

Safeguarding Children Policy

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SAFEGUARDING CHILDREN POLICY

1. INTRODUCTION

- 1.1 The College fully recognises its duty toward safeguarding and child protecting the welfare of children under Section 175 of the Education Act 2002, and the safeguarding of vulnerable adults.
- 1.2 The aim of this policy is to establish a 'whole College approach' to Safeguarding Children and vulnerable adults, in order to:
- Safeguard: Provide a safe learning environment and a system of support that protects children and young people from maltreatment, impairment of their health and wellbeing and promotes the best outcomes.
 - Child Protection: Identify children and vulnerable adults who are suffering or are likely to suffer significant harm and ensure appropriate action to preserve their safety both at home and at College
- 1.3 This policy has been written with reference to Wigan Safeguarding Children Board and the guidance contained in the following key documents:
- *'Keeping Children Safe in Education'* (Department for Education Sept 2016)
 - *'What to do if you're worried a child is being abused'* (Advice for Practitioners, 2015)
 - *'Guidance for Safe Working Practice for the protection of Children and Staff in Education Settings'* (available on the DfE website)
 - *Wigan Safeguarding Children Board Procedures* (www.wigan.gov.uk/WSCB/index.aspx)
 - *'Working Together to Safeguard Children'* (March 2015)
 - *'Guidance for working with adults and Children/Young People who are vulnerable to the messages of violent extremism'* Wigan PVE Policy updated Jan 2017 (1)
 - *'Sexual Violence and Sexual Harassment between children in schools and Colleges'* (December 2017)
- 1.4 This policy should be viewed alongside the following:
- Guidance for Safer Working Practice with Learners
 - Equality & Diversity Policy
 - Anti-Bullying Policy
 - Student e-mail and Internet use procedure
 - E safety guidance for students
 - Health & Safety Policy
 - Whistleblowing Policy
 - Social Networking Guidance (Staff)
 - Safeguarding Vulnerable Adults Policy
 - Venue for Hire and Estates Policy
 - Wigan and Leigh College Prevent strategy

2 SCOPE

- 2.1 Safeguarding is everybody's responsibility (2) 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.

It is, therefore, imperative that all staff working in the College, in any capacity, are included in the scope of this policy.

Staff should be aware of specific safeguarding issues and the broader government guidance as given in the 'Keeping Children Safe in Education' September 2016.

3 DEFINITION OF TERMS

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.(3)

3.1 Child

A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection.

3.2 Abuse and Neglect

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family, institutional or community setting, by those known to them or, more rarely, by others (e.g. via the internet.) They may be abused by an adult or adults, or another child or children. Abuse of children can take a variety of forms, as described below:

3.2.1 Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

3.2.2 Emotional Abuse

- a) Emotional abuse is the **persistent** emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.
- b) It may involve: -
- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
 - not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate;
 - age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction;
 - causing children to see or hear the ill-treatment of another;
 - serious bullying (including cyber bullying);

- causing children frequently to feel frightened or in danger;
 - the exploitation or corruption of children;
- c) Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

3.2.3 Sexual Abuse

- a) Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.
- b) The activities may involve: -
- physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing;
 - non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).
- c) Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

3.2.4 Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Key indicators are:

- Going missing for periods of time or regularly coming home late
- Regularly missing school or education or not taking part in education
- Appearing with unexplained gifts or new possessions
- Secretive about e-communications
- Over reliance on mobile phones where the young person will do anything to keep hold of it
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections
- Mood swings or changes in emotional wellbeing
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour
- Involved in criminal activity such as anti-social behaviour, assault or shoplifting items such as alcohol

Many children and young people who are victims of sexual exploitation do not recognise themselves as such.

When considering whether a child or young person's sexual behaviour might mean that they are a victim or at risk of CSE, think about the following:

- The age of the child
- Whether drink or drugs are involved that might undermine judgement
- Whether inducements (money, gifts or in some cases simply affection), pressure, coercion or violence are involved
- What the perceived or actual consequences for a child or young person might be of not saying 'yes'
- Is the child agreeing to sex for the wrong reasons

CSE is potentially a child protection issue for all children under the age of 18 years and not just those in a specific group.

3.2.5 Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

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.

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Section 5B of the FGM act 2003 (as inserted by section 74 of the serious crime act 2015) will place a statutory duty on teachers along with social workers and health care professionals, to report to the police where they discover (either through disclosure by the victim or evidence) that FGM appears to have been carried out on a girl under 18.

The 'One Chance' rule.

It is a mandatory duty that schools/colleges report this without delay. This means that every member of staff who has reason to suspect a case of FGM must report it directly to the Police and a member the College Safeguarding Team.

(See appendix 1 for advice on identifying Cases of Female Genital Mutilation)

3.2.6 Forced Marriage (FM)

This 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. Never attempt to intervene directly as a college or through a third party.

The 'One Chance' rule.

It is essential that schools/colleges take action without delay. This means that every member of staff who has reason to suspect a case of forced marriage must report it immediately to a member the College Safeguarding Team.

3.2.7 Preventing Radicalisation

Protecting children from the risk of radicalisation should be seen as part of the college's wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism.

Fundamental British values and clear guidance and principles are a key aspect of negating extremism. Extreme is 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 our armed forces, whether in this country or overseas.

(See Appendix 2 for further details and the Wigan and Leigh College Prevent strategy)

3.2.6 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

3.2.7 Trafficking

Human trafficking is defined by the Office of the United Nations High Commissioner for Refugees (UNHCR) as a process that is a combination of three basic components:

- Movement (including within the UK);
- Control, through harm / threat of harm or fraud;
- For the purpose of exploitation.

3.2.8 Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed, or that what has happened is abuse.

3.2.9 Sexual violence and sexual harassment between children

Staff should recognise that children/young people are capable of abusing their peers. The College will take any concerns of this nature very seriously and concerns should be raised in the same way as any other concerns, directly to the Safeguarding Team. Peer on peer abuse can take the form of bullying including cyber-bullying. Sexual violence and sexual harassment can occur between two children of any sex. They can also occur

through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are the victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. 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;

- Sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- Dismissing sexual violence or sexual harassment as ‘banter’ or ‘just having a laugh’ is not tolerated.
- Challenging behaviours (which are potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, as dismissing or tolerating such behaviours risks normalising them.
- Further note children with Special Educational Needs and Disabilities (SEND) can be especially vulnerable, more likely to be abused than their peers.
- Children who identify as lesbian, gay, bisexual or transgender (LGBT) can be targeted by their peers. In some cases a child who is perceived by their peers to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

4 ACCOUNTABILITY

4.1 All staff, including agency staff and volunteers working in the College, are responsible for the operation of this policy. Safeguarding young people and vulnerable adults is everyone’s responsibility.

4.2 The Designated Safeguarding Officers for the College are:

Designated Protection Officer	Head of Studies - Leigh
Deputy Designated Protection Officer	Head of Studies Pagefield
Deputy Designated Protection Officer	Head of Studies Parsons Walk
Deputy Designated Protection Officer	Head of Human Resources

If all internal avenues have been exhausted and there is a risk of immediate serious harm to a child, referral should be made to Children’s social care immediately. Anybody can make a referral.

(see Appendix 3 for further details).

4.3 The senior manager with responsibility for safeguarding is the Vice Principal for College Services. The college governor responsible for safeguarding will liaise with the LA on child protection issues and in the event of an allegation against the College Principal.

4.4 All members of staff have a legal duty to report any disclosure, allegation or suspicion of abuse to the Designated Protection Officer. This must be done without delay when any disclosure/allegation/suspicion is made/arises. A confidential comment should be raised through the college communication system (ProMonitor) and a CP1 (Child Protection), form (*see Appendix 4*) should also be completed if requested, which is then held by the Designated Protection Officer.

In cases of immediate risk of harm all staff must raise concerns directly with Children’s Social Care Services on 01942 828300 or the Police. The Designated

Protection Officer should be informed of this action as soon as possible.

- 4.5 The Designated Protection Officer has a legal duty to make a referral to Children's Social Care, in accordance with Wigan Safeguarding Children Board (WSCB) procedures whenever there is reason to suspect that a child is suffering or likely to suffer significant harm. Where a professional disagreement occurs between workers when working with children and families, the WSCB Escalation Policy should be referred to
- 4.6 Parents/carers should be informed that a referral to Children's Social Care is going to be made, unless informing them may itself place the child, professionals or others at risk e.g.:
- where sexual abuse is suspected or disclosed;
 - where fabricated or induced illness is suspected;
 - where there are fears for the safety of a child, or others when informing parents, carers or others;
 - where it is not possible to contact immediately the parents/carers and prompt action is required to establish or ensure the child's safety.

Young people under 16 can only consent to their own treatment if they are assessed as being competent to consent under the Gillick or Fraser guidelines (see *appendix 6*). These guidelines can also be useful when working with 16 and 17 year olds.

If young people under 18 years old are not competent to consent to their own treatment, consent should be sought from a person with "parental responsibility", although it is good practice to involve all those close to the young person in the decision making process.

- 4.7 Any decision not to inform parents/carers should be recorded on the Children's Social Care referral form with the reasons for such a decision and a copy should be kept in the safeguarding file for that learner, held by the Designated Protection Officer dealing with the case.
- 4.8 The Designated Protection Officer has a duty to seek advice from Children's Social Care if unsure as to whether a referral is appropriate.
- 4.9 The welfare of the child/children concerned, including the welfare of any other 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.
- 4.10 The Designated Protection Officer will make every effort to attend any strategy or professionals meetings to which the College is invited or may ask an appropriate colleague to attend on their behalf.
- 4.11 The Designated Protection Officer is responsible for ensuring that any actions agreed at such meetings are progressed and followed up.
- 4.12 College will consider the need for EHA (early help assessment) when it is identified that there are low level concerns or emerging needs. This process provides a way of recording support and interventions that have been provided by the college to the young person and also supports a referral for additional support that may be needed from more targeted services where a single agency has been unable to meet that need. An EHA can be arranged to ensure that a multi-agency action plan can be developed. (See *appendix 7*) It is important that the child and parent's voice are captured as part of this assessment.
- 4.13 Learners who are looked after children may have additional vulnerabilities and needs. It also needs to be acknowledged that learners may be a parent to a young child. In such cases the College needs to consider safeguarding issues in relation to both the learner and their child as both can be considered a 'child in need' (threshold level 3b)

or a child experiencing abuse (threshold level 4). The College may have involvement with Wigan Gateway Services, Children Adults and Families Social Care Department. The Children's and Young Person Service (CYPS) should actively engage in any partnership work aiming to reduce the levels of presenting risk to the learner's child.

The safeguarding team will take primary responsibility for looked after children by informing relevant managers where a learner is a looked after child. This will be done as a pro-monitor entry. The safeguarding team will also engage as requested by local authorities to participate in personal education plans.

- 4.14 The College recognises the risks posed by the online world that are now part of everyday living but that with the advances in technology are often beyond the reach of the organisation. We will provide guidance to staff and students that will support individuals to keep themselves safe on line and raise awareness of the impact they may have on others by misusing technology. This will be available on the college VLE (students) and Intranet site (staff). Educating students about e-safety will be embedded into curriculum planning and the tutorial system.
- 4.15 All Designated Protection Officers must undergo Level 3 training with the Wigan Safeguarding Children Board.
- 4.16 The Human Resources Team will ensure the criminal backgrounds of applicants for vacant posts are checked via the Disclosure and Barring Service, and that all pre-employment checks are completed.

Engaging Contractors and Third Party Services

The Contractor or Service provider will ensure that any person engaged in the provision of the goods and/or Services has undertaken the relevant Disclosure and Barring Service checks (or such equivalent, substitute or successor checks from time to time) in line with DBS Guidance and that evidence of such checks are provided to the College prior to any such person entering the college premises. The Contractor or Service Provider will report it to the College's Designated Protection Officer if they suspect or become aware of abuse to a young person or adult whilst on the College's premises.

- 4.17 All staff working in the College must be given a copy of the Safeguarding Children Policy immediately upon starting work at the College.
- 4.18 All staff working in the College must undergo training relating to the Safeguarding Children Policy and related procedures and guidelines within their probationary period of employment and a minimum of every three years thereafter. This will include training related to understanding the particular safeguarding risks for Children in Care. This training must be approved by the Wigan Safeguarding Children Board.
- 4.19 Training will be provided to the Board of Governors on their responsibilities in relation to safeguarding and current legislation. This will be organised by Human Resources.
- 4.20 All staff will have access to any updated copy of the Safeguarding Policy and a copy of the Guidance for Safer Working Practice with Learners each time these are updated and will undergo additional training if any significant policy changes are made.
- 4.21 The Board of Governors shall be responsible for ensuring that the College has up to date policies in place with respect to Safeguarding Children, which include procedures for handling allegations against adults working with children whether in a paid or voluntary capacity.
- 4.22 All children and young people who are students at the college will receive information related to safeguarding during their induction.

- 4.23 Children in need of additional support will be identified at enrolment and monitored by appropriate staff.
- 4.24 Staff responsible for co-ordinating work placements/work experience must take the safeguarding of learners, when engaged in regulated activity, into account when planning the placement and assess the placements suitability.

5. ALLEGATIONS AGAINST STAFF/VOLUNTEERS

5.1 This section sets out the specific requirements as per *Working Together to Safeguard Children (2013)* that apply to managing allegations against staff or volunteers who work with children. procedures should be instigated in all cases where it is alleged that a member of Wigan and Leigh College staff or volunteer has:

- Behaved in a way that has harmed, or may harm a child;
- Possibly committed a criminal offence against, or related to, a child;
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

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

5.2 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 a child or may harm a child;
- possibly committed a criminal offence against or related to a child; or
- behaved toward a child or children in a way that indicates they may pose a risk of harm to children must report the matter without delay to the Vice Principal for College Services or Head of Human Resources.
In circumstances where the concern/allegation is in relation to the Principal, reports should be made without delay to the Chair of Governors.

5.3 Safeguarding Procedures must be followed whenever an allegation of abuse is made or concern is expressed regarding the behaviour towards a child or young person by a member of staff/volunteer. It is important for staff to note that under the Sexual Health Offences Act 2003 it is a criminal offence for a person over the age of 18 in a position of trust to enter into a sexual relationship with any learner under 18 years of age, even if the relationship is consensual, or in the case of a learner over 18 years where the learner is vulnerable.

5.4 The Local Authority Designated Officer (LADO) has responsibility for coordinating the process of investigations, providing advice and guidance to the employer, to ensure that cases are dealt with as quickly as possible and consistently with a fair and thorough process. The Vice Principal for College Services, or in their absence/where the allegation relates to them, the Principal, where the allegation relates to the Principal, the Chair of the Board of Governors, should consult the LADO directly. Wigan's LADO can be contacted by calling 01942 486034 or e-mail lado@wigan.gcsx.gov.uk.

The LADO will determine:

- whether it is an allegation or a complaint
- if there is a need to undertake preliminary enquiries and, if so, how the enquiries should be conducted or;
- if the allegation meets the threshold for a Strategy Meeting to be convened
- whether immediate action to protect a child is required.

- 5.5 In the instance of a safeguarding allegation against the Principal, the Chair of the Board of Governors **must** liaise directly with the **LADO**.
- 5.6 Preliminary enquiries should be made by the Senior Designated Protection Officer, after consultation with the **LADO**.
- 5.7 Any initial 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.
- 5.8 In-depth questioning of children or professionals/professional carers should not take place.
- 5.9 Careful records should be made regarding any concerns or allegations and actions taken in response to these.
- 5.10 When an allegation is made a number of inter-related elements will exist (Safeguarding, Criminal Investigation, Disciplinary, Complaints).
- 5.11 Where a person has been dismissed as a result of the allegations, the College is making a decision that they are unsuitable to continue in their role with the organisation. The College must refer the person to the Disclosure and Barring Service. A copy of the referral will be forwarded to the LADO for their records and the confirmation letter issued by the DBS will also be shared with the LADO.
- 5.12 Where the person resigns prior to the conclusion of the investigation, the LADO process will continue and a referral to the DBS will be made where appropriate by the College.
- 5.13 The Local Authority, on behalf of the Local Safeguarding Children Board, will, therefore, have the key role in co-ordinating the relevant elements and ensuring that all subsequent stages of the Safeguarding Procedures are followed.
- 5.14 If any individual is unhappy that their concerns are not being taken seriously within the College, they should raise their concerns with the Designated Safeguarding Officer and consultation with the LADO must take place.

6. MONITORING

A summary of Safeguarding cases that have been dealt with by the College will be reported to the Board of Governors on at least an annual basis.

The Policy will be maintained and reviewed by the Safeguarding Strategy Group and reports sent to the Governing Board.

Policies are reviewed annually.

Information will be provided to inform Wigan Safeguarding Boards.

7. PROCEDURES

Procedures to follow if a young person (under 18 years) makes a disclosure to you or you have reason to believe there may be abuse or possible abuse.

If a young person (under 18 years) makes an allegation of abuse to you:

You should:

- Listen. Do not interrupt.
- You **MUST NOT** promise the child that you will keep the matter confidential. Explain to the child that you have to report the matter to the Designated Protection Officer, as this is your legal duty.
- Once the child has finished speaking, it may be necessary to ask questions for clarification.
- Only ask questions if you are still unsure whether this is a Safeguarding issue. You are not conducting an investigation; you are simply establishing the key facts.
- Only ask simple, open, non-leading questions. E.g. if a child tells you they have been hurt at home, ask “How did you get hurt”, rather than “Did someone hit you?”
- Once you know you are concerned enough to raise the matter with the Designated Protection Officer, don’t ask any more questions.
- Write down what has been said immediately afterwards in words used by the child and yourself to the best of your memory. Keep to the facts, don’t state your opinion. This should be completed on a CP1 form
- Note anything about the child which is connected e.g. any visible injuries including the position and description, the demeanour of the child. e.g. crying, withdrawn. These should also be recorded immediately afterwards, on the CP1 form.
- The matter should be immediately reported to a Designated Protection Officer, and all records taken should be handed over at this time.
- If in doubt seek advice from a Designated Protection Officer.
- The Designated Protection Officer will make a judgement as to whether a referral to Children’s Social Care is appropriate. If there is doubt, then advice must be sought from Children’s Social Care.
- Refer to the senior manager with Responsibility for Safeguarding if you are unhappy with the decision made.

PLEASE NOTE:**If the student is distressed and you are unable to stay with them:**

- Contact a Student Liaison Officer or Duty Manager to stay with the child, until a member of the Safeguarding Team arrives.

Procedure for dealing with an incident that arises on an off-site visit/activity (including work placements)

- When the alleged abuser and person abused are both members of an off-site visit/activity, the primary consideration is the initial protection of the child. Action to ensure this should be taken by the member of staff in charge of the visit. Once there is no immediate risk of further abuse then a more considered approach can be taken.

- It is also important to note that all criminal offences need to be reported. (Phone 999 for emergencies/ 101 for non-emergencies) If an offence is thought to have been committed, staff should contact local police in the first instance, especially when the alleged abuser is a member of the local population.
- Careful consideration should be given to how best to inform the learner's parent/carer, and whether any or all of the students should be returned home. This will depend on the seriousness of the incident, the effect on the learners and the risk present.
- The Senior Manager with responsibility for safeguarding, or any member of the executive team, should be consulted for advice. When a member of the executive team makes such decisions, he or she should attempt to discuss this situation with the Senior Manager with responsibility for safeguarding as soon as possible.
- When the allegation disclosed on an off-site visit relates to abuse of the student at their home, the standard procedures should be followed. Staff should discuss the situation with the Designated Protection Officer at the earliest opportunity.

Referring Cases

- Where child sexual exploitation, forced marriage or female genital mutilation, or the risk of it, is suspected all members of staff should discuss the case with a manager or the designated protection officer immediately. If this is not possible the Police must be contacted and the staff member, as instructed by the Police. Any direct contact with the Police must be reported as soon as possible to the DPO.
- If after discussion there remain concerns, local safeguarding procedures should be triggered, including referral to children's social care and the police, regardless of whether the victim is engaging with services or not.
- Any member of staff can make a referral to Children's Social Care

Cause for Concern

- Where you have concerns regarding the safety and wellbeing of a person under 18 but no disclosure has been made, you should seek advice from either the designated protection officer or one of their deputies.
- If you have signposted or helped to engage a support service for a young person either internally or externally because you have concerns for their safety or wellbeing, please complete the cause for concern form (*see appendix 5*) with all the information required including a brief reason for your concern and return it to the safeguarding team.

Please note this process is for concerns as stated and not complaints, grievances or disciplinary issues. Nor does it replace or supersede any of these processes. Please refer to the relevant College policies and guidance in these matters.

Appendix 1

Advice on identifying Cases of Female Genital Mutilation

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.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- 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/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Circumstances and occurrences that may point to FGM happening

- Young person talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Young person's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the young person's sibling has undergone FGM
- Young person 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 sit still and looking uncomfortable
- 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 infection
- Disclosure

Appendix 2

Preventing Radicalisation and Violent Extremism

Prevent is part of the government's counter-terrorism strategy. The Prevent strategy tries to link together education, criminal justice, faiths, charities, the internet and health to prevent terrorism. It aims to prevent people becoming terrorists or supporting terrorism by:

- Challenging terrorist ideas
- Giving practical help to people who could be drawn into terrorism.

Prevent is concerned with all kinds of extremism, such as extreme right wing beliefs as well as faith-based terrorism.

Channel

Channel is a programme which focuses on providing support at an early stage to people who have been identified as being vulnerable to being drawn into terrorism. It provides a mechanism for colleges to make referrals if they are concerned about an individual being vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. Channel is run by the police and local authority and the support is multi-agency: through education, sport, housing, employment services, or faith mentoring, for example.

If you feel someone may be vulnerable for some of the reasons below then contact the safeguarding team immediately.

Indicators of vulnerability include:

- Identity crisis – distance from heritage and uncomfortable with place in society;
- Personal crisis – family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging;
- Personal circumstances – migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet aspirations – feeling injustice; feeling of failure; rejecting civic life;
- Criminality – experiences of imprisonment.

More critical risk factors could include:

- Contact with extremist recruiters;
- Supporting violent extremist causes or leaders;
- 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 social issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and/or behaviour (e.g. fascist tattoos).

Appendix 3

Details of Designated Protection Officers

Name	Job title / Location	Tel. no.
Francine Mitchell	Designated Protection Officer (DPO) /Head of Studies Leigh Centre	Ext 1429/1119 07920 822122
Gareth Sutton	Head of Studies/Deputy DPO Pagefield Centre	Ext 1859
Marie Tighe	Head of Studies/Deputy DPO Parsons Walk Centre	Ext 1102
Jo Bohan	Deputy DPO Head of HR Parsons Walk Centre	Ext 1565

PLEASE NOTE – if your nearest Protection Officer is unavailable, please contact any other Protection Officer from the list

Appendix 4 Safeguarding of Young People and Vulnerable Adults



CP1 Statement Form

Details of person the allegation/ issues were reported to/heard by

Staff Name	
Job title, Department/Site	
Telephone Number	
Date allegation /disclosure made :	

Details of person making the allegation/presenting issues

Name		
Student Number		AGE
Department		
Course		
Personal tutor		

Details of person allegedly recipient of abuse if different from above

Name		
Student Number		
Department		
Course		
Personal tutor		

Details of any other persons present

Name		
Department		
Course		
Personal tutor		

Assigned to: (Safeguarding officer)	
Date Assigned	

Place the incident occurred	
Nature of the alleged abuse (see safeguarding policies for guidance.)	Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Institutional <input type="checkbox"/>

ALLEGATION/DISCLOSURE DETAILS
<div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; padding: 2px 10px;">Continue Overleaf if necessary...</div> </div>

ANY RELEVANT ADDITIONAL INFORMATION	
Signature of person making statement	

All actions following this initial report must be entered through Pro-monitor's Confidential Comments.

Appendix 5

Safeguarding – Cause for Concern

Confidential

Member of staff making referral		
Position		
Date of referral		
Signature		
Name of child/vulnerable adult:		
Gender	Age	EBS number
D.O.B	Personal Tutor	Course & Level
Does the child/vulnerable adult know you will be speaking to a protection officer?		Yes _____ No _____
Summary of reason for concern		
To whom have you spoken and what was said? <i>(State what the child/vulnerable adult said or what you observed that caused concern/suspicion. Include date and time of event. Where reporting what someone has said to you, try to use as close to their words as you can remember.) Continue on another sheet if required.</i>		
Have you taken any actions? – <i>please state here</i>		
Category of abuse causing concern. Physical ___ Neglect ___ Emotional ___ Sexual ___ Financial ___ Institutional ___		

Please return this form to the Safeguarding Team.
Either electronically or by hand delivery to a designated Safeguarding Officer.

To be completed by a Designated Safeguarding Officer	
<i>Office Use Only</i>	
Assigned to: (Safeguarding officer)	
Date Assigned	
Date of initial meeting.	
Is this Safeguarding ?	YES <input type="checkbox"/> (transfer details to CP1 form) NO ... <input type="checkbox"/> (please complete this form fully)
Confirm Category of Abuse	Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Institutional <input type="checkbox"/>
Action	

Appendix 6

Gillick and Fraser guidelines

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16 year olds without parental consent. Since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Young people under 16 have a right to confidential medical advice and treatment if the provider assesses that the young person:

- Understands the advice and has the maturity to understand what is involved
- Their physical/mental health will suffer if they do not have treatment
- It is in their best interest to give such advice and treatment without parental consent
- Will continue to put themselves at risk of harm if they do not have advice and treatment
- Cannot be persuaded by the doctor or health professional to inform parental responsibility holders, nor allow the doctor to inform them.

The following should be used as guidance for practitioners in determining and recording their decision as to whether a young person is able to engage with services without the involvement and support from their parent(s) / carer(s).

Consider:

1. Has the young person explicitly requested that you do not tell their parents/carers about their involvement with services?
2. Have you done everything you can to support the young person to involve their parents/carers?
3. Have you documented clearly why the young person does not want you to inform their parents/carers?
4. Can the young person understand the advice and information they have been given and have sufficient maturity to understand what is involved in their service provision and what the implications may be? Can they comprehend and retain information relating to the care they are being offered? Can the young person communicate their reasons for any decisions made, are these decisions rational?
5. Are you confident that the young person is making the decision for them and not being coerced or influenced by another person?
6. Are you confident that you are safeguarding and promoting the welfare of the young person?
7. Without the service being provided would the young person's physical or emotional health be likely to suffer?
8. Would the young persons' best interests require that support be provided without parental consent?

You should be able to answer YES to these questions to enable you to determine that you believe the young person is competent to make their own decisions about consenting to engage with services; limits to confidentiality; and receiving services without their parent's consent. You should record the details of your decision making.

Appendix 7

EHA (Early Help Assessment)

All school and college staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment

This includes identifying emerging problems, liaising with the designated safeguarding officer, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment

If early help is appropriate the designated safeguarding officer should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate (5)

Early Help will only be completed with the child's and/or parents' permission. The Early Help team can be contacted at the safeguarding hub on 01942 486262 to establish whether Early Help or CAF does not already exist.

Early Help forms can be accessed via Wigan Council's website www.wigan.gov.uk The forms will have to be completed as on-line documents.

If at any time during the course of completing Early Help, staff are concerned a child has been harmed or abused or is at risk of being harmed or abused they must follow WSCB's procedures.

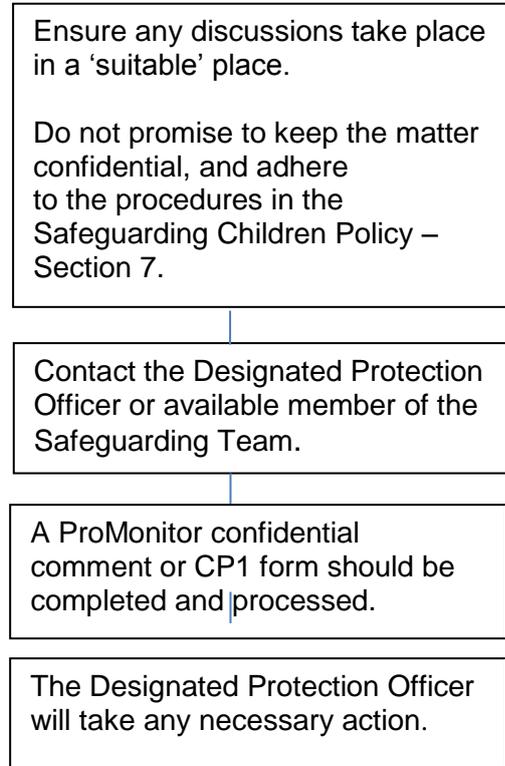
The 0-19 Startwell Team:

- Offer a targeted early intervention service to children, young people and families
- Work with families to reduce risk of statutory service involvement
- Undertake screening and assessment to identify, respond to and reduce risk factors.
- Provide systematic approach to offering interventions to children, young people and their families.
- Provide direct support on an individual or group basis to prevent escalation of need and improve outcomes.
- Provide support to manage risk.
- Practical help to deal with problems.

SAFEGUARDING FLOWCHART

What to do if you have concerns/suspicions of abuse

DISCLOSURE/SUSPICION OF ABUSE



CONCERN FOR SAFETY OR WELFARE

