



Safeguarding & Child Protection Policy & Procedures

Scarborough Sixth Form College recognises its statutory and moral duty to ensure that it safeguards and promotes the safety, security and wellbeing of children and expects all staff, governors, volunteers and partners working in College to share this commitment. The College aims to create a nurturing environment and a culture of vigilance.

The word “child” in this document and in the legislation refers to those under the age of 18 and to vulnerable young adults. This policy relates exclusively to the College’s own students (notwithstanding their age) and any other children involved in College activities.

The aim of the policy is to protect all children from abuse, both from adults and young people themselves, and to raise the awareness of teaching, support staff, volunteers and governors of the need for child protection and general safeguarding, and of their responsibilities in identifying and reporting possible cases of abuse.

The College will address this aim by:

- Complying with the revised guidance in Keeping Children Safe in Education 2019, Working Together to Safeguard Children 2018 and statutory guidance on the Prevent Duty following the Counter Terrorism and Security Act 2015
- Working with the North Yorkshire Safeguarding Partnership
- emphasising the need for appropriate levels of communication between staff;
- all staff having basic awareness training in child protection and training on boundaries and potential child protection scenarios which cover a range of potential abuse and safeguarding issues including:
 - physical abuse
 - sexual abuse
 - emotional abuse
 - neglect
 - online safety
 - risks of peer on peer abuse, including sexting (also known as youth produced sexual imagery), sexual violence and harassment, including gangs and knife crime
 - self-harm
 - upskirting
 - extremism and radicalisation
 - Female Genital Mutilation
 - children who go missing from education
 - Child Sexual Exploitation and Child Criminal Exploitation
 - Honour-based Violence and forced marriage
 - Trafficking and modern slavery
 - County Lines

(see Appendix for more information)

- developing a structured internal procedure to be followed by all members of staff in cases of suspected abuse;
- promoting understanding and building relationships with other agencies in order to work together more effectively;
- supporting and monitoring the child's development and welfare in ways which will foster security, confidence and independence;
- including safeguarding within the pastoral curriculum

Key Contacts

The Designated Safeguarding Lead is Rowan Johnson, Vice Principal (Student Services): 01723 380722 / r.johnson@s6f.org.uk

The Deputy Designated Safeguarding Lead and designated member of staff for Looked After Children is Jo Walker, Guidance Support Manager: 01723 380782 / j.walker@s6f.org.uk)

There are two further Safeguarding Officers: Adam Calcraft: 01723 380782 / a.calcraft@s6f.org.uk and Sue Hawthornthwaite: 01723 380783 / s.hawthornthwaite@s6f.org.uk

The Safeguarding Governor is Trish Hawkyard: trish.hawkyard47@btinternet.com

Procedures for members of staff

The welfare of the child is paramount. Do remember that they have chosen you, the place and the time at which to tell you.

5 Rs: Recognise, Respond, Refer, Record, Reflect

- If a student tells a member of staff that abuse is taking place they should be acknowledged, taken seriously and **listened** to. It is important not to ask too many questions, but if you do, ask open questions for clarification, with wording such as tell me, explain and describe. Try to stay calm and patient.
- Do ensure you do not promise confidentiality but share concerns on a need to know basis
- Write down the details and complete a prompt CPOMS incident entry
- Try to reassure the student;
- Explain to the student that you have a **legal** obligation to pass this information on, to protect both them and possibly other members of the family and public;
- Get help and pass on the details and your record to one of the designated Safeguarding Officers who will treat the information with the utmost confidence – the “need to know” principle will be employed. It is their responsibility to decide what further action should take place. If we suspect from any information received that a child under 18 is in need of protection from harm we have a duty to consider contacting Children's Social Care.
- Keep the student informed of what you have done.
- Get help for yourself if you feel upset by any disclosure or situation
- Remember that in any group or class there may be a victim of abuse so sensitivity at all times is important.
- Note that children with special educational needs and disabilities can face additional safeguarding challenges.

- **If you are a teacher you have a mandatory legal duty to report disclosures of female genital mutilation about a female under 18 to the police**

DO NOT:

- Make promises you cannot keep;
- Promise confidentiality;
- Take the matter further yourself (ensure that you know your boundaries);
- Contact the student's parents/carers;
- Contact any other agencies **unless** in exceptional circumstances such as the event that no safeguarding officer or member of the College Management Team is available, in which case contact **North Yorkshire Children's Social Care: 01609 780780, Email: social.care@northyorks.gov.uk** or contact the police if the matter is urgent.

Effective child protection procedures should protect staff from malicious allegations as well as protecting children from abuse.

Responsibilities of the Designated Safeguarding Lead and Safeguarding Officers

- To oversee the referral of cases of suspected abuse;
- To decide whether a referral to Children's Social Care needs to be made as there is the belief that a Child is in Need (S.17) or in Need of Protection (S.47);
- To decide whether to liaise with any other external agency, including the North Yorkshire Safeguarding Partnership, Children's Social Care, the Multi Agency Screening Team, the police, secondary schools and the LADO (Local Authority Designated Officer);
- To refer cases to the Channel programme if there is a radicalisation concern;
- To keep accurate records of incidents, concerns and referrals, storing these securely. The Vice Principal keeps records of all hard copies and these will be stored for at least 25 years, although increasingly files are electronic and stored on CPOMs;
- To ensure that staff and students are aware of policies and procedures and who the Designated Safeguarding Lead/Safeguarding Officers are;
- To ensure that all staff receive appropriate training, including the use of CPOMS (Child Protection on Line Management System);
- To ensure that the Safeguarding Policy is reviewed annually and if need be updated;
- To liaise with the designated governor for safeguarding and produce an annual safeguarding report for governors;
- To refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service

• **Governors' Responsibilities**

To ensure that the College:

- provides a safe environment for children and young people to learn in
- identifies children and young people who are suffering, or likely to suffer, significant harm
- takes appropriate action to see that such children and young people are kept safe, both at home and in College

The governing body will annually review and approve policies and procedures as well as receiving an annual safeguarding report.

See also the separate document "Governors' Responsibilities".

Working with other agencies

The College will contribute to effective partnership working between all those involved with providing services for young people and vulnerable adults including the schools from which they came.

The College recognises the importance of multi-agency working and will make sure that staff are able to attend all relevant meetings including case conferences, core group and strategy, Channel panel, Early Help Assessment, Team around the Family and PEP (Personal Education Plan) meetings.

Procedure for dealing with allegations of abuse made against a member of staff

Any reference to "member of staff" includes volunteers.

It is essential that any allegation of abuse made against a member of staff is dealt with fairly, quickly and consistently in a way that provides effective protection for the student and at the same time supports the individual who is subject to the allegation.

Any member of staff who receives an allegation against another member of staff or they themselves have concerns about the behaviour of another member of staff must immediately report this allegation or concern to the Designated Safeguarding Lead (DSL) or the Principal (or the Chair of Governors if concerns are about the Principal). This includes allegations or concerns that the member of staff has:

- behaved in a way that has harmed or may have harmed a child or student;
- possibly committed a criminal offence against or related to a child or student;
- or
- behaved towards a child or student in a way that indicates he or she would pose a risk of harm.

The DSL or Principal will then arrange an initial strategy meeting to consider the nature, content and context of the allegation and agree a course of action. The strategy meeting will involve:

- the Designated Safeguarding Lead (or another Safeguarding Officer)
- the Principal (or Vice Principal; or, if the Principal is the subject of an allegation, the Chair of Governors)
- the Human Resources Manager.

And in deciding the appropriate course of action, the meeting will include full consideration of:

- a) The detailed guidance on dealing with allegations of abuse made against staff as laid out in part four of the government's "Keeping children safe in education" document.
- b) The College's disciplinary and complaints procedures
- c) Advice, where appropriate, from the Local Authority's Designated Officer (LADO).

Particular consideration will be given as to whether the allegations are so serious they require immediate intervention by the children's social care services and/or the police.

A referral to the Disclosure and Barring Service (DBS) must be made if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned.

Useful Definitions

Safeguarding and promoting the welfare of young people means:

- Protecting young people from maltreatment;
- Preventing impairment of young people's health or development;
- Ensuring that young people are growing up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all young people to have optimum life chances and to enter adulthood successfully.

Child Protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific young people who are suffering, or are likely to suffer, significant harm.

A Child in Need

A Child in Need is a child who is unlikely to achieve and maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Other Relevant Policies

- Complaints Policy and procedures
- Staff Code of Conduct
- Safeguarding Statement
- Safe Working Practices document
- Prevent Policy statement and associated risk assessment

This Policy and procedures are reviewed by CMT and the Employment and Welfare Committee annually.

Latest CMT Review	
Last Reviewed by Employment and Welfare Committee	

Appendix

High Risk Factors

- Families with complex needs
- Parental or child substance misuse
- Poor parental mental health
- Domestic violence or abuse
- Parents with learning difficulties
- Children with SEND
- Families with past history of childhood abuse
- Young carers
- Looked after children and care leavers
- Children living in difficult situations, eg. in temporary accommodation

What is abuse?

Definitions of Abuse

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

It may also be caused when a parent / carer fabricates symptoms of, or deliberately induces illness in a child

EMOTIONAL ABUSE

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. 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

Imposing developmentally inappropriate expectations e.g. interactions beyond the child's developmental capability, overprotection, limitation of exploration and learning, preventing the child from participation in normal social interaction

Causing children to feel frightened or in danger e.g. witnessing domestic violence, seeing or hearing the ill treatment of another

Exploitation or corruption of children

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

SEXUAL ABUSE

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

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually

inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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:

- Provide adequate food, clothing or shelter (including exclusion from home or abandonment)
- Protect from physical and emotional harm or danger
- Meet or respond to a child's basic emotional needs
- Ensure adequate supervision including use of adequate care-takers
- Ensure access to appropriate medical care or treatment
- Ensure that her/his educational needs are met

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

Consequences of Abuse

Whilst the above definitions are useful it is also necessary to understand the consequences, both short and long-term, for children who may suffer abuse.

Physical abuse

Physical abuse can range from over-chastisement, slapping with the hand, a belt, a stick or other object, to shaking, punching or throwing a child across the room. It can lead directly to neurological damage, physical injuries, disability or – at the extreme – death. Harm may be caused by the abuse itself and by abuse taking place in a wider family or institutional context of conflict and aggression. It also includes a parent/carer fabricating symptoms of or inducing illness in a child. Some physical abuse is reactive; some may be clearly premeditated with intent to cause harm.

Neglect

This can range from ignoring a child's developmental needs to not feeding or clothing her/him adequately and not properly supervising her/him. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect may occur by omission or commission – it is important that problems for a child's parent do not obscure neglect of a child in the family. Unborn babies may now be regarded as suffering neglect due to maternal substance misuse.

Sexual Abuse

Is the involvement of a child or adolescent in sexual activities that s/he does not understand, cannot give consent to and which are not acceptable by our society. This includes inappropriate touching, taking of obscene photographs, producing/trading in child pornography (including via the Internet) as well as attempted or actual sexual intercourse. Its adverse effects may endure into adulthood and affect the ability to build and maintain affective adult relationships.

Research indicates about a third of victims of sexual abuse may become adult perpetrators

Emotional Abuse

Emotional abuse can range from rejecting a child, refusing to show a child love or affection, or making a child unhappy by continually belittling her/him or verbally abusing her/him. It has an important impact on a developing child's mental health, behaviour and self-esteem. It may also include developmentally inappropriate expectations including overly high expectations which the child cannot fulfil. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse. Emotional abuse may occur by omission or commission and it is important the problems for a child's parents do not obscure professionals' view of their child's emotional development.

Bullying – serious bullying causing a child to feel frightened or in danger may now be regarded as emotional abuse. Failures of a school to deal effectively with bullying could be seen as neglect/failure of duty of care.

Possible Indicators of Abuse

The following is a list of signs and symptoms that may be consistent with abuse; NB some children can exhibit one or more of these signs for other reasons. However, if there are concerns about a child displaying any of these indicators, discussions should be held as soon as possible with the DSL. In simple terms indicators can be *physical* e.g. marks and bruises, *behavioural* i.e. aggressive or withdrawn or secretive etc, *disclosures* i.e. a child tells you something that indicates they are suffering abuse, *presentation/appearance* may be unkempt dirty etc. In schools you will be particularly able to notice *changes* in appearance, achievement, friendships etc which may be early indicators that all is not well with the child. We ask that you be curious and check out concerns with the DSL and senior colleagues.

PHYSICAL ABUSE

Physical Indicators

Unexplained bruises/welts/lacerations/abrasions:

- on face, lips, mouth
- on torso, back, buttocks, thighs
- in various stages of healing
- clustering forming regular patterns
- reflecting shape of article used, e.g. belt, buckle, electrical flex
- on several different surface areas
- regularly appear after absence, weekend, or holiday
- bite marks or fingernail marks

Unexplained burns:

- cigar or cigarette burns especially on soles, buttocks, palms or back
- 'immersion' burns, where hands feet or body have been forcibly immersed in very hot water
- patterns like electrical burner, iron etc
- rope burns on arms, legs, neck or torso

Unexplained fractures:

- to skull, nose, facial structure
- in various stages of healing
- multiple or spiral fractures

Behavioural Indicators

- flinching when approached or touched
- reluctance to change clothes for PE lessons
- wary of adult contacts
- difficult to comfort
- apprehension when other children cry
- crying/irritability
- frightened of parents
- afraid to go home
- rebelliousness in adolescence
- reports injury caused by parents
- behavioural extremes- aggressiveness, withdrawal, impulsiveness
- regression to childlike behaviour
- apathy
- depression
- poor peer relationships
- panics in response to pain

NEGLECT

Physical Indicators

- consistent hunger
- poor hygiene
- inappropriate dress
- consistent lack of supervision, especially in dangerous activities for long periods
- unattended physical problems or medical needs
- abandonment

Behavioural Indicators

- begging
- stealing food
- constant fatigue, listlessness
- poor relationship with care-giver
- frequent delays in picking child up from playgroup or school

SEXUAL ABUSE

Physical Indicators

- difficulty in walking, sitting down
- stained or bloody underclothing
- pain or itching in genital area
- bruising, bleeding, injury to external genitalia, vaginal and/or anal areas
- vaginal discharge
- bed wetting
- excessive crying
- sickness

Behavioural Indicators

- inappropriate sexual behaviour or knowledge for the child's age
- promiscuity
- sudden changes in behaviour
- running away from home
- wary of adults
- feeling different from other children
- unusual avoidance of touch
- reporting of assault
- substance abuse (e.g. glue sniffing)
- emotional withdrawal through lack of trust in adults
- over compliance with requests of others
- frequent complaints of unexplained abdominal pains
- eating problems
- sleep disturbances
- poor peer relationships
- possessing money or 'gifts' that cannot be adequately accounted for
- inappropriate sexually explicit drawings or stories
- enuresis or soiling, especially at the end of school
- frequent non-attendance at school
- avoidance of school medicals

EMOTIONAL ABUSE

Physical Indicators

- failure to thrive
- delays in physical development or progress

Behavioural Indicators

- sucking, biting, rocking
- anti-social, destructive
- sleeping disorders, inhibition of play
- compliant, passive, aggressive, demanding
- inappropriately adult or infant
- impairment of intellectual, emotional, social or behavioural development

PEER ON PEER ABUSE

Peer on peer abuse includes bullying, physical abuse, sexual violence and harassment, sexting, teenage relationship abuse and initiation ceremonies and rituals. The College encourages students to report concerns about peers to their teachers or Guidance Support Tutors and will ensure that they are taken seriously, fully investigated and dealt with by the safeguarding team, supporting both victims and perpetrators and making decisions about whether to involve outside agencies such as the police, CSC or IDAS and if it is deemed safe for both to be on site, in classes together etc. Abuse should never be treated as just “banter” or part of growing up.

It is more likely that girls will be victims and boys perpetrators but all peer on peer abuse is unacceptable.

Sexual violence refers to the criminal acts of rape, assault by penetration and sexual assault, as defined in the Sexual Offences Act 2003. Sexual harassment is described as unwanted conduct of a sexual nature. If there is a report of sexual violence the DSL or Deputy will make an immediate risk and needs assessment. Important considerations when deciding upon actions will include the wishes of the victim, the nature of alleged incidents, any power imbalance, whether it is a one-off or sustained pattern of abuse and any ongoing risks.

SEXTING

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops - any device that allows sharing of media and messages.

Sexting can be seen as harmless, but creating or sharing explicit images of a child is illegal, even if the person doing it is a child. A young person is breaking the law if they:

- take an explicit photo or video of themselves or a friend
- share an explicit image or video of a child, even if it's shared between children of the same age
- possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be created.

However, if a young person is found creating or sharing images, the police can choose to record that a crime has been committed but that taking formal action isn't in the public interest.

UPSKIRTING

Upskirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear).

It can take place in a range of places, eg British Transport Police have seen a rise of reports on public transport.

The new law will capture instances where the purpose of the behaviour is to obtain sexual gratification, or to cause humiliation, distress or alarm.

Anyone, and any gender, can be a victim and this behaviour is completely unacceptable.

FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation.

Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18s to the police.

CHILD SEXUAL EXPLOITATION

Child sexual exploitation (CSE) is a form of child sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. Child sexual exploitation is a hidden crime. Young people often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation doesn't always involve physical contact and can happen online.

Child sexual exploitation is never the victim's fault, even if there is some form of exchange.

COUNTY LINES

County lines is the organised criminal distribution of drugs from the big cities to smaller towns and rural areas using children and vulnerable people. This is done using a single telephone line to order illegal drugs, often shared using social media, on business cards or even printed on giveaway lighters. Although cannabis is occasionally linked to the county lines organisations, harder drugs such as heroin, cocaine and amphetamines provide the focus.

Behind it all is organised crime with "elders" involving street gangs who recruit "soldiers" to go country. Boys, typically 15 and 16, but sometimes younger, travel by

coach, train, and taxi into rural or coastal area, with only a 'burner', or disposable phone, often stolen, and a stash of drugs. For the gang's security each runner only knows one other phone number along the delivery chain.

The drug runner needs a place to stay and to do this the gang will take over the home of a vulnerable person, often after following them home. This is known as "cuckooing". Once in the property, drugs and weapons can be stored there along with a possible venue for dealing drugs and the sexual exploitation of girls and young women.

PREVENTING RADICALISATION

Radicalisation can be really difficult to spot. Signs that may indicate a child is being radicalised include:

- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.