

SAFEGUARDING CHILDREN POLICY

1. INTRODUCTION

- 1.1 The College fully recognises its duty toward safeguarding and protecting the welfare of children under Section 175 of the Education Act 2002.
- 1.2 The aim of this policy is to establish a 'whole College approach' to Safeguarding Children, in order to:
 - Provide a safe learning environment; (this includes off site visits and activities including work placements and/or work based activities) and
 - Identify children 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 As part of its 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 to students.
- 1.4 Under duties imposed as part of the Prevent Duty Guidance 2015, the College will ensure that situations are suitably risk assessed, staff 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.
- 1.4 This policy has been written in consultation with Halton Safeguarding Children Board and with reference to the following key documents:
 - Children Acts 1989 & 2004
 - Education Act 2002
 - Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012
 - Counter-Terrorism and Security Act 2015
 - Childcare Act 2006; Childcare (Disqualification) Regulation 2009

and with reference to the following key documents:

- *Working Together to Safeguard Children (2015)*
- *Keeping Children Safe in Education (2015) (Updated Sept 2016)*
- *What to do if you're worried a child is being abused (2015)*
- *Prevent Duty Guidance (2015)*
- *Halton Safeguarding Children Board Pan-Cheshire Multi-Agency Safeguarding Children Procedures*
(<http://www2.halton.gov.uk/pdfs/socialcareandhealth/pancpi>)

1.5 This policy should be viewed alongside the following other College policies:

- Guidance for Safer Working Practice with Learners
- Safeguarding Vulnerable Adults Policy
- Equality & Diversity Policy
- Anti-Bullying Policy
- Health & Safety Policy
- Whistleblowing Policy
- E-communication Policy
- Admissions 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. We wish to ensure that all partnership agencies are also aware of this responsibility when working with our learners. 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.

2.2 Similarly, any member of staff may observe or suspect an incident of abuse.

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

3 DEFINITION OF TERMS

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.
- d) **Child Sexual Exploitation:** 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.

(See Appendix 1 for advice on identifying Cases of Child Sexual Exploitation.)

- e) **Female Genital Mutilation:** 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.

(Further information regarding the signs and indicators of abuse can be found in Appendix 2.)

3.2.4 **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.

3.2.5 **Prevent** (see Prevent Strategy)

The Prevent strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy, **CONTEST**.

Objectives of the Prevent strategy are to:

- Respond to the ideological challenge of terrorism and the threat from those who promote it
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Work with sectors and institutions where there are risks of radicalisation that we need to address

If there are concerns that a student is becoming radicalised and/or involved in an organisation which could ultimately harm the student and the community this needs to be reported to the Designated Safeguarding Officer immediately.

(See Appendix 3 for Causes and Potential Indicators)

3.2.6 Safeguarding action may also be needed to protect children and learners from:

- bullying, including online bullying and prejudice-based bullying
- racist, disability and homophobic or transphobic abuse
- gender-based violence/violence against women and girls
- the impact of new technologies on sexual behaviour, for example sexting
- teenage relationship abuse
- substance misuse

- issues that may be specific to a local area or population, for example gang activity and youth violence
- domestic violence
- fabricated or induced illness
- poor parenting, particularly in relation to babies and young children
- other issues not listed here but that pose a risk to children, young people and vulnerable adults.

4 ACCOUNTABILITY

4.1 All staff, including agency staff and volunteers working for /or with the College, are responsible for the operation of this policy.

4.2 The Designated Safeguarding Officers for the College are:

Senior Designated Safeguarding Officer: Programme Manager (Wellbeing)

Designated Safeguarding Officers:	Team Leader (Student Wellbeing) Wellbeing Officers 2 Pastoral Support Workers 3 Programme Managers 1 Head of School 1 Enrichment Officer 1 Programme Area Leader (See Appendix 4 for details.)
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4.3 The senior manager with responsibility for safeguarding is the Deputy Principal.

4.4 All members of staff working with or for the College have a legal duty to report any disclosure, allegation or suspicion of abuse to the Designated Safeguarding Officer. This must be done immediately that the disclosure/allegation/suspicion is made/arises. A Cause for Concern form should also be completed, which is then held by the Safeguarding Officer.

4.5 The Designated Safeguarding Officer has a legal duty to make a referral to Children's Social Care, in accordance with Halton Safeguarding Children Board Pan-Cheshire Safeguarding 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 Escalation Policy should be referred to. (Halton Safeguarding Children Board)

4.6 Parents/carers should be informed that a referral to Children's Social Care is going to be made, unless informing 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. 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 Safeguarding Officer dealing with the case.
- 4.8 The Designated Safeguarding Officer has a legal 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 by law irrespective of any request to maintain confidentiality.
- 4.10 The Designated Safeguarding 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 Safeguarding Officer is responsible for ensuring that any actions agreed at such meetings are progressed and followed up.
- 4.12 All Designated Safeguarding Officers must undergo Level 3 training with the Halton Safeguarding Children Board.
- 4.13 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 pre-employment checks are completed.
- 4.14 All staff working in the College must be given a copy of the Safeguarding Children Policy immediately upon starting work at the College.
- 4.15 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 Looked After Children. This training must be approved by the Halton Safeguarding Children Board.
- 4.16 Training will be provided to governors on their responsibilities in relation to safeguarding and current legislation.
- 4.17 All staff will receive an 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.
- 4.18 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.
- 4.19 All children who are students at the College will receive information related to safeguarding during their induction.

- 4.20 Children in need of additional support will be identified prior to or at enrolment and monitored by appropriate staff.

5. ALLEGATIONS AGAINST STAFF/VOLUNTEERS

- 5.1 This section sets out the specific requirements as per *Working Together to Safeguard Children (2015)* that apply to managing allegations against staff or volunteers who work with children. The range of allegations which are covered under this section of the policy are not limited to those in which there is reasonable cause to believe a child is suffering, or is likely to suffer, significant harm. Allegations may also indicate that the staff member is unsuitable to continue to work with children in his or her present position, or in any capacity. Halton's Allegations Against Adults procedures should be instigated in all cases where it is alleged that a member of Riverside College Halton staff or volunteer has:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to, a child;
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with 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 have harmed 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 s/he is unsuitable to work with children

must report the matter without delay to the Principal or designated member of the Senior Management Team.

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

- 5.4 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.

- 5.5 Within each local authority there will also be a Local Authority Designated Officer (LADO) who has responsibility for providing advice and liaison and monitoring the progress of cases, to ensure that cases are dealt with as quickly as possible and consistently with a fair and thorough process. The Deputy Principal/Principal, or in their absence/where the allegation relates to them, the Chair of the Board of Governors, should consult the LADO directly ([Halton LADO Procedures web link](#)). Halton's LADO can be contacted by calling 0151 511 6942.

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.

- 5.6 In the instance of a safeguarding allegation against the Principal, the Chair of the Board of Governors must liaise directly with the LADO.
- 5.7 Preliminary enquiries should be made by Designated Safeguarding Officer, after consultation with the LADO.
- 5.8 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.
- 5.9 In-depth questioning of children or professionals/professional carers should not take place.
- 5.10 Careful records should be made regarding any concerns or allegations and actions taken in response to these.
- 5.11 Halton Borough Council's LADO's responsibilities are to:
- be involved in the management and oversight of individual cases
 - provide advice and guidance to employers and voluntary agencies
 - liaise with the Police, Social Care and other agencies as required
 - monitor progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process
 - meet with Senior Named Officers on a quarterly basis to monitor organisational response to allegations made against professionals/professional carers.

The LADO must be informed of all allegations of abuse (as defined in section 3) made against College staff. The LADO will also be involved in the College's decision to inform the Independent Safeguarding Authority of any relevant information.

- 5.12 When an allegation is made a number of inter-related elements will exist (Safeguarding, Criminal Investigation, Disciplinary, Complaints).
- 5.13 The Children & Young People's Directorate, 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 an annual basis through the Quality and Standards Committee.

7. PROCEDURES

Procedures to follow if a young person (under 18 years) makes a disclosure to you that may relate to 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 Safeguarding 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 Safeguarding 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.
- Note anything about the child which is connected i.e. any visible injuries including the position and description, the demeanour of the child i.e. crying, withdrawn. These should also be recorded immediately afterwards.
- The matter should be immediately reported to a Designated Safeguarding Officer, and all records taken should be handed over at this time.
- If in doubt seek advice from a Designated Safeguarding Officer.
- The Designated Safeguarding Officer will make a judgement as to whether a referral to Children’s Services is appropriate. If there is doubt, then advice must be sought from Children’s Services.
- Refer to Deputy Principal 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 Wellbeing Officer to stay with the child, until a Designated Safeguarding Officer arrives.

- If no Wellbeing Officer can be contacted, please leave the distressed individual in the care of a member of Student Services or Programme Management.

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

- 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 Designated Senior Safeguarding Officer, or the Duty Principal, should be consulted for advice. When the Duty Principal makes such decisions, he or she should attempt to discuss this situation with the Designated Senior Safeguarding Officer 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 Safeguarding Officer at the earliest opportunity.
- Any safeguarding concerns or allegations that are raised in a placement or work based activity setting should be reported to the College immediately. The procedures in Section 7 should be followed.

Referring Cases

- Where child sexual exploitation, or the risk of it, is suspected, frontline practitioners should discuss the case with a safeguarding officer.
- 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

Identifying Cases of Child Sexual Exploitation (CSE)

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
- 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

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, 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.

RECOGNISING 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. 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. It is illegal in most countries, including the UK. 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, Kurdistan, Indonesia and Pakistan)
- 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 school 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 infection
- Disclosure

If there are suspicions regarding FGM, it is essential that schools take action **without delay**. 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

RECOGNISING 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.

WHAT CAUSES RADICALISATION?

As yet, there has been no clear link or exact cause identified for someone becoming radicalised. This creates the sense that „it could happen to anyone“ which, in turn, increases the fear of radicalisation. The lack of an exact cause doesn't mean we know nothing and it's important to focus on what we do know and staying informed of current guidance.

Radicalisation is constantly shifting and changing. What we know as of now is that the main risk factor identified in victims is vulnerability.

Those who are most vulnerable are (but not limited to):

- Younger people from age 13 upwards;
- Those experiencing an identity or personal crisis;
- Individuals with feelings of un-met aspirations or a sense of injustice;
- People with a need for adventure or excitement;
- Pre-existing conviction that their religion or culture is under threat;
- Individuals who feel socially isolated, and possibly, suffering from depression;
- Those who have a history of criminal behaviour.

Some potential indicators:

- Change in appearance
- Search for answers - identity, faith and belonging
- Desire for adventure/excitement
- Desire to enhance self esteem
- Sense of grievance triggered by personal experience of racism/discrimination/aspects of government policy etc
- Isolated from peers, associates with only 1 group of people
- Withdrawal from family members
- Additional vulnerability risk factors: Special Educational Needs, mental health Issues, alcohol and drug abuse

Some potential warning signs:

- Graffiti, symbols or artwork promoting extremist messages
- Accessing extremist material online
- Changes in behaviour, friendship and actions
- Young people voicing opinions drawn from extremist ideologies or narratives
- Use of extremist or hate terms to exclude others or incite violence

People who are at risk of being drawn into terrorist activity can be supported through the Channel process, which involves several agencies working together to give individuals access to services such as health and education, specialist mentoring and diversionary activities.

DETAILS OF DESIGNATED SAFEGUARDING OFFICERS

Name	Location	Tel. no.
Thalia Bell	Kingsway Principalship	0151 257 2800 EXT 1003
Caroline Chisnall	Cronton Student Services	0151 257 2800 EXT 3121
Anna Hopwood	Kingsway Programme Office	0151 257 2800 EXT 1032
Helen Maddison	Kingsway Programme Office	0151 257 2800 EXT 1032
Vicky Samlofski	Kingsway Programme Office	0151 257 2800 EXT 1032
Paula Mitchell	Kingsway Programme Office	0151 257 2800 EXT 3104
Rachel Clarke	Kingsway Student Services	0151 257 2800 EXT 1097
James Jordan	Kingsway	0151 257 2800 EXT 1429
Diane Reeves	CRMZ	0151 257 2800 EXT 1343
Sandra Snooks	Cronton Programme Office	0151 257 2800 EXT 3143
Mehrdad Daliri	Cronton Programme Office	0151 257 2800 EXT 1038
Joe Clements	Kingsway Student Services	0151 257 2800 EXT 1163
Natalie Patten	Cronton Programme Office	0151 257 2800 EXT 3149

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

Useful source of information:

Halton Safeguarding Children Board website - www.haltonsafeguarding.co.uk

**Safeguarding
Cause for Concern Form
Confidential**

Name of child/vulnerable adult:		
Gender: (M/F)	DOB:	Student Ref No:
Does the child/vulnerable adult know you are speaking to a safeguarding officer? Yes <input type="checkbox"/> No <input type="checkbox"/> (State reason)		
Reason for concern: (State what child/vulnerable adult said, or what you observed that caused suspicion. Include date, and time of event. Where reporting what someone has said to you, try to use as close to their exact words as you can remember). <i>Continue on additional pages if necessary.</i>		
Are there any protected characteristics that could influence this safeguarding concern?		
Category of abuse causing concern: (Tick any that apply)		
Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Institutional <input type="checkbox"/>		
Radicalisation/Extremism <input type="checkbox"/> Other (Please indicate clearly) _____ <input type="checkbox"/>		

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: _____

Please input summary onto Safeguarding Spreadsheet.

REFERRAL FLOWCHART

APPENDIX 6



What to do if you have a concern about a child's welfare

