

**SAFEGUARDING ADULTS POLICY**

**2024**

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**Part 1: POLICY**

#  1.0 INTRODUCTION

1.1 The College fully recognises its duty toward safeguarding and promoting the welfare of adults at risk

**1.2 The aim of this policy is to establish a “whole college” approach to safeguarding adults, in order to:**

* Provide a safe learning environment
* Identify adults who are suffering or likely to suffer significant harm, and ensure appropriate action to preserve their safety both at home, at College and the wider community where possible.
* To prevent and reduce the risk of significant harm to ‘adults at risk’ of abuse or other types of exploitation, whilst supporting them in maintaining control over their lives

* 1. The College will prevent abuse and neglect by ensuring that the ethos and atmosphere of the college is conducive to a safe environment. Students will feel supported and able to report safeguarding concerns to any member of staff. Staff will feel they are supported by colleagues and the senior management team, including the governing body, and are able to report and seek advice and guidance on any safeguarding concerns, including those regarding colleagues or themselves.

* 1. The College ensure that we adhere to the 6 Principals of Safeguarding;
* **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent
* **Prevention:** it is better to take action before harm occurs
* **Proportionality:** the least intrusive response appropriate to the risk presented
* **Protection:** support and representation for those in greatest need
* **Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
* **Accountability:** accountability and transparency in safeguarding practice

* 1. Safeguarding will be reflected throughout the curriculum.

* 1. As part of our safeguarding ethos, the College encourages students to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. The College ensures that partisan political views are not promoted in the teaching of any subject in the college and where political issues are brought to the attention of the students, reasonably practicable steps will be taken to offer a balanced presentation of opposing views. Further information regarding this is contained in Section 15.

* 1. The College will protect adults at risk of abuse and neglect by having safeguarding procedures in place that reflect current legislation, guidance and best practice.

* 1. The College also ensures that safer recruitment practices are followed when recruiting staff at all levels across the college, including volunteers. Induction and continuous staff training on safeguarding children relevant to role and responsibilities is also provided.

* 1. The College will make key decisions regarding information sharing in line with guidance and data protection, but will always consider the adult at risk needs as paramount.

* 1. This policy has been developed in accordance with the principles established by:

* Education Act 2002 .
* Counter-Terrorism and Security Act 2015
* Children and Families Act 2014
* Care Act 2014
* Children and Social Work Act 2017
* Data Protection Act 2018; General Data Protection Regulation (GDPR) 2018
* https://www.adass.org.uk/making-safeguarding-personal-outcomes-framework-andreport
* Mental Capacity Act 2005

And with reference to the following key documents and statutory guidance:

* *Keeping Children Safe in Education 2022*
* *Working Together to Safeguard Children 2018*
* *Disqualification under the Childcare Act 2006; effective 31st August 2018*  *Prevent Duty Guidance 2015*
* *The Prevent Duty; Departmental advice for colleges and childcare providers 2015*
* *Information sharing; Advice for Practitioners providing safeguarding services to*

  *children, young people, parents and carers 2018*

* *UKCISS Sexting in Colleges and Colleges; Responding to incidents and safeguarding*  *young people*
* *Child sexual exploitation: Definition and a guide for practitioners, local leaders and*  *decision makers working to protect children from child sexual exploitation*
* Teacher Standards 2012

1.11 This policy should be viewed alongside the following college policies which have relevance to safeguarding and promoting the welfare of children and adults at risk:

* Whistleblowing Policy
* Guidance for Safer Working Practices with Learners
* Safer Recruitment and Retention Policy
* Anti-Bullying Policy
* E-Communication Policy
* Admissions Policy
* Health and Safety Policy

# 2. SCOPE

2.1 Safeguarding is everybody’s responsibility and, as such, this policy applies to all staff and volunteers working in the college. An allegation, disclosure or suspicion of abuse, or an expression of concern about abuse, could be made to any member of staff, not just those with a teaching or welfare-related role. Similarly, any member of staff may observe or suspect an incident of abuse.

2.2 This policy applies to all staff (including paid staff and volunteers, permanent/temporary/ancillary/supply contracts), governors and students on placement.

2.3 This policy replaces the previous Safeguarding Vulnerable Adults Policy 2018/19 and is reviewed on an annual basis.

#  3. DEFINITION OF TERMS

 3.1 **Adult**

 “Adult” in this context means a person aged 18 years or over.

## 3.2 Adult at Risk

 An “adult at risk ” is any person age 18 or over who is or maybe in need of services by reason of mental / physical or learning disability/ age or illness and unable to take care of them self or unable to protect themselves against significant harm or serious exploitation.

They may include for example, people with:

* a mental health problem or mental disorder including dementia , or people on the autistic spectrum
* a physical disability
* a sensory impairment
* a learning disability
* who are frail and who are experiencing a temporary illness

 3.3  **Care Services**

 “ Care Services” will be taken to include all care services provided in any setting or context.

##  3.4 Adult abuse

Abuse is when someone does or says something that hurts, upsets or frightens another person and that person is not able to stop it happening. It might happen on purpose or the person doing it might not realise it is wrong or causing harm, but both are still wrong and it should not happen. If you think something is wrong, talk to someone.

Abuse can be caused by anyone:

* A partner or relative
* A friend or neighbour. Sometimes a person can pretend to be a friend so they can abuse a person, this is called Mate Crime
* A carer, this can be someone who is paid or a volunteer
* Someone in a position of trust
* A stranger

There are different kinds of abuse:

**Physical abuse** is when someone physically hurts another person. It could include:

* hitting , slapping, kicking, shaking or pushing
* force feeding
* misusing medication
* throwing things at someone

**Financial or material** abuse is when someone takes something that belongs to someone else without asking or makes that person give them things. It is when someone does not let another person use their money how they want to use it. It can include:

* internet scamming
* fraud
* misuse of property, possessions or benefits
* pressure or control with financial affairs or wills

**Neglect** is when a person does not get the help they need and their medical, emotional or physical care needs are ignored. It could include:

* being left alone when the person doesn’t want to be
* being left hungry or thirsty
* not getting help with medication
* not seeing a doctor when the person wants to
* not being helped with personal care or using the toilet
* failure to provide educational services

**Sexual abuse** is when someone is made to do sexual things that makes them feel sad, angry, frightened or they do not like or understand. It can include:

* unwanted touching
* rape
* sexual assault
* sexual acts that a person has not given consent to or was pressured into consenting ● pressure to look at sexual images
* when someone talks about sex to a person when they don’t want them to being subject to sexual innuendo or harassment

**Psychological or emotional** abuse is when someone is made to feel sad, afraid or not important. It can happen anywhere including on the internet or phone. It can include:

* calling names, verbal abuse
* being made fun of, humiliated
* blaming a person for things that are not their fault
* ignoring or depriving
* threats or intimidation
* controlling
* cyber bullying

**Discriminatory** abuse is when someone is treated badly because they are seen as different to others; this is sometimes called Hate Crime and can include:

* racism
* sexism- sexuality or gender identity
* abuse related to the way someone talks, their religion or age
* acts based on a person’s disability
* harassment

**Modern Slavery** is when someone is forced to work with little or no pay, or threatened with violence if they do not work. It can include:

* human trafficking
* forced labour
* domestic servitude

**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. It usually happens in a person’s own home and it could include:

* psychological
* physical
* sexual
* financial abuse
* what is known as ‘honour’ based violence

**Self-neglect** is when someone might come to harm if they do not look after themselves. It covers a wide range of behaviours where a person fails to care for their own personal hygiene, physical or emotional health or surroundings and it could include:

* not getting enough food, water or heat
* not taking medication or getting medical care that is needed
* not accepting help or support that is necessary to stay safe
* not looking after personal hygiene
* unsafe, hazardous living condition
* hoarding

**Organisational abuse** is abuse caused by an organisation and is abuse or neglect of an adult by people in a setting or service where the adult is living or using; for example, a care home, hospital or service provided in a person’s own home. It could include:

* neglect
* poor practice
* mistreatment of a regime

##  3.5 Extremism

Extremism is defined in the Counter Extremism Strategy 2015 as “the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.” Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

##  4.0 ACCOUNTABILITY

4.1 All staff, volunteers and governors working in the college, are responsible for the operation of this policy.

4.2 The Designated Safeguarding Officer for the College is **Assistant Principal Diane Reeves**

 **Deputy Safeguarding Officers:**

Manchester Campus: **Diane Reeves**

London Campus: **Ashley Jordon- Diaper**

4.3 All members of staff have a legal duty to report any disclosure, allegation or suspicion of abuse, to the Designated Safeguarding Officer. This must be done *immediately* following the disclosure or suspicion is made or arises. A Cause for Concern form (Appendix 1) should also be completed, which is then held by the Designated Safeguarding Officer and will be placed in the student’s confidential individual file.

4.4 The Designated Safeguarding Officer has a duty to make a referral to Adult Social Care, whenever there is reason to suspect that an adult at risk is suffering, or likely to suffer, significant harm.

4.5 The Designated Safeguarding Officer may contact Adult Social Care for advice, if unsure as to whether a referral is appropriate.

4.6 The Designated Safeguarding Officer or a Deputy will make every effort to attend any meetings resulting from the safeguarding process to which the college is invited.

4.7 The Designated Safeguarding Officer is responsible for ensuring that any actions agreed at such meetings are progressed and followed up.

4.8 The consent of the abused person should be sought before a referral to the Local Authority Adult Social Care team is made. The Mental Capacity Act provides a statutory framework to empower and protect people who may lack the capacity to make decisions for themselves: and establishes a framework for making decisions on their behalf. All decisions taken in the adult safeguarding process must comply with the act. (See Appendix 4 for Guiding Principles) It should, however, be remembered that there may be circumstances where there is a need to overrule their wishes. For example:

* The adult lacks the mental capacity to make that decision –this must be properly explored and recorded in line with the Mental Capacity Act.
* Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
* Other people are, or may be, at risk, including children. (When children are at risk an immediate referral must be made to the appropriate children’s services)
* Sharing the information could prevent a serious crime or a serious crime has been committed.
* The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral.
* Staff are implicated.
* There is a court order or other legal authority for taking action without consent. If the person is not making an informed decision or choice, or where this is uncertainty this is the case.

* 1. Any decision to overrule the wishes of the allegedly abused person should be recorded on the College’s Cause for Concern form, with the reasons for such a decision, and a copy should be kept in the Safeguarding Adult File, held by the Assistant Principal.
	2. In cases where the allegedly abused person wishes to self-refer to their Local Authority, the matter must still be referred to the Designated Safeguarding Officer, who should accordingly refer the matter to Social Care regardless of the individual’s decision to self-refer.
	3. The welfare of the person concerned, including the welfare of any other adults or children who may be at risk, must always take precedence over confidentiality. Therefore, these procedures must be followed, irrespective of any request to maintain confidentiality.

* 1. The Designated Safeguarding Officer must complete safeguarding training relevant to their role. This level of training must be updated at least every two years, with further safeguarding training to be accessed on a minimum of an annual basis. This is to ensure designated staff have appropriate, up to date knowledge and skills which will enable them to identify concerns and make decisions that support the safety of the college community.
	2. All staff working in the college must be given a copy of the Adults at Risk Safeguarding Policy immediately upon starting work at the college as part of their induction.

* 1. Targeted staff working in the College will be given appropriate staff development related to safeguarding adults at risk as part of their induction and at a minimum of every three years thereafter.

* 1. The Governing Body will undergo safeguarding training specific to their role and responsibilities at a minimum of every three years. The Designated Governor for Safeguarding will attend appropriate Roles and Responsibilities training at least every two years.

* 1. A summary of safeguarding cases and pertinent safeguarding issues that have been dealt with by the College will be reported to the Board of Governors on at least an annual basis. All reporting to the Board of Governors will be anonymised and will contain enough detail to allow appropriate scrutiny and oversight.

* 1. The Board of Governors shall be responsible for ensuring that the College has up to date policies in place with respect to safeguarding adults at risk .

* 1. The Human Resources Advisors will ensure the criminal backgrounds of applicants for vacant posts are checked via the Disclosure and Barring Service, and that all preemployment checks are completed.

## 5.0 ROLES & RESPONSIBILITIES OF STAFF/VOLUNTEERS/GOVERNORS

5.1 All staff/volunteers/Governors across the college community are well placed to identify concerns and have individual responsibility for reporting such concerns to the Designated Safeguarding Officer.

5.2 Staff/volunteers/Governors will ensure that they are able to recognise possible indicators of abuse and neglect (see Appendix 3 for further information) and know who to report their concerns to.

5.3 Staff/volunteers/Governors will report any safeguarding concerns to a Safeguarding Officer without delay and in a timely fashion. Verbal reporting of concerns will then be followed up in writing as soon as possible but always within 24 hours. Rather than thinking, “*what if I’m wrong?*” staff are encouraged to think, “*what if I’m right?*” in relation to any safeguarding concerns.

5.4 Staff/volunteers/Governors will ensure that they record their concerns using the College’s standard recording format (Appendix 1) in a contemporaneous fashion, clearly noting the difference between fact and opinion and where the information has come from. The voice of the adult at risk will be made clearly evident.

5.5 Staff/volunteers/Governors will ensure that concerns relating to a vulnerable adult remain confidential and are only shared with the Safeguarding Officer.

5.6 Staff/volunteers/Governors will co-operate with safeguarding enquiries made by Adult Social Care in relation to our students.

5.7 Staff/volunteers/Governors will develop effective links with other agencies in the interests of health and wellbeing.

5.8 Staff/volunteers/Governors will ensure that they attend full Level 2 Basic Awareness in Safeguarding training appropriate to their role at least every three years and will attend further update training annually. This includes training regarding the Prevent Duty.

5.9 Staff/volunteers/Governors will ensure that they are familiar with and understand all College safeguarding related policies and procedures.

5.10 Staff/volunteers/Governors will provide a safe environment in which adults at risk can learn and will have a belief that “*it could happen here*”.

5.11 Staff/volunteers/Governors are aware that teachers should safeguard the wellbeing of adults at risk and maintain public trust in the teaching profession as part of their professional duties

5.12 Staff/volunteers/Governors understand that it may be appropriate to discuss with the Safeguarding Officer matters outside of work, which may have implications for the safeguarding of adults at risk in the workplace. This includes information about themselves. Staff will ensure that they are aware of the circumstances where this would be applicable.

5.13 Staff/volunteers/Governors understand that failure to follow any of the procedures set out within this policy may result in disciplinary action being taken by the college.

## 6.0 ROLES & RESPONSIBILITIES OF DESIGNATED SAFEGUARDING OFFICER

 The Governing Body will ensure that an appropriate senior member of staff is appointed to the role of Designated Safeguarding Officer. The Designated Safeguarding Officer (DSO) will be a member of the Senior Leadership team and the role will be explicit within their job description. This person will have the appropriate status and authority within the college to carry out the duties of the post. They will be given the time, funding, training, resources and support to provide advice and support to other staff, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of adults at risk He / she will undertake the following as part of the role:

* Provide support, advice and guidance to colleagues
* Recognise signs / indicators of abuse and decide when referrals to Adult Social Care/other relevant agencies are appropriate. This should include identification of cases where Early Intervention would be appropriate
* Liaise with relevant agencies (where appropriate) to inform the decision on whether to make a referral to Adult Social Care
* Liaise with Principal (where the role is not carried out by the Principal) to inform him/ her of any issues or on-going investigations.
* Attend and effectively contribute to meetings or plans requested by other agencies
* Provide written reports at such meetings using the Local Authority report template
* Keep detailed, accurate and secure written records of referrals and concerns. Ensure these records are stored in a locked filing cabinet and are not accessible by staff/students
* Monitor and track the progress of all adults at risk
* Provide the Governing Body with an up to date analysis of safeguarding related issues and numbers of adults at risk to enable them to scrutinise, challenge and support the College as necessary
* Ensure the College’s safeguarding related policies are up to date and reviewed annually. Work with the Governing Body / Designated Governor regarding this.
* Ensure every member of staff has access to and understands the College’s safeguarding related policies (including Whistleblowing, etc.) ● Ensure students are aware of the Safeguarding Adults at Risk Policy
* Ensure that the most up to date version of the Safeguarding Adults at Risk Policy is available to download from the College website and that appropriate safeguarding information is displayed to website visitors
* Ensure all staff have induction training which covers safeguarding and are able to recognise and report any concerns immediately when they arise, including the fact that there is also the possibility of peer on peer abuse
* Ensure that all staff have full Level 2 Basic Awareness in Safeguarding training at least once every three years, and ensure that all staff receive safeguarding update training on a minimum of an annual basis. Keep accurate records of staff participation in this.
* Ensure that all staff have completed training in relation to their Prevent Duty
* Ensure all staff are aware of and adhere to the College’s Guidelines for Safer Working
* Practice. Ensure that this includes references to online conduct and e-safety and is reviewed on an annual basis
* Attend Level 3 multi-agency Working Together training, and subsequent Refresher training every 2 years
* Continually update safeguarding knowledge by attending appropriate Level 3 multiagency safeguarding training on a minimum of an annual basis
* Ensure safe messages are displayed in reception / visitor areas and that appropriate checks are made on entry to the College. Ensure visitors to the establishment are aware of who the DSO and deputies are and how to share concerns should they arise
* Share and disseminate good practice within own college and within the local area

## 7.0 ROLES & RESPONSIBILITIES OF GOVERNING BODY AND DESIGNATED GOVERNOR

7.1 Governing bodies are responsible for ensuring the College’s policies and procedures for safeguarding. All governors have a responsibility to ensure the College’s safeguarding measures meet statutory requirements and all should know what to do if they have concerns about an adult at risk.

7.2 The Designated Safeguarding Officer should liaise with the Designated Governor for Safeguarding so that the Designated Governor can report to the governing body about safeguarding issues. Reports to the governing body should not be about specific cases, but should review the safeguarding policies and procedures. It is good practice for the Designated Governor and the Designated Safeguarding Officer to present the report together.

# PART 2: PROCEDURES

## 8.0 PROCEDURES REGARDING SAFEGUARDING CONCERNS

8.1 All members of the College community have a statutory duty to safeguard and promote the welfare of adults at risk. If any member of the College community has a safeguarding concern, they should contact a Safeguarding Officer **immediately**. Staff and governors should not investigate possible abuse or neglect themselves.

8.2 Injuries noted should be reported to the Safeguarding Officer **immediately** as it is acknowledged that once an injury occurs, the body will start to heal and therefore evidence will start to diminish.

8.3 The Safeguarding Officer will consider the information they have received and will determine what action should be taken .He/she must record the outcome of this decision making process.

8.4 If the Safeguarding Officer is unsure as to whether the presenting concern reaches the criteria for referral to Adult Social Care they should contact the Team

8.5 Adult Social Care contact details are as follows:

* **Bury Adult Social Care Services on** 0161 253 5151 or 0161 253 6606 (out of hours)
* **Salford Adult Social Care Services on** 0161 631 4777 or 0161 631 4777 (out of hours)
* **Barnet Adult Social Care Services on** 020 8359 5000 or 020 8359 2000 (out of hours)

8.6 The Safeguarding Officer will complete, in detail, the multi-agency referral form (available on Salford City Council Safeguarding Adults - https://www.salford.gov.uk/healthand-social-care/safeguarding-adults/). The form will also be available on websites of London boroughs. He/she will include as much detail as possible relating to the concern, to enable Adult Social Care to react in a timely way. This referral form must be completed within a maximum of 48 hours but sooner when requested.

##  9.0 PROCESS TO FOLLOW IF AN ADULT AT RISK MAKES A DISCLOSURE

 If an adult at risk makes a disclosure of abuse to you:

  **You should:**

* Listen and keep calm. Do not interrupt
* You MUST NOT promise the adult at risk that you will keep the matter confidential. Explain to them who you will need to tell and why
* Keep questions to a minimum, as your role is not to investigate. If you need to ask questions in order to ascertain whether this is a safeguarding concern, ensure they are open questions
* Make a record of what has been said immediately afterwards in words used by the adult at risk and yourself to the best of your memory.
* Note anything about the adult at risk which is connected i.e. any visible injuries including the position and description, the demeanour of the adult at risk i.e. crying, withdrawn etc.
* Clearly indicate whether fact, opinion or third party information
* Report the matter immediately to a Safeguarding Officer
* If in doubt seek advice from the Safeguarding Officer

All staff , irrespective of their role should are authorised to call the police and/or ambulance services without the necessity of first referring to a safeguarding officer, if it is believed that there is an emergency situation.

Emergency : Call 999

Non Emergency: Call 101

**You should not:**

* Ask leading questions or press for details
* Rush the adult at risk
* Examine the adult at risk
* Investigate
* Promise confidentiality
* Summarise or use your own words to describe events
* Delay sharing the information with a Safeguarding Officer

## 10.0 CONFIDENTIALITY

10.1 The College recognises that all matters relating to safeguarding are confidential.

10.2 The Principal, Designated Safeguarding Officer will disclose any information about an adult at risk to other members of staff on a need to know basis only. Guidance about sharing information can be found in the 2018 document “*Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers 2018”*

10.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard adults at risk.

10.4 All staff must be aware that they cannot promise confidentiality which might result in the adult at risk’s safety or wellbeing being compromised.

10.5 The College pays due regard to the relevant data protection principles which allow us to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). The College is aware of the processing conditions under the Data Protection Act 2018 and the GDPR which allow us to store and share information for safeguarding purposes, including information which is sensitive and personal, and this is treated as “special category personal data”. Where we would need to share special category personal data, we are aware that the Data Protection Act 2018 contains “safeguarding of children and individuals at risk” as a processing condition that allows us to share information. This includes allowing college to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that we can gain consent, or if to gain consent would place an adult at further risk.

## 11.0 RECORDING AND MAINTENANCE OF RECORDS

11.1 All safeguarding concerns should be recorded on the Cause for Concern Form (Appendix 1). Staff making records will ensure that they clearly distinguish between fact and opinion and whether the information is 1st or 2nd hand. Records will clearly evidence the voice of the adult at risk and will always be written contemporaneously.

11.2 Records will be maintained in a Safeguarding File. (See Appendix 2 for exemplar front sheet for File.)

11.3 Individual files should be clearly organised in chronological order and all entries should be signed and dated in a legible manner by the person making the entry. This should include their role/designation at the College. There should be a chronology of events kept on file to enable the Designated Safeguarding Officer and Deputy to have an immediate overview of the case.

11.4 Such records will be kept in a secure locked filing cabinet.

 11.5 Files will be archived and securely stored.

#  12. ALLEGATIONS MANAGEMENT

12.1 It is essential that any allegation of abuse made against a member of staff or volunteer in an education setting is dealt with fairly, quickly and consistently to provide effective protection for the adult at risk and at the same time support the person subject to the allegation.

12.2 Any individual who has concerns or receives information in which it is alleged that a member of staff/volunteer has:

* behaved in a way that has harmed or may have harmed an adult at risk;
* possibly committed a criminal offence against or related to an adult at risk ; or behaved toward an adult or adults at risk in a way that indicates s/he is unsuitable to work with adults at risk must report the matter without delay to the Principal or designated member of the Senior Management Team.

* 1. In circumstances where the concern/allegation is in relation to the Principal, reports should be made without delay to the Chair of Governors.

* 1. A safeguarding concern will always exist, and therefore these Procedures must be followed, whenever a member of staff is observed to subject, or is accused of subjecting an adult at risk to any abusive behaviour.

* 1. The Senior Designated Safeguarding Officer will consult with Social Care to determine:

* if there is a need to undertake preliminary enquiries and, if so, how the enquiries should be conducted or;
* if there is sufficient information available to conduct an investigation under Adult at Risk Protection Procedures;
* Whether immediate action to protect an Adult at Risk is required.

* 1. In the instance of an allegation of abuse of an adult at risk , made against the Principal, the Chair of Governors would liaise directly with Salford Local Authority Adult Social Care.

* 1. Preliminary enquiries should be made by Designated Safeguarding Officer, after consultation with the appropriate Local Authority Adult Social Care team.

* 1. The enquiries should be minimal to establish the facts of the allegation if these were not established or were unclear at the time the original concern was raised, i.e. date, time, place of any alleged incident, any witnesses and other relevant factors.

* 1. In-depth questioning of adults at risk or professionals/professional carers should not take place.

* 1. Careful records should be made regarding any concerns or allegations and actions taken in response to these.

* 1. Further consultation with Salford / Barnet Borough Council Adult Social Care should then take place to establish the most appropriate next step.

* 1. When an allegation is made a number of inter-related elements will exist

(Safeguarding, Criminal Investigation, Disciplinary, Complaints).

* 1. The Local Authority Adult Social Care team will work with the Officer and ensure that all subsequent stages of the Adult at Risk Protection Procedures are followed. They will also be involved in the college’s decision to inform the Independent Safeguarding Authority of any relevant information.

* 1. If any individual is unhappy that their concerns are not being taken seriously within the College, they should raise their concerns with the Principal and consultation with Social Services must take place.

* 1. Where there is no criminal offence and Police are not leading on an investigation, any investigation undertaken by the College will be timely, thorough, consistent and fair to all parties involved in order to reach the correct conclusion and outcome. The College will endeavour to complete this investigation as quickly as possible.

* 1. As a result of an investigation if any member of staff is found not suitable to work with adults at risk, the Collegewill refer the individual to the Disclosure and Barring Service (DBS) for consideration for barring. This includes where the member of staff resigns prior to conclusion of the investigation, the member of staff is dismissed, or when the college ceases to use their service as a result of a substantiated allegation. Where appropriate, consideration will also be given to referral to the Teaching Regulation Agency for possible prohibition from teaching.

* 1. The College will not use “compromise” or “settlement agreements” if the member of staff is not suitable to continue in their employment with Adults at Risk

* 1. The College recognises that there are occasions when a person who works with Adults at Risk behaves in a way that is concerning and raises questions about their ability to recognise and take steps to safeguard adults at risk

* 1. in their care. As an employer the College has a duty to consider whether the issue indicates that they are unsuitable to continue in their role for the immediate future or indefinitely. These are known as issues of suitability and would be dealt with via the College’s disciplinary procedures. Issues of suitability can include:

* Where an employee is being investigated for an offence against an adult, or
* Their behaviour in their personal lives brings into question their suitability to work with Adults at Risk

12.19 Staff in College should ensure that they disclose information about themselves relating to the above to the Principal as soon as possible. The College will create an environment and culture where staff are able to do this.

#  13 WHISTLEBLOWING

13.1 The College recognises that adults at risk cannot be expected to raise concerns in an environment where staff fail to do so.

13.2 All staff should be aware of their duty to raise concerns, where they exist, which may include the attitude or actions of colleagues. The College’s Whistleblowing Policy is there to support and aid them in these circumstances.

13.3 Whistleblowing regarding the Principal should be made to the Chair of the Governing Body, whose contact details should be readily available to staff.

#  14 ESCALATION

14.1 If any member of staff is unhappy with the response they have received in relation to a safeguarding concern they have raised, it is their responsibility to ensure they escalate their concern.

14.2 Where professional disagreement occurs and the Designated Safeguarding Officer and/or Deputy are unhappy with the actions or decisions of another agency, they will escalate their concern in line with the Local Authorities formal escalation policy to ensure a timely resolution.

#  15 PROACTIVE SAFEGUARDING

15.1 The College recognises that it plays a significant part in the prevention of harm to adults at risk by providing them with opportunities to learn, good lines of communication with trusted staff, supportive peers and an ethos of protection.

15.2 The College recognises that it may provide the only stability in the lives of adults at risk who have been abused or who are at risk of harm.

15.3 The College recognises that safeguarding incidents and/or behaviours can be associated with factors outside the College. All staff, but especially the Designated Safeguarding Officer and deputy should consider the context within which such incidents or behaviours occur. This is known as contextual safeguarding, which means assessments of adults at risk should consider whether wider environmental factors are present that are a threat to their safety and/or welfare.

15.4 The College community will:

* Work to establish and maintain an ethos where Adults at Risk feel secure and are encouraged to talk and are always listened to. This ethos will be modelled and replicated by staff and governors.
* Promote a caring, safe and positive environment within the college.
* Ensure that the College site is a safe, secure and welcoming place to learn.
* Encourage self-esteem and self-assertiveness through the curriculum as well as through personal relationships, whilst not condoning aggression or bullying.
* Ensure that all adults at risk know there is a member of staff in the College whom they can approach if they are worried or in difficulty.
* Include safeguarding messages across the curriculum, to ensure that adults at risk are equipped with the skills they need to recognise risky behaviours, stay safe from harm and to know to whom they should turn for help. Offer a positive college experience.
* Ensure all staff are aware of College guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

## 16.0 SAFEGUARDING STUDENTS WHO ARE VULNERABLE TO EXTREMISM

16.1 Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

16.2 The College values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society’s values. Both students and teachers have

the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

16.3 Under duties imposed within the Prevent Duty Guidance 2015 as part of the Counterterrorism and Security Act 2015, The College will ensure that situations are suitably risk assessed, that they will work in partnership with other agencies, that all staff are suitably trained and that IT policies will ensure that children and young people are safe from terrorist and extremist material when accessing the internet in College.

16.4 The College Officer (Single Point for Contact) for Prevent is: Principal

He/she will link with other relevant agencies (including the Police) to ensure that vulnerable people are appropriately supported and risk assessed, and that all staff and Governors have received training to ensure they are able to recognise any concerns. The specific Roles and Responsibilities of this Single Point of Contact (SPOC) are defined in Appendix 3.

16.5 The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. The College is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

16.6 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are contained in Appendix 3.

16.7 The College seeks to protect Adults at Risk , children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

16.8 The Channel and Prevent contacts within Greater Manchester and London:

**Salford**:

**Tel**: 0161 778 0315

**Barnet**:

MASH team on 020 8359 4066, or mash@barnet.gov.uk

Anti-Terrorist Hotline 0800 789 321

Text Phone Service 0800 032 4539

Web site https://secure.met.police.uk/athotline/

## Policy Review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Written By:**  | **Authorised by:**   | **Date:**   | **Review Date:**   | **Approved by:**   |
| DR | Principal  |  Jan 24   | Jan 25 | Board on recommendation of SMT  |

## Publication

|  |  |
| --- | --- |
| **Audience:**   | **Published:**   |
| Staff, Students, Public  | Staff Shared drive and College website  |

## Appendix 1



**Safeguarding**

**Cause for Concern Form**

## Confidential

|  |
| --- |
| **Name of Child/Adult at Risk :**  |
| **Gender:**  | **DOB:**  | **Student ref No:**  |
| **Does the child/ adult at risk know you are speaking to a safeguarding officer? Yes/ No**    |
| **Reason for concern:** **(State what child/ adult at risk said, or what you observed that caused suspicion. Include date, and time of event. Where reporting what someone said to you, try to use as close to their exact words as you can remember).** *Continue on additional pages if necessary.*  |
| **Category of abuse causing concern:** *(Circle any that apply)* **Physical Sexual Emotional Neglect Financial Institutional**  |

|  |
| --- |
| **Whom have you spoken to and what was said?**  |
| **Details of person completing this form.** **Name:.................................................** **Position:..............................................** **Signature:...........................................** **Date:...................................................**  |

|  |  |  |
| --- | --- | --- |
|  | **To be completed by a Safeguarding Officer** |  |
| **State what action was taken and when** *(continue on additional pages if necessary)*     |
|  **Name:...................................... Signature:................................** **Date:........................................**     |

**Appendix 2**

**SUMMARY SHEET**

**STUDENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME:**   |   |   | **DOB:**   |   |
| **COURSE**   |   | **ETHNICITY:**   |   | **SEN** **STATUS:**   |   |
| **ADDRESS:**   |   |   |
| **PARENT / CARERS:**   |   |   |
| **PHONE** **NUMBERS:**   |   |   |
| **RELEVANT STAFF IN COLLEGE:**   |   |   |
|   |   |

**AGENCIES INVOLVED**

|  |  |  |
| --- | --- | --- |
| **AGENCY**   | **NAMED PERSON**   | **CONTACT DETAILS**   |
| CHILDREN’S / SOCIAL CARE  |   |   |
| EARLY INTERVENTION  |   |   |
| CAF LEAD PROFESSIONAL  |   |   |
| EDUCATION WELFARE LEAD  |   |   |
| COLLEGE HEALTH  |   |   |
| GP DETAILS  |   |   |
| FAMILY SUPPORT WORKER  |   |   |
| EDUCATION PSYCHOLOGIST  |   |   |
| POLICE  |   |   |
|  ADULT SOCIAL CARE  |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**BRIEF SUMMARY OF FACTS**

*Include details such as significant family members, family members who should not be contacted, sibling details (including their colleges), etc.*

**Appendix 3**

# SIGNS AND INDICATORS OF ABUSE IN CHILDREN AND SPECIFIC SAFEGUARDING ISSUES

The risk indicators described in this appendix are frequently found in cases of child abuse. Many of these may be indicators of abuse of adults at risk as well. Their presence is not proof that abuse has occurred, but:

* Must be regarded as indicators of the possibility of significant harm
* Justifies the need for careful assessment and discussion with Designated Safeguarding Officer
* May require consultation with and / or referral to Children’s Services

However, it is important to note that the absence of such indicators does not mean that abuse or neglect has not occurred.

The following non-specific signs may indicate something is wrong:

* Significant change in behaviour / attendance at college
* Extreme anger or sadness
* Aggressive and attention-seeking behaviour
* Suspicious bruises / injuries with unsatisfactory explanations
* Lack of self-esteem
* Self-injury
* Depression
* Age inappropriate sexual behaviour

In an abusive situation, the child may:

* Appear frightened of the parent/s or other adults or children
* Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

* Persistently avoid child health promotion services and treatment of the child’s episodic illnesses ● Have unrealistic expectations of the child
* Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
* Be absent
* Be misusing substances (alcohol or drugs)
* Have mental health issues that compromise parenting ability
* Persistently refuse to allow access on home visits
* Be a victim or a perpetrator of domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household. Staff should also be aware of the potential for peer on peer abuse in that abuse can be perpetrated by children or young people in addition to adults.

**In relation to any of the signs and indicators described below, staff should ensure that they follow procedures set out in parts 4.0 and 8.0 of the main policy as detailed above.**

# RECOGNISING PHYSICAL ABUSE

Children will have accidental injuries. All injuries noted by staff should be responded to, regardless of whether the member of staff suspects it is an accidental injury. The following are often regarded as indicators of concern:

* An explanation which is inconsistent with an injury
* Several different explanations provided for an injury
* Unexplained delay in seeking treatment
* The parents/carers are uninterested or undisturbed by an accident or injury
* Parents are absent without good reason when their child is presented for treatment
* Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
* Family use of different doctors, urgent treatment centres (e.g. Walk-in centres) and A&E ● departments
* Reluctance to give information or mention previous injuries
* Absence from college (which may be used to hide injury from professionals)
* Depression and anxiety
* Aggression and violence
* Difficulties with relationships and socialising
* Trying to hide injuries (e.g. under clothing) – reluctance to get changed for PE
* Becoming distant or withdrawn
* Going missing from home
* Not wanting to go home from college

Injuries to children should always be addressed immediately in order to prevent evidence from disappearing. This is particularly pertinent in the case of visible slap / scratch marks.

## Injuries caused by Physical Abuse

### Bruising

* On the cheeks, ears, palms, arms and feet
* On the back, buttocks, tummy, hips and backs of legs
* Any bruising to a non-mobile child
* Multiple bruising in clusters, usually on the upper arms or outer thighs
* Bruises which look like they have been caused by fingers, a hand or an object (the outline of an ● object used e.g. belt marks, hand prints or a hair brush)
* Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a ● single bruised eye can be accidental or abusive)
* Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally ● Variation in colour possibly indicating injuries caused at different times

### Burns and Scalds

* Burns on the backs of hands, feet, legs, genitals or buttocks
* Burns which have a clear shape, e.g. a cigarette burn or lineal burns
* Scalds that have a line indicating immersion or poured liquid (a child getting into hot water on
* his/her own accord will struggle to get out and cause splash marks)

### Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

### Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

* The history provided is vague, non-existent or inconsistent with the fracture type
* There are associated old fractures
* Medical attention is sought after a period of delay when the fracture has caused symptoms such
* as swelling, pain or loss of movement
* There is an unexplained fracture in the first year of life

# RECOGNISING EMOTIONAL ABUSE

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

* Developmental delay – physical, emotional and mental
* Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or non-
* Attachment, Aggressive / violent behaviour
* Scapegoated within the family
* Problems with relationships and socialising
* Rebellious behaviour
* Low self-esteem and lack of confidence – can manifest as eating disorders or self-harming ● behaviours
* Withdrawn or seen as a “loner” – difficulty relating to others (self-isolating behaviour or negative impulsive behaviour

# RECOGNISING NEGLECT

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

* Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes,
* warmth, hygiene and medical care
* Poor supervision of child
* Poor hygiene (e.g. dirty or smelly)
* Unwashed / inadequate clothing
* Untreated health problems or frequent missed medical / dental appointments
* Frequent, untreated bouts of head lice
* A child seen to be listless, apathetic and irresponsive with no apparent medical cause
* Failure of child to grow within normal expected pattern, with accompanying weight loss
* Child thrives away from home environment
* Child frequently absent from college / poor punctuality
* Child left with adults who are intoxicated or violent ● Child abandoned or left alone for excessive periods
* Poor college attendance / punctuality
* Withdrawn / isolated
* Problems with relationships and socialising

# RECOGNISING SIGNS OF SEXUAL ABUSE

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Indicators associated with this form of abuse are:

* Inappropriate sexualised conduct
* Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
* Continual and inappropriate or excessive masturbation
* Self-harm (including eating disorder), self-mutilation and suicide attempts
* Risk taking behaviour (during adolescence)
* Promiscuous behaviour
* Aggressive behaviour
* Withdrawn or isolated
* Unexplained gifts, toys or favours
* An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to
* cultural norms or physical difficulties)
* Pain or itching of genital area
* Blood on underclothes
* Bed wetting or soiling
* Sleep problems
* Pregnancy in a younger girl where the identity of the father is not disclosed
* Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and
* thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia or ● clothing

# RECOGNISING CHILD SEXUAL EXPLOITATION

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation. Signs include:

* underage sexual activity
* inappropriate sexual or sexualised behaviour
* sexually risky behaviour, 'swapping' sex
* repeat sexually transmitted infections
* in girls, repeat pregnancy, abortions, miscarriage
* receiving unexplained gifts, or gifts from unknown sources
* having multiple mobile phones and worrying about losing contact via mobile
* having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
* changes in the way they dress
* going to hotels or other unusual locations to meet friends
* seen at known places of concern
* moving around the country, appearing in new towns or cities, not knowing where they are
* getting in/out of different cars driven by unknown adults
* unknown adults collecting the children from college
* having older boyfriends or girlfriends
* involved in abusive relationships, intimidated and fearful of certain people or situations
* hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
* associating with other young people involved in sexual exploitation
* recruiting other young people to exploitative situations
* truancy, exclusion, disengagement with college, opting out of education altogether
* repeat absences / truancy from college (e.g. same time of day, same day each week, etc.)
* unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
* mood swings, volatile behaviour, emotional distress
* self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
* drug or alcohol misuse
* frequent missing from home episodes
* getting involved in crime, police involvement, police records ● involved in gangs, gang fights, gang membership ● Injuries from physical assault.

# RECOGNISING SEXTING / YOUTH PRODUCED SEXUAL IMAGERY

Whilst professionals refer to the issue as “sexting”, there is no clear definition of “sexting”. Many professionals consider sexting to be “sending or posting sexually suggestive images, including nude or semi-nude photographs, via mobiles or over the Internet” yet when young people are asked, “What does sexting mean to you?” they are more likely to interpret sexting as “writing and sharing explicit messages with people they know”. Similarly, many parents think of sexting as flirty or sexual text messages rather than images. “Youth produced sexual imagery” best describes the practice because:

* “Youth produced” includes young people sharing images that they, or another young person, have created of themselves
* “Sexual” is clearer than “indecent”. A judgement of whether something is ‘decent’ is both a value judgement and dependent on context
* “Imagery” covers both still photos and moving videos

Creating and sharing sexual photos and videos of under-18s is illegal and therefore causes the greatest complexity for colleges and other agencies when responding. It also presents a range of risks that need careful management.

## The Law

Making, possessing and distributing any imagery of someone under 18, which is “indecent”, is illegal. This includes imagery of yourself if you are under 18. Specifically:

* It is an offence to possess, distribute, show and make indecent images of children.
* The Sexual Offences Act 2003 (England and Wales) defines a child, for the purposes of indecent images, as anyone under the age of 18.

The types of incidents that this covers are:

* A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
* A person under the age of 18 shares sexual imagery created by another person under the age of

 18 with a peer under the age of 18 or an adult

* A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18

This does not cover:

* The sharing of sexual imagery of people under 18 by adults as this constitutes child sexual abuse and colleges should always inform the police
* Young people under the age of 18 sharing adult pornography or exchanging sexual texts which don’t contain imagery

 This does mean that young people are breaking the law by sharing such images, however whilst young people creating and sharing sexual imagery can be very risky, it is often the result of young people’s natural curiosity about sex and their exploration of relationships. Often, young people need education, support or safeguarding, not criminalisation.

Whilst it is recognised that the production of such imagery is likely to take place outside of college, issues often manifest in college. As a result it is expected that:

* All members of staff should be able to recognise and refer any disclosures of incidents of this nature
* All incidents of youth produced sexual imagery should be dealt with as safeguarding concerns and college safeguarding procedures should be followed
* Adults should not view youth produced sexual imagery unless there is good and clear reason to do so

**If staff have any concerns regarding sexting or any disclosures are made, they should *always* follow the college’s safeguarding procedures and refer to the DSO. They should *never* view, print, copy or share any images themselves; this is illegal.**

The decision to view imagery should be based on the professional judgement of the DSO and should always comply with the child protection policy and procedures of the college or college. Imagery should never be viewed if the act of viewing will cause significant distress or harm to the pupil. If a decision is made to view imagery the DSO would need to be satisfied that viewing:

* is the only way to make a decision about whether to involve other agencies (i.e. it is not possible to establish the facts from the young people involved)
* is necessary to report the image to a website, app or suitable reporting agency to have it taken down, or to support the young person or parent in making a report
* is unavoidable because a pupil has presented an image directly to a staff member or the imagery has been found on a college device or network

If it is necessary to view the imagery then the DSO should:

* Never copy, print or share the imagery; this is illegal
* Discuss the decision with the Principal
* Ensure viewing is undertaken by the DSO or another member of the safeguarding team with delegated authority from the Principal
* Ensure viewing takes place with another member of staff present in the room, ideally the Head teacher or a member of the senior leadership team. This staff member does not need to view the images
* Wherever possible ensure viewing takes place on college or college premises, ideally in the Principal or a member of the senior leadership team’s office
* Ensure wherever possible that images are viewed by a staff member of the same sex as the young person in the imagery
* Record the viewing of the imagery in the college’s safeguarding records including who was present, why the image was viewed and any subsequent actions. Ensure this is signed and dated and meets the wider standards set out by Ofsted for recording safeguarding incidents

# RECOGNISING SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN

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. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

The College considers that it is important all staff at are aware of the difference between sexual violence and sexual harassment in order to help identify and report any concerns.

**What is sexual violence?**

Under the Sexual Offences Act 2003, offences relating to sexual violence are described below:

* Rape: A person (A) commits an offence of rape if he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
* Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
* Sexual Assault: A person (A) commits an offence of sexual assault if s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

**What is consent?**

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

**What is sexual harassment?**

Sexual harassment is “unwanted conduct of a sexual nature” that can occur online and offline. Sexual harassment is likely to violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Whilst not intended to be an exhaustive list, sexual harassment can include:

* sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
* sexual “jokes” or taunting;
* physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (colleges and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
* Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence

It may include:

* non-consensual sharing of sexual images and videos;
* sexualised online bullying;
* unwanted sexual comments and messages, including, on social media; and
* sexual exploitation; coercion and threats

# RECOGNISING HARMFUL PRACTICES (FEMALE GENITAL MUTILATION, FORCED MARRIAGE AND HONOUR BASED ABUSE)

## Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. FGM is internationally recognised as a violation of human rights of girls and women. There are 4 types of procedure:

* Type 1, Clitoridectomy - partial/total removal of clitoris
* Type 2, Excision - partial/total removal of clitoris and labia minora
* Type 3, Infibulation - entrance to vagina is narrowed by repositioning the inner/outer labia
* Type 4, all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

It is carried out because there is a belief that:

* FGM brings status/respect to the girl – social acceptance for marriage
* It preserves a girl’s virginity
* Part of being a woman / rite of passage
* Upholds family honour
* Cleanses and purifies the girl
* Gives a sense of belonging to the community
* Fulfils a religious requirement / perpetuates a custom or tradition ● Helps girls be clean / hygienic

Is cosmetically desirable

It is mistakenly believed to make child birth easier

***Indicators that may point to FGM happening:***

* Child talking about getting ready for a special ceremony
* Family taking a long trip abroad
* Child’s family being from one of the “at risk” communities for FGM (Kenya, Somalia, Sudan,
* Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni,
* Afghani, Kurdistani, Indonesian and Pakistani)
* Knowledge that the child’s sibling has undergone FGM
* Child talks about going abroad to be “cut” or to prepare for marriage

***Signs that may indicate a child has undergone FGM:***

* Prolonged absence from college and other activities
* Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued Bladder or menstrual problems
* Finding it difficult to stand, sit or walk. Looking uncomfortable when undertaking these activities
* Complaining about pain between the legs
* Mentioning something somebody did to them that they are not allowed to talk about
* Secretive behaviour, including isolating themselves from the group
* Reluctance to take part in physical activity
* Repeated urinal tract infections
* Disclosure

## Mandatory Reporting of FGM

Teachers *must* personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the college or college’s designated safeguarding Officer and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.

If there are suspicions regarding FGM, it is essential that colleges take action **immediately**. If there are concerns that a child is at risk of, or is a victim of, FGM contact the NSPCC FGM helpline anonymously 24/7 on 0800 028 3550 or fgmhelp@nspcc.org.uk

## Forced Marriage (FM)

A Forced Marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

Forced Marriage is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological, for example, when someone is made to feel like they are bringing shame on their family. Financial abuse (taking the person’s wages or not giving them any money) can also be a factor.

Often those about to be forced into marriage cannot talk about what is happening to them because of the emotional pressure they are under from family. If there are suspicions regarding Forced Marriage following talking to the child, it is essential that college takes action **immediately**. (In cases of forced marriage, involving the family and the community may increase the risk of significant harm to the child or young person. The family may deny that the child or young person is being forced to marry and they may expedite any travel arrangements and bring forward the marriage.) If there are concerns that a child is at risk of FM college should contact the Forced Marriage Unit helpline for advice on 0207 008 0151.

## Honour Based Abuse (HBA)

Honour based abuse is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. The terms “honour crime” or “honour-based abuse” or “izzat” embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

* become involved with a boyfriend or girlfriend from a different culture or religion
* want to get out of an arranged marriage
* want to get out of a forced marriage
* wear clothes or take part in activities that might not be considered traditional within a particular culture

In disobeying this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims will have multiple perpetrators not only in the UK; HBA can be a trigger for a Forced Marriage.

# INDICATORS OF FM OR HBA

Absence and persistent absence

Request for extended leave of absence and failure to return from visits to country of origin

* Fear about forthcoming college holidays
* Surveillance by siblings or cousins at college
* Decline in behaviour, engagement, performance or punctuality ● Poor exam results
* Being withdrawn from college by those with parental responsibility
* Not allowed to attend extra-curricular activities
* Sudden announcement of engagement to a stranger
* Prevented from going on to further / higher education
* Accompanied to doctors or clinics by family members
* Self-harm / attempted suicide / depression / isolation
* Running away from home
* Eating disorders
* Substance misuse
* Siblings forced to marry / early marriage of siblings
* Self-harm or suicide of siblings
* Death of a parent
* Family disputes

If there are suspicions regarding Forced Marriage or Honour Based Violence following talking to the child, it is essential that college take action **immediately**. In cases of Forced Marriage and Honour Based Abuse, involving the family and the community may increase the risk of significant harm to the child or young person. If there are concerns that a child is at risk of FM college should contact the Forced Marriage Unit helpline for advice on 0207 008 0151 or in either case contact 999 if the situation is deemed to be an emergency.

# RECOGNISING CHILD CRIMINAL EXPLOITATION (CCE)

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 one area to another, typically 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 and a referral to the National Referral Mechanism (NRM) should be considered. Like other forms of abuse and exploitation, county lines exploitation:

* can affect any child or young person (male or female) under the age of 18 years;
* can affect any vulnerable adult over the age of 18 years;
* can still be exploitation even if the activity appears consensual;
* can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
* can be perpetrated by individuals or groups, males or females, and young people or adults; and is typified by some form of power imbalance in favour of those perpetrating the exploitation.

 Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

The following list of indicators is not exhaustive or definitive but it does highlight common signs that can assist professionals in identifying children or young people who may be victims of sexual exploitation. Signs include:

* Persistently going missing from college or home and / or being found out-of-area
* Unexplained acquisition of money, clothes, or mobile phones
* Excessive receipt of texts / phone calls
* Relationships with controlling / older individuals or groups
* Leaving home / care without explanation
* Suspicion of physical assault / unexplained injuries
* Parental concerns ● Carrying weapons
* Significant decline in college results / performance
* Gang association or isolation from peers or social networks
* Self-harm or significant changes in emotional well-being

# RECOGNISING CHILD ON CHILD ABUSE

Children can abuse other children. Child on Child abuse is behaviour by an individual or group, intending to physically, sexually or emotionally hurt others. All staff should be aware of safeguarding issues from peer abuse including:

* Bullying (physical, name calling, homophobic, etc., including cyber bullying)
* Gender based violence
* Sexually harmful behaviour and sexting

This abuse can be motivated by perceived differences e.g. on grounds of race, religion, gender, culture, sexual identity, disability, special educational needs or other differences and can result in significant, long lasting and traumatic isolation, intimidation or violence to the victim.

## Recognising and responding to child on child abuse

Stopping violence and ensuring immediate physical safety is the first priority of any education setting, but emotional bullying can often be more damaging than physical. An assessment of an incident between peers should be completed and should consider the following:

* Chronological and developmental ages of everyone involved
* Difference in their power or authority in relation to age, race, gender, physical, emotional or intellectual vulnerability
* All alleged physical and verbal aspects of the behaviour and incident
* Whether the behaviour involved inappropriate sexual knowledge or motivation
* What was the degree of physical aggression, intimidation, threatening behaviour or

bribery

The effect on the victim

* Any attempts to ensure the behaviour and incident is kept a secret
* The child or young person’s motivation or reason for the behaviour, if they admit that it occurred
* Whether this was a one-off incident, or longer in duration

Children or young people who harm others may have additional or complex needs e.g.:

* Significant disruption in their own lives
* Exposure to domestic abuse or witnessing or suffering abuse
* Educational under-achievement
* Involved in crime

It is important to develop appropriate strategies in order to prevent the issue of peer-on-peer abuse rather than manage the issues in a reactive way. Even with the most stringent of policies and support mechanisms, peer abuse can and may still occur. In order to try to prevent the College will:

* Have an ethos where students and staff treat each other with respect and understand how their actions affect others
* Ensure that the college environment is one that allows students to share information about anything that is upsetting or worrying them
* Use a strong and positive PSHCE curriculum to tackle issues such as prejudiced behaviour, and gives an open forum for young people to talk
* Openly discuss any issues that could motivate bullying with staff and students
* Address issues early between pupils which might later provoke conflict
* Develop strategies to help to prevent bullying
* Involve students and parents to ensure they know what to do to prevent and report concerns
* Create an inclusive, safe environment where pupils can openly discuss issues without fear
* Invest in skills to help staff understand the needs of SEND, disabled and lesbian, gay, bisexual and transgender pupils through staff training and CPD to ensure that staff do not dismiss issues
* Work with the wider community and agencies to tackle issues that occur outside the setting

For further information, staff should refer to College’s Anti Bullying Policy.

# CONTEXTUAL SAFEGUARDING

Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families and outside of their home. It recognises that the different relationships that young people form in their neighbourhoods, colleges and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships. Contextual Safeguarding expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

More information about Contextual Safeguarding can be found here:

https://contextualsafeguarding.org.uk/

# CHILDREN MISSING EDUCATION (CME)

Children Missing Education are children of compulsory college age who are not registered pupils at a college and are not receiving suitable education otherwise than at a college. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life. Effective information sharing between parents, colleges and local authorities is critical to ensuring that all children of compulsory college age are safe and receiving suitable education. Maintained colleges have a safeguarding duty in respect of their pupils, and as part of this should investigate any unexplained absences. Academies and independent colleges have a similar safeguarding duty for their pupils. When a child is deemed to be missing from education, Colleges must make reasonable enquiries to establish the whereabouts of the child jointly with the local authority, before deleting the pupil’s name from the register. Once these enquiries have been undertaken, the local protocol for Children Missing Education must be followed.

# RECOGNISING VULNERABILITIES TO EXTREMISM AND RADICALISATION

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy as:

*“Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas”*

Extremism is defined by the Crown Prosecution Service as:

*“The demonstration of unacceptable behaviour by using any means or medium to express views which: Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;*  ● *Seek to provoke others to terrorist acts;*

*Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or*  *Foster hatred which might lead to inter-community violence in the UK”*

There is no such thing as a “typical extremist”; those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Students may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that College staff are able to recognise those vulnerabilities.

**Indicators of vulnerability include:**

* **Identity Crisis** – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
* **Personal Crisis** – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
* **Personal Circumstances** – migration; local community tensions; and events affecting the student / pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
* **Unmet Aspirations** – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
* **Experiences of Criminality** – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
* **Special Educational Need** – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

This list however is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism. More critical risk factors could include:

* Being in contact with extremist recruiters;
* Accessing violent extremist websites, especially those with a social networking element;
* Possessing or accessing violent extremist literature;
* Using extremist narratives and a global ideology to explain personal disadvantage;
* Justifying the use of violence to solve societal issues;
* Joining or seeking to join extremist organisations; and
* Significant changes to appearance and / or behaviour;
* Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

If there are suspicions regarding radicalisation or extremism, it is essential that Colleges take action without delay. If there are concerns that a child is at risk of radicalisation, or is voicing concerning opinions or attitudes, staff should contact the College Officer (SPOC) for Prevent **without delay**. The College lead will then risk assess the information, make contact with, and take advice from the appropriate agencies.

**PREVENTING VIOLENT EXTREMISM - ROLES AND RESPONSIBILITIES OF THE COLLEGE’S SINGLE POINT OF CONTACT (SPOC)**

* Ensuring that staff are aware of the role of the SPOC in relation to protecting pupils from radicalisation and involvement in terrorism;
* Maintaining and applying a good understanding of the relevant guidance in relation to preventing pupils from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
* Raising awareness about the role and responsibilities of the College in relation to protecting pupils from radicalisation and involvement in terrorism;
* Monitoring the effect in practice of the college’s RE curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
* Raising awareness within the college about the safeguarding processes relating to protecting pupils from radicalisation and involvement in terrorism;
* Acting as the first point of contact within the college for case discussions relating to pupils who may be at risk of radicalisation or involved in terrorism;
* Collating relevant information in relation to referrals of vulnerable pupils into the Prevent / Channel\* process;
* Attending Channel\* meetings as necessary and carrying out any actions as agreed;
* Reporting progress on actions to the Channel\* Co-ordinator; and Sharing any relevant additional information in a timely manner.

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

* Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;
* Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
* Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.

Appendix 4 Mental Capacity and Consent

The following are the 5 guiding principles, as set out in Section 1 of MCA, and must underpin all practice with those who lack or may lack capacity

1. Assume Capacity: A person has the right to make their own decisions if they have capacity to do so. A person must therefore always be assumed to have capacity unless it is established otherwise.

1. Practical steps: A person must not be treated as unable to make a decision unless all practicable steps have been taken, without success, to help him/her make that decision.

1. Unwise decisions: A person is not to be treated as unable to make a decision because he or she makes what others may consider to be an eccentric or unwise decision.

1. Best Interest: Any act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done or made in his\her best interests.

1. Least Restrictive Alternative: Before an act is done, or a decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive for the persons rights and freedom of action.

The MCA works on the basis that capacity is decision specific, which means, capacity should be determined in relation to a specific decision a person is being asked to make. It is rare that a person will have no capacity for any decision making. Staff must work on the presumption that students have mental capacity to make informed choices about how they live their lives. All interventions need to take into account the ability of our students to make their own informed choices about the way they want to live and the risks they want to take.

**Medicines in College Policy**

**The Legal and Contractual Position**

The administration of medicines is primarily the responsibility of parents and carers. Wherever possible, medicine should be given to students before or after college. If students require medication for infections and illnesses, it is appropriate for the college to ask if the student should be attending college due to the possibility of spreading infections to others.

**College/Staff Responsibilities**

Staff administering medicines should do so in accordance to the prescribers instructions.

Staff should ensure the medical consent form is complete.

Staff should refer to plan and individual risk assessments.

Any member of staff giving medicines should check:

* Student’s Name
* Prescribed dose
* Expiry date
* Written instructions (provided by prescribed)

If in any doubt staff should check with parent or health professionals before being taking further action.

If staff has any concerns administering medicine to a particular student the issue should be discussed with their manager, parent or health professional.

**Administering Prescribed Medicines in College**

1. Prescription medicines (if agreed by the college) should be received from and returned to a **responsible adult only/**

1. Labelled medicine should normally be received and returned **daily**

1. Students requiring medicine daily on a long term-basis would make arrangements with the college in regard to (a) and (b) above (e.g diabetics who would have care plan in place).

1. It is the responsibility of the parent to provide medicine, which is

i. Clearly labelled in its original container ii. Clearly labelled with the student's name (i.e prescriptions only) iii. Clearly labelled with the student’s date of birth iv. Clearly labelled with the dose

 v. Prescribed by a doctor

1. Written instructions should be received from the parent or carer and medicine should not be administered without these.

1. Any medicine that is to be administered on a (Pro re nata) PPN/as needed must be recorded on the Medical consent form e.g epilepsy or diabetes medicine. Nonprescribed medicines will not be given in college.

**Storage Arrangements**

Medicines should be stored in a secure location ( Office or Medical Room). Medicines that require refrigeration should be stored, clearly labelled in a sealable plastic container in the medical room refrigerator.

**Ensuring the correct dosage is given to the right student**

The identified member of staff (agreed) who will administer medicines will also be responsible for ensuring that all doses are recorded on the permission list. This list will record the name of the student, the date when administered, the time when administered, the name of the medicine, the dosage given and they will record their signature.

The college should never accept medicines that have been taken out of the container as originally disposed, nor make changes to dosages on parental instructions.

No student should be given medicines without their parents’ consent either written or signed on a medical plan.

**Asthma Inhalers**

Where parents or carers inform the college of the use of asthma inhalers, spacers and nebulisers to be available to Students, the procedures in 2 will be followed. However, the inhaler will be kept with the student in class or in their bag.

Inhalers should always be self-administered by all Students.

Students should have immediate access to inhalers. Although inhalers may be misused, the risks associated with delay in access are much greater than those of misused by Students. For this reason, older students should keep their own inhaler with them and for younger students it would be appropriate for inhalers to be given to the class teacher.

If Students are having trouble in managing their inhalers their parents and the college nurse should be informed so that they can take action to support the student in the correct use of an inhaler.

**Other medical procedures**

From time to time other medical procedures may be required to be carried out for Students who have complex medical needs e.g insulin injecting diabetics, those requiring epi-pens etc.

Teaching and non-teaching staff may volunteer to undertake these medical procedures. Appropriate training will need to be given to these staff who volunteer to undertake the task.

**Emergencies**

All staff should know how to call the emergency services (999) and know who is responsible for carrying out first-aid and administering of medication in the college. A learner who is required to be taken to hospital by ambulance should always be accompanied by their parent or a member of staff who should remain until the parents/carers arrive.

**Record Keeping**

Parents should tell the college or setting about the medicines their student needs to take. They should provide details of any changes to the prescription or support required.

For all medicines administered (other than asthma inhalers) written records must be kept each time medicines are given.

**Educational Visits**

A risk assessment for educational visits should include a section on medical needs and medicines to be taken. Staff should allocate a designated person.

A copy of medical care plan should also be taken.

**Safety Management**

The staff should be responsible for safe storage of medicines. Inhalers can be carried by students if agreed by the Principal and Parents.

All medicines are harmful to anyone who takes them without medical advice.

All students are regularly informed that they must not take any medicine which they find and medication should be handed to an adult.

**Disposal**

Staff should not dispose of medicines. Parents are responsible for ensuring expired medication is returned to the pharmacy.

Sharp boxes should be used to dispose needles.

Sharp boxes can be obtained by parents from their GP.

Collection and disposal of sharp boxes should be arranged with local authority’s environmental services.

**Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infections. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of equipment.

**ECHP Plans**

The main purpose of a plan for a student with medical needs is to identify the level of support needed. Medical care plans will be put in place for a student with a significant medical need (not asthma inhalers) where staff may need to administer medication.

Plans will be reviewed at annual review or sooner if required

**Legislation**

Section 21 of the Education Act 2002

Section 175 of the Education Act 2002

Section 3 of the Students Act 1989

Section 17 of the Students Act 1989

Section 10 of the Students Act 2004

Equality Act 2010

Section 3 Students, Colleges and Families Act 2010

**Transport Protocols**

**Guidelines for Transport Drop-off and Pick-up Procedures.**

These are the new protocols to safeguard students before and after the College Day. We have walked it through with all staff and transport staff and spoken to teachers and TA staff. Here are the key details:

* **Signing-off sheet:** We have changed the signing-in sheet. It now contains drivers, escorts and times of handover. Students with escorts are RAG rated as Red. They will have the mobile numbers of Ash and Sev (Dept Safeguarding) if there are any issues. We have broken the steps for sign-off as well. These steps have to be followed before signing off.
* **Staffing:** There is always a member of SLT and 2 TAs on duty assisting with the security monitoring traffic. A staff member will be manning the phones in the office until all students have left. Security does not leave until all students leave. During hand the: escorts have to come to the door and meet the allocated teaching staff supporting the student that day. The following details must be checked:
* *ID card of escort.*
* *Car details and minibus details.*
* *We have asked all transport staff to have updated cards for Monday. If it is a new taxi, we must request from LA in addition to the above. If it is a new escort, we will ring LA or home and check.*
* *Emergency phone numbers updated.*
* We have also broken down what it means to hand over each student and staff must follow those steps before signing off. **A student is not signed off until all the details and clear, personalised steps are followed (see new sign-off sheet)**
* In the event of any safeguarding incident, we have gone over the safeguarding escalation procedures. This includes.

-Immediately informing the Safeguarding team/ SLT of Langdon.

-Reporting to parents/ carers

-Reporting to LA with a number that will go through straight to LA Transport Brokerage.

**Emergency Phone numbers shared with Taxi drivers, Escorts and Local Authorities**

 **Contacts for Transport – Specific to campus must be outlined below.**