## St Bede's Catholic College



# Safeguarding and Child Protection Policy

## ST BEDE'S CATHOLIC COLLEGE SAFEGUARDING (CHILD PROTECTION) POLICY

This Policy is addressed to all members of staff.

The Designated Safeguarding Lead (DSL) is Mr D O'Rourke, Vice Principal Deputy Designated Safeguarding Lead is Mrs Garton Mrs Lemin is the designated child protection governor The current LA professional advisor on safeguarding is Henry Chan and on Safeguarding attendance is Dr Lesley O'Hagan. Nicola Laird is the named designated officer (LADO).

#### Keeping Bristol Safe partnership arrangements

St Bede's Catholic College is in the safeguarding partnership with Bristol City Council (bristolsafeguarding.org) South Gloucestershire Council (sites.southglos.gov.uk/safeguarding/children) and North Somerset Council (northsomersetsafeguarding.co.uk), Bristol, North Somerset and South Gloucestershire clinical commissioning group (bnssgccg.nhs.uk)

#### Rationale:

The College recognises that it has a duty to safeguard and protect children from abuse and will do whatever is possible to exercise this duty mindful of the fact that the welfare of the child is paramount.

As a Catholic community we are concerned with all aspects of a child's welfare. We value and cherish each child and seek to ensure that every effort is made to protect the children in our care. This means that all adults are expected to;

• understand the responsibilities, which are part of their employment or role, and be aware that sanctions will be applied if these provisions are breached. Safeguarding and promoting the welfare of children is everyone's responsibility.

This responsibility includes awareness of the following;

- child protection policy
- behaviour policy
- staff behaviour policy (Code of Conduct)
- safeguarding response to children who go missing from education
- role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies as listed at the top of this policy)
- always act, and be seen to act, in the child's best interests
- avoid any conduct which would lead any reasonable person to question their motivation and intentions
- take responsibility for their own actions and behaviour

Should a child experience abuse we will play a full and positive part in helping that child cope with the issues involved, and will work with all appropriate individuals and agencies in seeking to resolve the problem in the best interests of the child.

#### Aims:

We will endeavour to:

- do everything in our power to protect children when they are in our care by making a safe environment and giving them the resources and skills to minimise the risk of abuse.
- develop positive relationships.
- enhance self-esteem and encourage all children to develop a positive self-image.
- enable children to develop the skills to deal with conflict effectively.
- give children the opportunity to make reasoned and informed choices, judgements and decisions.
- provide a model for open and effective communication between children, teachers, parents, agencies and other adults working with children.
- provide a clear model for management in cases of suspected or disclosed abuse.
- ensure all college staff know how to act if they have concerns or need support regarding a particular child.
- integrate the key concepts of child protection, safeguarding and online safety into the existing curriculum.
- help children to acquire skills and attitudes to resist abuse in their own lives.
- prepare children for their responsibilities beyond college including parenthood in their adult lives.
- keep staff well informed about child protection and safeguarding issues and their responsibilities, not just annually but regularly with updates during the college year.
- ensure staff employed by Governors or those who have contact with children have the required level of clearance from the Disclosure and Barring Service.
- ensure visitors to the college who have unsupervised access to children have the required level
  of clearance.
- ensure appropriate background checks on guest speakers are carried out as part of the college visiting speaker protocol.

#### **Guidelines:**

Safeguarding incidents can happen anywhere and staff should be alert to possible concerns being raised in our College.

- An environment is created within the college in which every child is valued as a member of the community.
- Relationships between children and staff should, where ever possible, be based upon mutual trust and respect.
- Opportunities are created so that children can be listened to and all helped to articulate their wishes and feelings.
- High standards of behaviour within the college should enable children to be protected from abuse from other children.
- A variety of opportunities are allowed for class and group discussion of thoughts and feelings in an atmosphere of trust, acceptance and respect.
- The key concepts of child protection are integrated within the existing Personal, Social, Health and Citizenship Education (PSHCE) curriculum alongside our provision of Relationships, Health and Sex education. These include feelings and emotions, touch, secrets, assertiveness, self-esteem, consent and trust.
  - NB, Parents have the right to remove children from sex education lessons with prior agreement from the Principal. This request should be made in writing in advance of the lessons. Parents do not have the right to withdraw their children from relationship or health education up to three terms before their child turns 16. At this point, if the child wishes to receive sex education rather than being withdrawn, arrangements will be made for this to happen in one of three terms before the child turns 16 the legal age of consent.
- Members of staff are made aware that Governors will not support abuse of children in any of its guises. The Governing body will review regularly the Safeguarding Policy and ensure the Annual Safeguarding Audit is completed.
- Staff will be subjected to enhanced DBS clearance every three years. A list of DBS clearance of all our staff and those who have unsupervised contact with children will be held by the PA to the Principal and updated as required.
- A senior Member of Staff is the Designated Safeguarding Lead (DSL) who deals with child protection matters in the first instance. This person is also the named teacher for children in care.
  - The DSL will consider and promote the welfare of vulnerable children by contributing to the provision of pastoral and/or academic support, alongside action by statutory services). The governing body will delegate responsibility to the DSL to ensure that all staff in the college read at least part one of the Keeping Children Safe in Education 2022 (KCSIE) guidance
- The term 'child' refers to everyone under the age of 18 years.
- Definitions of regulated and non-regulated activities:
  - Regulated (that a barred person must not do) = unsupervised activities e.g. Teach, train, instruct, care for or supervise, provide advice and guidance on well-being or drive a vehicle only for children. Extract: Regulated activity in relation to children. Factual notes by HM Government.
- The definition of reasonable force is understood to mean 'using no more force than is needed' and the use of force may involve passive physical contact or active physical contact.

#### **Procedures:**

The Designated Safeguarding Lead will assume responsibility for managing referrals, training and raising awareness as listed in the specific safeguarding issues section of Keeping Children Safe in Education 2022.

If any member of staff suspects that a child is being abused either emotionally, physically, sexually or by neglect, actual or likely, concerns should be shared as soon as they arise. Suspicions must be discussed with Designated Safeguarding Lead (DSL) or the Principal only. In their absence suspicions must be discussed with the most senior member of staff present (usually Vice Principal).

- In all child protection issues the well-being of the child and his/her safety is paramount.
- Staff will have an awareness that for children with SEN and disabilities, their behaviour, mood and injury may be related to possible abuse and not just their SEN or disability. There is a higher risk of peer group isolation, possible disproportionate impact of bullying and difficulties with communication.
- Staff are told that they do not have the responsibility to investigate cases of suspected child abuse. However, if at any point there is a risk of immediate serious harm to a child and there is no one in college to act on this concern then a referral should be made to Children's Social Care immediately. Anybody can make a referral in these exceptional circumstances. If the child's situation does not appear to be improving, the staff member with concerns should press for reconsideration. Concerns should always lead to help for the child at some point.
- It is important for children to receive the right help at the right time to address risks and prevent issues escalating. The DSL will consider 'early help' requirements with relevant staff and may ask them to assist in an early help assessment.
- The college will cooperate with relevant external agencies in any enquiries regarding child protection matters, including representation at child protection conferences, core groups and multi-agency planning meetings.
- Information regarding pupils at risk or those subject to a child protection care plan will be shared with members of staff on a need to know basis. Everyone who comes into contact with children has a role to play in identifying concerns, sharing information and taking prompt action. A record is kept in college of action taken. Telephone referrals to social care will be followed up promptly.
- Children who have a social worker are particularly vulnerable. Where children have a social
  worker, this will inform decisions about safeguarding e.g responses to unauthorised absence or
  missing education where there are known safeguarding risks.
- The DSL will consider and promote the welfare of vulnerable children by contributing to the provision of pastoral and/or academic support, alongside action by statutory services).
- The safety of the child over-rides confidentiality. If a child is at risk, information can be shared without consent (of the child or the family).
- Staff must be clear about when information can be shared and in what circumstances it is appropriate to do so. They must not promise to keep 'secrets' with children and that if children disclose abuse this must be passed on to the designated safeguarding lead as soon as possible and the child should be told with whom their disclosure will be shared. It is important to note that children may not be ready to tell someone about abuse they have experienced. Similarly, they may not recognise their experiences as harmful. They might be embarrassed, humiliated or threatened not to tell anyone about their abuse and in some cases, their vulnerability, disability, sexual orientation or language barriers could also be reasons why they do not disclose. These barriers should not stop all members of staff being professionally curious and sharing any concerns with the DSL.

- Any decisions to share information must be recorded. Records may be subject to the Freedom of Information Act (2000) and the Data Protection Act (GDPR)(2018). If there is any doubt as to the rights of any party to access information, legal advice may be sought prior to releasing any information.
- Where children leave the college, including in-year, the DSL will consider whether it is appropriate to share information with the new school in advance of the pupil leaving. The child protection file will be transferred to the new school as soon as possible. The CP file will be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt is obtained. If a child joins the college, the DSL will check if a child protection file should be received from the previous school.
- The DSL and Deputy DSL will employ signs of safety when assessing safeguarding risks including whether or not children are at risk of abuse or exploitation in situations outside their families. Extrafamilial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence. The three safeguarding partners (Children's Services, Police and Medical Nursing) will be considered and particular reference will be made to the National Police Chief's Council guidance When to Call the Police.

Allegations against staff or adult providing a service to the college (including supply staff and volunteers or Governors). Please note: Any 'concerns' that have not yet developed into a formal allegation should be reported following the guidance here.

- All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. Concerns must be discussed with the Principal only or, in his absence, the Vice Principal (DSL).
- If a pupil makes an allegation against a member of staff or any adult providing a service to the college, the Principal should be immediately informed.
- The Principal will discuss any allegation of an adult who has behaved in a way that indicates they may not be suitable to work with children, with the Designated Officer for Allegations (previously known as the LADO) at the earliest opportunity within 24 hours, and before any actions are taken.
- If the allegation concerns the behaviour of the Principal, the Chair of Governors should be informed.
- If an allegation concerning the behaviour of a Governor, the Chair of Governors should be informed
- Allegations against the Chair of Governors should be referred to the Director for Education within the Diocese.

#### Safe recruitment practice

- Additional checks using the teachers' services systems will be carried out on individuals who have lived or worked outside the UK. Individuals will be directed to provide criminal record clearance documentation from the country of origin. All staff will have enhanced DBS checks on appointment. Checks will be accurately recorded on a single central record and will be carried out every 3 years. Checks are carried out by governors regularly throughout the year.
- Self-Declaration Form
   Staff will sign a form annually confirming that if a DBS check is carried out, nothing would show up. Random checks will also be carried out.

- A referral will be made to the DBS and the National College for Teaching and Leadership (NCTL)
  within one month if a person in regulated activity has been dismissed or removed due to
  safeguarding concerns.
- The Designated Safeguarding Lead (DSL) undertakes an inter-agency training course every two years. Other staff and Governors have safeguarding training updated as appropriate, but at least annually.
- At least one person on every interview panel will be trained in safe recruitment practices.
- Volunteers (including Governors) will be checked in line with the statutory guidance: Regulated Activity (Children) – supervision of activity with children which is regulated activity when unsupervised. A risk assessment will be carried out on a case by case basis when accepting volunteers at the college. When recruiting governors, the TRA (Teaching Regulation Agency) Teachers Services check is referred to.

#### **Visitors**

 We will ensure that visitors to the College comply with DBS requirements. Visitors who have unsupervised contact with children will require DBS clearance.

#### **Work Experience**

• We will consider the specific circumstances of work experience placements and refer to guidance provided in KCSIE page 76.

#### Homestay.

All homestay adults will be subject to appropriate DBS checks and barred list checks.

#### Alternative provision.

• When the college places a pupil in alternative provision, they remain responsible for the safeguarding of that pupil and will ensure that the provider meets the needs of the pupil in order to keep them safe. Written confirmation will be sought to confirm that appropriate safeguarding checks have been carried out on individuals working at other establishments.

#### **E-Safety**

- Our young people are growing up in an increasingly complex online world. This presents many positive opportunities but also challenges and risks. We will aim to equip pupils with the knowledge they need to make the best use of new technologies in a safe, considered and respectful way. We will continue to do what we can to keep pupils safe on-line, not just from inappropriate material such as pornography, but also extremist content ensuring that appropriate filters and monitoring systems are in place. They receive PSHE and RSE input on the 4 C's Conduct, Content, Contact and Commercialism. Pupils must not have social media contact with members of staff or governors. In college, social media are blocked for students unless required for specific circumstances. Staff are clear that they have a responsibility to take opportunities to remind parents and carers to monitor screen use. Adults on site will help children not to use their mobile phones on the school site and will remain aware of conversations about possible on-line abuse.
- Safeguarding information that includes e-safety is provided to parents on a regular basis and through the fortnightly newsletter.

This Policy has been drawn up following consultation and should be read in conjunction with the Health and Safety Policy, Guidelines on the Use of Physical Contact with Pupils and E-Safety Policy. It will be reviewed regularly.

Legislation and guidance in relation to safeguarding includes:

- Children's Acts 1989 and 2004
- Education Act 2002
- Framework for the Assessment of Children in Need and their Families 2000
- Working Together to Safeguard Children July 2018
- Keeping Children Safe in Education September 2022
- What to do if you are worried a child is being abused March 2015
- Information Sharing July 2018

\*headline examples of abuse [Further details available from 'Keeping Children Safe in Education 2022. Annex A p134]

Bullying and Cyber- bullying	Neglect	County lines Serious Violence	Fabricated or induced illness	Mental heath	Child Sexual Exploitation and teenage relationship abuse
Forced marriage	Gangs & Youth Violence	Genderbased violence	Violence against women and girls (VAWG)	Domestic violence	Female Genital Mutilation
Private fostering	Peer-on-peer/ child-on-child abuse including Sexting and upskirting	Teenage relationship abuse	Trafficking	Radicalisation	Child Missing Education, home or care
		Drugs & Cuckooing	Children & the court system	Homelessness	Children with families in prison

#### Additional Notes on specific safeguarding issues 2022

Peer-on-peer abuse is now referred to as child-on-child abuse: introduced because the children may be in different year groups. Child-on-child abuse may include bullying, cyberbullying, gender based violence, physical abuse, sexual violence and sexual harassment, sexting and initiation ceremonies. The college DSL will refer to Annex B, page 137 of Keeping Children Safe in Education in the case of child on child sexual violence and harassment, and the procedures therein. In addition, reference will be made to the separate publication 'Sexual violence and harassment between children in schools and colleges'.

#### Staff will be aware of the importance of

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up
- children are provided with opportunities to report concerns without shame or judgement, either in person or anonymously
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks

normalising them. Similarly, upskirting is now a form of child-on-child abuse. **It is also a criminal offence** and any incidences should be discussed with the police as such (page 106 KCSIE 2022).

Definition: The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019.

'Upskirting' is where someone takes a picture under a persons clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

- Advice is issued to all staff annually outlining procedures to follow if a case of 'sexting' emerges.
- Faith Abuse. The term 'child abuse linked to faith or belief' is open to multiple interpretations including:
  - Abuse that occurs as a result of a child being accused of witchcraft or of being a witch
  - Abuse that occurs as a result of a child being accused of being 'possessed by spirits' that is 'spirit possession'
  - Ritualistic abuse
  - Satanic abuse

There are other types of child abuse that are loosely associated with 'faith' or 'belief, such as medical neglect related to religious belief. We should also note methodical difficulties in distinguishing between 'witchcraft' and 'spirit possession' and between 'ritual child abuse' and 'satanic child abuse'.

- Child Sexual Exploitation involves exploitative situations, contexts and relationships where young people receive something (e.g. food, accommodation, drugs, alcohol) as a result of engaging in sexual activities. What marks out exploitation from a 'consensual' relationship is the imbalance of power. It is important to remember that some young people who are being sexually exploited do not exhibit external signs of this abuse.
- Honour based abuse (HBA). So called honour-based abuse encompasses crimes committed to protect or defend the honour of a family or community, including FGM and forced marriage.
- Female Genital Mutilation (FGM) is any procedure involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. Victims of FGM are likely to come from a community that is known to practise FGM. UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani. We consider girls in our college to be safe from FGM, however we will continue to be alert to the signs of such abuse. If any teacher discovers that any type of FGM appears to have been carried out on a girl under the age of 18, the teacher has a specific legal duty report this to the Police, in consultation with the DSL.
- Fabricated or induced illness

The fabrication or induction of illness in children by a carer has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy (Meadow, 1977), Fictitious Illness by Proxy (Bools, 1996; Jones and Bools, 1999) or Illness Induction syndrome (Gray et al, 1995). This terminology is also used by some as if it were a psychiatric diagnosis.

If, as a result of a carer's behaviour, there is concern that the child is or is likely to suffer significant harm, this guidance should be followed. The key issue is not what term to use to describe this type of abuse, but the impact of fabricated or induced illness on the child's health and development, and consideration of how best to safeguard and promote the child's welfare.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- o fabrication of signs and symptoms. This may include fabrication of past medical history;
- o fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- o induction of illness by a variety of means.

The following list is of behaviours exhibited by carers which can be associated with fabricating or inducing illness in a child. This list is not exhaustive and should be interpreted with an awareness of cultural behaviours and practices which can be mistakenly construed as abnormal behaviours:

- Deliberately inducing symptoms in children by administering medication or other substances, by means of intentional transient airways obstruction or by interfering with the child's body so as to cause physical signs
- o interfering with treatments by over dosing with medication, not administering them or interfering with medical equipment such as infusion lines
- Claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems
- Exaggerating symptoms which are unverifiable unless observed directly, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous
- Obtaining specialist treatments or equipment for children who do not require them; alleging psychological illness in a child

The majority of cases of fabricated or induced illness in children are confirmed in a hospital setting because either medical findings or their absence provide evidence of this type of abuse.

#### The Prevent duty

- Preventing Radicalisation is our duty. The Counter-Terrorism and Security Act 2015 covers a broad range of radicalisation, not just Islamic extremism but also the far right. The college will have due regard to the need to prevent young people from being drawn into terrorism. Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.
- It is essential that we identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation is part of all of our wider safeguarding duties, and is similar in nature to protecting children from other harms, whether these come from within their family or are the product of outside influences.
- We can also build pupils' resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views. We do not intend to stop pupils talking about or debating controversial issues. On the contrary, in school, we want to provide a safe space in which children, young people and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments.

"Extremism" 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. Included in the definition of extremism are calls for the death of members of the armed forces, whether in this country or overseas. Terrorist groups very often draw on extremist ideas developed by extremist organisations.

#### Risk assessment:

- We should be aware of the increased risk of online radicalisation, as terrorist organisations seek to radicalise young people through the use of social media and the internet.
- There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, we should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views.
- Staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. All key staff have completed the CHANNEL on-line training resource.

https://www.elearning.prevent.homeoffice.gov.uk

IT policies: The statutory guidance makes clear the need for schools to ensure that children are safe from terrorist and extremist material when accessing the internet in schools. We ensure that suitable filtering is in place. Internet safety is integral to our ICT curriculum and is also be embedded in PSHCE.

#### Building children's resilience to radicalisation

We believe that we can build pupils' resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making. We promote the spiritual, moral, social and cultural development of pupils and, within this, fundamental British values.

Personal, Social, Health and Citizenship Education (PSHCE) is effective in providing pupils with time to explore sensitive or controversial issues, and equipping them with the knowledge and skills to understand and manage difficult situations. The subject teaches pupils to explore facts and myths regarding Terrorism, how to recognise and manage risk, make safer choices, and recognise when pressure from others threatens their personal safety and wellbeing. They can also develop effective ways of resisting pressures, including knowing when, where and how to get help. In addition, we encourage pupils to develop positive character traits through PSHCE, such as resilience, determination, self-esteem, and confidence. The RSE curriculum will be utilised as another opportunity to discuss safeguarding matters with our young people.

#### **Children Missing Education**

The DSL with the Attendance and Welfare Officer at the college will refer to the Bristol Education Welfare Service guidance for adding and deleting pupils from roll at non-standards points; January 2018.

All staff are aware that children going missing, particularly repeatedly, can act as a warning sign of a range of safeguarding possibilities. Any unauthorised absence will therefore be reported immediately to the Attendance and Welfare Officer at the college.

#### Serious violence

All staff need to be aware of the indicators that may signal a child is at risk from, or is involved with serious violent crime including:

 Unexplained gifts/new possessions (may indicate child has been approached or involved with criminal networks/gangs)

- Increased, unexplained absence
- Change in behaviour and friendship groups
- Decline in performance
- Signs of self-harm, assaults on others and/or unexplained injuries

#### **County Lines**

This is another potential form of child exploitation that can be a geographically widespread form of harm, typically related to drug networks.

Definition: Gangs and organised criminal networks groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.

#### **Domestic Violence and abuse**

Definition: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Children can also be victims, and perpetrators in their own relationships. The college will actively promote the National Domestic Abuse Helpline and the DSL will act accordingly on Domestic Violence and abuse notifications received from the Police.

#### **Mental Health**

All staff will be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one, impacting on their behaviour and education. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. All staff will remain aware of the potential impact of the current cost of living crisis and in particular how adults are under increased pressure to provide for children in their care.

What to do if a child appears to be struggling with maintaining positive mental health?

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem and therefore the college procedure should be followed. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by following college safeguarding procedures and speaking to the designated safeguarding lead or deputy.

#### Procedures – What to do if there is a concern

Staff must take action when they observe behaviour of concern, following the standard procedures for referral to the Designated Safeguard Lead – Mr O'Rourke. The DSL will assess all referrals made and where there is evidence of concern, inform the appropriate agencies.

In the specific case of serious violence, the DSL will refer to the Home Office document 'Advice to Schools and Colleges on Gangs and Youth Violence'. If a case of County Lines is suspected, the DSL will refer to the sister document 'Criminal Exploitation of Children and Vulnerable Adults: County Lines)

### General safeguarding procedures

If any member of staff is concerned about poor or unsafe safeguarding practice, they should refer directly to the college Whistleblowing procedure. If a staff member feels concerns are not being addressed, they may contact the NSPCC helpline on 0800 028 0285 or via email using help@nspcc.org.uk.