children 2015 and the South West Procedures.

http://www.proceduresonline.com/swcpp/gloucestershire/p_alleg_against_staff.html

January 2017

Appendix 4 - Information sharing, Advice for practitioners providing safeguarding services to children, young people, parents and carers (July 2018)



1. Consent must be unambiguous, freely given and may be withdrawn at any time

Appendix 5 – Indicators of Abuse & Neglect

Abuse comes in many forms. The following is not an exclusive list and the signs and symptoms do not necessarily indicate abuse:

Type of Abuse	Examples	Possible Signs & Symptoms	
Cyber Bullying	The use of information & communication technologies to support deliberate, repeated, & hostile behaviour by an individual or group that is intended to harm others.	<ul style="list-style-type: none"> ▪ Fear ▪ Depression ▪ Disturbed sleep pattern ▪ Loss of self esteem 	<ul style="list-style-type: none"> ▪ Running away ▪ Weight loss ▪ Withdrawal
Discrimination	Offensive language or behaviour that is directed at a person because of disability, ethnic origin, race, skin colour, culture, sexual orientation, size or age, any other form of harassment, slurs or similar treatment.	<ul style="list-style-type: none"> ▪ Anger / Aggression ▪ Loss of self esteem 	<ul style="list-style-type: none"> ▪ Imitative behaviour ▪ Withdrawal
Domestic Violence / Honour Based Violence	<p>Any incident or pattern of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.</p> <p>Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.</p>	<ul style="list-style-type: none"> ▪ Controlling partner ▪ Drug & alcohol misuse ▪ Emotional abuse ▪ Financial abuse 	<ul style="list-style-type: none"> ▪ Physical abuse ▪ Sexual abuse ▪ Isolation from family & friends ▪ Mental health issues
Emotional / Psychological Abuse	Emotional Abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support networks.	<ul style="list-style-type: none"> ▪ Aggression ▪ Ambivalence ▪ Confusion ▪ Deference ▪ Depression ▪ Disturbed sleep pattern ▪ Fear 	<ul style="list-style-type: none"> ▪ Low self esteem ▪ Passivity ▪ Resignation ▪ Running away ▪ Withdrawal ▪ Weight loss
Fabricated & / or induced illness	This pattern of behaviour is where a caregiver fabricates, exaggerates, or induces mental or physical health problems in those in their care, usually to gain attention or sympathy from others.	<ul style="list-style-type: none"> ▪ Absences from College ▪ Fabricates signs ▪ Manipulates laboratory test ▪ Mis-presents symptoms 	<ul style="list-style-type: none"> ▪ Purposely harms the child through poisoning, suffocation, infection, starvation or physical injury

	This is a rare form of child abuse & it is often difficult to define, detect & confirm.		<ul style="list-style-type: none"> ▪ Seeks unnecessary test & explorative examinations
Female Genital Mutilation (FGM)	<p>FGM, also known as female cutting & female circumcision is the ritual removal of some or all of the female genitalia. It is practiced in more than 28 African countries, parts of the Middle East, Asia & other countries. It is a form of child abuse & is illegal in the UK to remove a child from the country or perform FGM in the UK & can carry up to 14 years in prison.</p> <p>It is cultural & not done for any medical, health or religious reasons. It is done as a means of controlling women to suppress sexual urges & ensure they remain pure until marriage. FGM is dangerous & can cause serious infections as well as problems with fertility, pregnancy, miscarriage & childbirth & stillbirths.</p>	<ul style="list-style-type: none"> ▪ Child may talk about becoming a woman ▪ Depression Feelings of shame & betrayal ▪ Going to visit elders in their country of origin ▪ Going on an extended family holiday ▪ Going on a spiritual journey ▪ Incontinence ▪ Infertility ▪ Loss of libido ▪ Miscarriage 	<ul style="list-style-type: none"> ▪ Pain & bleeding during sexual intercourse ▪ Pain & swelling ▪ Pelvic infections ▪ Post-traumatic stress ▪ Problems with menstrual periods ▪ Problems with pregnancy & natural childbirth ▪ Scarring ▪ Stillbirths ▪ Urine retention
Financial Abuse	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits	<ul style="list-style-type: none"> ▪ Disappearing benefit payments ▪ Inadequate clothing ▪ Inadequate money to pay bills 	<ul style="list-style-type: none"> ▪ Lack of personal belongings ▪ Poor standard of possessions ▪ Sudden or large withdrawal from bank account
Forced Marriage	Forced marriage is a marriage in which one or both of the parties is married without his or her consent or against his or her will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party (such as a matchmaker) in identifying a spouse. There are often a continuum of coercion used to compel a marriage, ranging from outright physical violence to subtle psychological pressure. The United Nations views forced marriage as a form of human rights abuse, since it violates the principle of the freedom & autonomy of individuals.	<ul style="list-style-type: none"> ▪ Abandonment by family ▪ Emotional & or physical abuse by family members 	<ul style="list-style-type: none"> ▪ Kidnapping Punishment including sexual violence & murder ▪ Ostracised by the community

<p>Gangs & Youth Violence</p>	<p>Gangs are groups of young people with a discernible structure, a recognised territory & distinctive beliefs, values, attitudes & behaviours. Although the gang may offer inclusion, protection & success to some socially disadvantaged children & young people, it is primarily concerned with crime, not infrequently drug-related, & violence, often armed & occasionally lethal.</p>	<ul style="list-style-type: none"> ▪ Change in behaviour & personality ▪ Children who isolate themselves from family ▪ Decorating their bodies with piercings or tattoos with certain symbols ▪ Drug & alcohol abuse ▪ Hanging out with those who have been in trouble with the law ▪ Lack of respect for authority figures or the law 	<ul style="list-style-type: none"> ▪ Missing from education ▪ School books covered in graffiti associated with the gang name ▪ Use of nicknames ▪ Using hand signals or certain words only known to those within their gang ▪ Wearing clothing of a particular colour or branding ▪ Wearing baseball caps, tilted to the side or bandanas
<p>Grooming & Child Sexual Exploitation (CSE)</p>	<p>Sexual exploitation of children & young people under 18 involves exploitative situations, contexts & relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them, & / or another or others performing on them, sexual activities.</p>	<ul style="list-style-type: none"> ▪ Breakdown of family relationships ▪ Emotional neglect by parent / carer / family member ▪ Emotional / sexual activity ▪ Entering / leaving vehicles driven by unknown adults ▪ Family history of domestic violence ▪ Family history of mental health difficulties ▪ Family history of substance misuse ▪ Frequenting potentially dangerous areas ▪ Isolated from peers / social networks ▪ Lack of positive relationship with a protective / nurturing adult ▪ Low self-esteem 	<ul style="list-style-type: none"> ▪ Missing overnight ▪ Multiple STI, pregnancy, miscarriage ▪ No contact with support systems ▪ Physical abuse by parent / carer / family member ▪ Physical abuse by same person ▪ Relationship with a much older person(s) ▪ Relationship with controlling person ▪ Sexual abuse ▪ Suddenly acquiring jewellery, phones, money & other gifts without explanation ▪ Unsuitable inappropriate accommodation

Neglect	Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services. The withholding of the necessities of life such as medication, adequate nutrition & heating	<ul style="list-style-type: none"> ▪ Dehydration ▪ Hypothermia Inadequate clothing ▪ Infections 	<ul style="list-style-type: none"> ▪ Malnutrition ▪ Pressure sores ▪ Unexplained failure to respond to prescribed medication
Physical Abuse	Hitting Slapping Pushing Kicking Misuse of Medication Inappropriate Sanctions Restraint	<ul style="list-style-type: none"> ▪ Bruising ▪ Dislocations ▪ Fractures ▪ Incontinence ▪ Lacerations ▪ Malnutrition ▪ Pressure sores 	<ul style="list-style-type: none"> ▪ Scalds / burns ▪ Self-harm ▪ Signs of medication misuse (over or under) ▪ Sprains ▪ Unexplained injuries ▪ Untreated medical problems
Radicalisation & Extremism	Radicalisation is a process through which an individual changes from passiveness or activism to become more revolutionary, militant or extremist, especially where there is intent towards, or support for, violence.	<ul style="list-style-type: none"> ▪ Attitude towards women/ethnic groups/armed services ▪ Closed mindedness ▪ Intolerant 	<ul style="list-style-type: none"> ▪ Isolated ▪ Physical change – clothes etc. ▪ Spreading messages ▪ Quick to anger
Sexting & Revenge Porn	Sexting is the sending of sexually explicit messages usually over mobile phones & social media. Content can be shared between two romantic partners & then outside the relationship with others. It also occurs between people who are not yet in a relationship, but where one person's hopes to be. When sexually explicit content is shared & distributed without consent via any medium then this is known as revenge porn & is illegal in the UK.	<ul style="list-style-type: none"> ▪ Blackmail ▪ Bullying ▪ Coerce someone into continuing with a relationship 	<ul style="list-style-type: none"> ▪ Sharing of texts & messages over phone & other media devices ▪ Taking images & video & uploading these & sharing them with others with & without consent
Sexual Abuse	Rape & sexual assault or sexual acts which the person has not consented to, or could not consent to, or was pressurised into consenting to.	<ul style="list-style-type: none"> ▪ Changes in behaviour ▪ Difficulty in walking or sitting ▪ Pain, itching, bleeding or bruising in the genital area 	<ul style="list-style-type: none"> ▪ Pregnancy ▪ Torn or stained clothing ▪ Sexualised behaviour ▪ Venereal disease