Safeguarding & Prevent Policy

Pathways Skills Academy Ltd

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Approved by:	*Clive Coote* *Managing Director*
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Table of Contents

Centre Child Protection and Safeguarding Policy Framework

Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who meets children and their families has a role to play. To fulfil this responsibility effectively, all professionals should make sure their approach is child. This means that they should consider, always, what is in the **best interests** of the child.

(Keeping Children Safe in Education)

1. Ethos statement

We at Pathways Skills Academy recognise the moral and statutory responsibility placed on all staff to safeguard and promote the welfare of all children. We aim to provide a safe and welcoming environment, underpinned by a whole Centre approach that promotes a culture of openness, where both children and adults feel secure, can raise concerns and know they are being listened to, and that appropriate action will be taken to keep them safe.

1. Introduction

Clive Coote in his capacity as Managing Director recognises the need to ensure that PSA complies with its duties under legislation and this policy has regard to statutory guidance, Keeping Children Safe in Education (KCSiE 2026), which was last updated September 2026. Working Together to Safeguard Children and locally agreed inter-agency procedures put in place by Suffolk Safeguarding Children Board.

This policy will be reviewed annually, or when there are statutory amendments published to safeguarding best practice, as a minimum, and will be made available publicly via the company website or on request.

Safeguarding and promoting the welfare of children is defined as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

This policy is for all staff, parents, volunteers and the wider community involved with PSA. It forms part of the child protection and safeguarding arrangements for PSA and is one of a suite of policies and procedures which encompass the safeguarding responsibilities of PSA *(See Anti-Bullying Policy, E-safety Training, Lone Working Policy and Raising a Concern guidelines)* In particular, this policy should be read in conjunction with PSA's Code of Conduct/Staff Behaviour Policy (including Acceptable Use of ICT), Safer Recruitment Policy, E-Safety Policy and Anti-Bullying Policy.

The aims of this policy are to:

- Provide staff with a framework to promote and safeguard the wellbeing of children and young people and ensure that they understand and meet their statutory responsibilities.
- Ensure consistent good practice within PSA.

The Managing Director and DSL expect that all staff will know and understand this child protection and safeguarding policy and their responsibility to implement it. Staff must, have read and understand **Keeping Children Safe in Education (KCSIE) guidance 1st September 2026,** in its full entirety.

The Managing Director and DSL will ensure that they have read and understand This will be evidenced by having signed to ensure compliance and undertaking regular training.

The DSL with the oversight of the MD, will ensure that arrangements are in place for all staff members to receive appropriate safeguarding and child protection training which is regularly updated.

Compliance with the policy will be monitored by Clive Coote **(LADO point of contact**) in his capacity as MD and the designated safeguarding lead Kate Tasrscio (DSL) and Dominic Del-Guidice Deputy DSL.

2. Statutory framework

Section 175 of the Education Act 2002 in the case of maintained Centres and pupil referral units[1], Section 157 of the Education Act and the Education (Independent Centres) Regulations 2014 for independent Centres (including academies and free Centres) place a statutory duty on governing bodies and proprietors to have policies and procedures in place that safeguard and promote the welfare of children and young people who are pupils of the Centre which must have regard to any guidance given by the Secretary of State.

A Local Safeguarding Children Board (LSCB) must be established for every local authority area[2]. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. In Suffolk, all professionals including staff in Centres and work-based learning environments should work in accordance with the multi-agency procedures developed by the Suffolk SCB (SSCB) which can be found on their website at: http://suffolkscb.org.uk/.

[1] Section 175, Education Act 2002 – for management committees of pupil referral units, this is by virtue of
regulation 3 and paragraph 19A of Schedule 1 to the Education (Pupil Referral Units) (Application of Enactments) (England) Regulations 2007

[2] Please note that in accordance with Working Together to Safeguard Children 2018, Suffolk Safeguarding Children Board will be working towards transition to the new Safeguarding Partner Arrangements, which should be in place by July 2019. This policy will need to be revised to reflect the new arrangements.

3. Key roles and responsibilities

Proprietor / Managing Director

Clive Coote (MD) in his capacity as managing director has a legal responsibility to make sure that there are appropriate policies and procedures in place for appropriate action to be taken in a timely manner to safeguard and promote children and young people's welfare, and to monitor that the Centre complies with them.

The DSLs should also ensure that the policy is made available to parents and carers by publishing this on the PSA website or in writing if requested.

The MD will ensure that the Centre contributes to multi-agency working in line with statutory guidance Working Together to Safeguard Children and that PSA's safeguarding arrangements consider the procedures and practice of the locally agreed multi-agency safeguarding arrangements in place.

It is the responsibility of the MD to ensure that staff and volunteers are properly vetted to make sure they are safe to work with the pupils who attend PSA and that the Centre has procedures for appropriately managing allegations of abuse made against members of staff (including the headteacher and volunteer helpers). This includes Safer Recruitment Training and DBS checks for all staff on the premises.

The MD will ensure that there is a Designated Safeguarding Lead (DSL) who has lead responsibility for safeguarding and child protection, and a designated staff member to promote the educational achievement of children who are looked after or previously looked after and will ensure that these people have the appropriate training.

The DSLs can inform Suffolk County Council when requested about the discharge of their safeguarding duties by completing the safeguarding self-assessment audit.

Designated Safeguarding Lead (DSL)

The DSL (Kate Tasrascio) should take lead responsibility for safeguarding and child protection (including online safety and Cyber bullying). This is explicit in the role-holder's job description. (The broad areas of responsibility and activities related to the role of the DSL are set out in Annex B of KCSiE).

The DSL will have the appropriate status and authority to carry out the duties of the post.

The DSL and should liaise with the local authority and work with other agencies in line with Working Together to Safeguard Children.

During term time, the DSL and/or an alternate should always be available during Centre hours for staff to discuss any safeguarding concerns. The DSL will plan for adequate and appropriate cover arrangements for any out of hours/out of term time activities.

The DSL and deputy will undergo Level 3 training to provide them with the knowledge and skills to carry out the role. This training will be updated every two years.

All staff

All staff have a responsibility to provide a safe environment in which children can learn. To ensure a whole Centre approach, Safeguarding will be discussed as a main agenda item at weekly briefings, monthly team meetings, within practice reflection meetings and as part of the quality assurance process in place to review courses delivered to children attending the Centre.

All staff and Governors must read and ensure they understand KCSiE 2026 or the amended version for staff who do not have direct contact with children. Staff will sign to confirm this with approximate timings of length taken to read.

All staff must ensure they are familiar with the 'My Concern' system used within Centre which supports safeguarding, including the child protection and safeguarding policy, the code of conduct/staff behaviour policy, student behaviour policy, the safeguarding response to children who go missing from education, and the role of the DSL (including the identity of the DSL and any deputies).

All staff should be aware of the types of abuse and neglect so that they are able to identify cases of children who may need help or protection.

All staff should know what to do if a child tells them he/she is being abused or neglected.

All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989 that may follow a referral, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) along with the role they might be expected to play in such assessments.

All staff should be aware of the early help process and understand their role within it. This includes providing support as soon as a problem emerges, liaising with the DSL, and sharing information with other professionals to support early identification and assessment, focussing on providing interventions to avoid escalation of worries and needs (see Section 12: Information Sharing). In some cases, staff may be asked to act as the lead professional in undertaking an early help assessment.

Any child may benefit from early help, but all Centre and Centre staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs.
- Currently has a social worker, is a child in need or has a child protection plan
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer.
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups. (CCE)
- is frequently missing/goes missing from care or from home.
- is at risk of modern slavery, trafficking, or exploitation.
- is at risk of being radicalised or exploited.
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues or domestic abuse.
- is misusing drugs or alcohol themselves.
- has returned home to their family from care.
- is a privately fostered child.
- the child being pregnant and/or a parent themselves;
- the child exhibiting early signs of abusive, violent and/or harmful behaviours.
- is at risk of being radicalised into terrorism
- is at risk of so-called 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage
- is a privately fostered child.

Knowing what to look out for is vital to the early identification of abuse and neglect. If staff are unsure, they should always speak to the DSL. If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Staff should consider speaking to Clive and/or take advice from children's social care. In these circumstances, any action taken should be shared with the DSL as soon as is practically possible.

Role:	**Name and contact details:**
Designated Safeguarding Lead (DSL)	Kate Tarascio – 01473 970731 Kate@eastern.rooftraining.co.uk
Deputy Designated Safeguarding Lead (DDSL)	Dominic Del-Guidice – 01473 970729 Dominic@pathwaysskillsacademy.co.uk
Proprietor / Managing Director	Clive Coote (MD)
Centre e-Safety Lead	Kate Tarascio
Designated Mental Health Lead	Kate Tarascio
Designated Children in Care and children previously in care (CiC)	Kate Tarascio

4. Training

The DSL will ensure that all staff receive appropriate safeguarding and child protection training which is regularly updated and in line with advice from SSCB. In addition, all staff members will receive regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings) as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

All new staff members will undergo safeguarding and child protection training at induction. This will include training on the Centre's safeguarding and child protection policy, online safety, the code of conduct/staff behaviour policy, the behaviour policy, the safeguarding response to children who go missing from education, and the role of the designated safeguarding lead. Copies of the Centre's policies, procedures and Part One of KCSiE will be provided to new staff at induction.

The DSL in conjunction with Clive will ensure that an accurate record of safeguarding training undertaken by all staff is maintained and updated regularly.

5. Recognising concerns - signs and indicators of abuse

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

- Abuse **is defined as a form 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 or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or another child or children.**

The following indicators listed under the categories of abuse are not an exhaustive list:

- **Physical abuse:** a form of abuse which 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.

- **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child

participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone this may also include a child to caregiver abuse, as a form of abuse staff should be aware of and clarifies that verbal abuse can be a form of emotional 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. The sexual abuse of children by other children is a specific safeguarding issue in education (See section 7: Specific safeguarding issues and Appendix A)

- **Neglect**: 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 because 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 caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(Source: Keeping Children Safe in Education)

6. Specific safeguarding issues

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as of drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

All staff should be aware that safeguarding issues can manifest themselves via peer-on-peer abuse of children at **any age and sex** and should take a view that **'it could happen here'**. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- sexual violence and sexual harassment

- harmful sexual behaviour (HSB), including that a child displaying HSB may be an indication that they are a victim of abuse themselves.
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals
- child criminal exploitation
- Up skirting

All staff should be clear about the Centre's policy and procedures with regards to peer-on-peer abuse.

Safeguarding incidents and/or behaviours can be associated with factors outside the Centre and/or can occur between children outside the Centre. All staff, especially the DSL (or deputy), should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding. Assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. It is important that staff provide as much information as possible as part of the referral process. Additional information regarding contextual safeguarding can be found here: Contextual Safeguarding

Further information about specific forms of abuse and safeguarding issues can be found in Appendix A. All staff should familiarise themselves with this.

Managing Reports of Sexual Harassment or Sexual Violence within PSA

In consultation with the relevant staff members and as per KCSiE 2026 and statutory guidance, we will assess each report on a case-by-case basis and respond appropriately, having risk assessed the situation.

Any decisions regarding continued attendance or withdrawal of a placement will be in consultation with the referring Centre, the Managing Director and the DSL.
We will be mindful of any patterns emerging and will update our policy and risk matrix regularly and considering any lessons learnt.

We have zero tolerance to sexual violence or sexual harassment. There are 4 likely response scenarios and they are as follows: -

Manage internally

- Where a one-off incident has occurred and a risk assessment identifies early help is not needed. Managing internally means that we will support the child/children by stating that we have zero tolerance to inappropriate sexual behaviour.
- We will report the incident to the referring Centre via our DSL.
- We will record and hold securely on our electronic system 'My Concern'; this will be separate from other information we hold.

Early help

- We will support learners to access early help where this has been identified as a need to promote wellbeing, regardless of their role in any incident.
- We will work with the referring Centre to achieve the best outcome for the children as part of our working together to safeguard children commitment.
- We will report the incident to the referring Centre via our DSL.
- We will record and hold securely on our electronic system 'my Concern'; this will be separate from other information we hold.

Referrals to children's social care

- Where a child has been harmed or is at risk of harm or imminent danger, we will act immediately to safeguard their wellbeing.
- We will make a referral to children's services
- We will work with children's social care by prioritising the safeguarding of the victim and alleged perpetrator(s) and by working collaboratively with them.
- We will report the incident to the referring Centre via our DSL.
- We will record and hold securely on our electronic system 'my Concern'; this will be separate from other information we hold.

Reporting to the police

- Any report to the police will be made in parallel with a report to children's social care.
- We will contact the named person identified and advise them of the action we have taken
- We will give support to any child where it has not been appropriate to inform parents or carers of a report to police and social care.
- We will work with the police by prioritising the safeguarding of the victim and alleged perpetrator(s) and by working collaboratively with them.
- We will report the incident to the referring Centre via our DSL.
- We will record and hold securely on our electronic system 'my Concern'; this will be separate from other information we hold.

Children Requiring Mental Health Support

PSA has a designated Mental Health Lead (Kate Rupp) whose responsibility it is to support children during any mental health crisis and to develop a whole Centre approach to promoting mental health wellbeing.

The mental health lead will attend suitable training to be supported in their role.
Children attending who have a mental health education plan will be supported to engage in a curriculum that promotes resilience and positive wellbeing.

Should staff be concerned, they should talk to the Mental Health Lead who can investigate the child's wellbeing. Support levels will be assessed on individual need and could include but not be limited to: -

- Time out to talk with support staff.
- Signposting to suitable support at their Centre
- Requesting appropriate staff from their referring agency attend the Centre to give additional support.
- An ambulance may be called should the child present a real and present danger to themselves *or*
- Police may be called if the child presents a real and present danger to others.

All support will be given with the best interest of the child foremost with the minimum intervention needed to resolve any situation, having asked the child what they may wish to happen, where appropriate. Staff should report all cases where concerns to a child's mental health wellbeing have been identified. Concerns should be reported to the safeguarding lead, and a record should made of discussions with the child, actions taken and outcomes. Children should be made aware that their named contact will be informed of any concerns raised as part of our safeguarding protocol. Only appropriately trained professionals should attempt to diagnose mental health problems, but that education staff play an important role in recognising the warning signs and identifying children who may be struggling with their mental health.

7. Curriculum

The Managing Director and DSL will ensure that children and young people are taught about safeguarding, including online safety, through teaching and learning opportunities as part of a broad and balanced curriculum. This is to help children stay safe, recognise when they do not feel safe and identify who they might or can talk to.

This may include covering relevant issues through Relationships Education and Relationships and Sex Education (also known as Sex and Relationship Education) and through Personal, Social, Health and Economic Education (PSHE), including Mental Health and Wellbeing.

The MD will also ensure there is a comprehensive curriculum response to e-safety issues, enabling children and young people and their parents to learn about the risks of new technologies, communication and social media and how to use these responsibly.

The Centre will ensure that there are appropriate filters and monitoring systems in place to safeguard children and young people from potentially harmful and inappropriate online material.

8. Online safety

The use of technology has become a significant component of many safeguarding issues, for example, technology often provides the platform that facilitates child sexual exploitation, radicalisation and sexual predation and cyberbullying.

Furthermore, this same duty is applied in instances of potential risks caused by AI (Artificial Intelligence) generated harm and abuse.

There are four categories of risk:

- **Content:** being exposed to illegal, inappropriate, or harmful material, for example, pornography, fake news, racist or radical and extremist views.
- **Contact:** being exposed to harmful online interaction with other users, for example, commercial advertising as well as adults posing as children or young adults; and
- **Conduct:** personal online behaviour that increases the likelihood of, or causes, harm, for example, making, sending and receiving explicit images, or online bullying.
- **Commerce:** risks include online gambling, inappropriate advertising, phishing, or financial scams.

PSA recognises that AI-generated harms and abuse are ever-evolving and at the time of writing staff understand that such harms can include (but not limited to):

- Chatbot services (for example, Character.AI)
- AI voice-cloning scams
- Deep-fakes – including fake nudes (where the majority are created to harm, abuse, de-fraud, bribe, sextort, humiliate and shame)
- De-clothing /nudifying apps – widely available and increasingly promoted to young people via social media.

PSA has appropriate monitoring and filtering procedures in place to limit a learner's exposure to online risks, taking account of the Department for Education's 'Filtering & Monitoring Standards' in addition to any advice pertaining to the safe use of generative AI in education with regards identification and mitigation of key risks.

The College recognises the importance of regularly testing and reviewing the effectiveness of our filtering and monitoring systems Checks that filtering is working appropriately on all internet connected devices in all relevant locations happens at least annually with records made of checks undertaken.

The Managing Director assisted by the DSL has had due regard to the additional information and support set out in KCSiE 2026 and will ensure that the Centre has a whole Centre approach to online safety and has a clear policy on use of communications technology in Centre.

The management of computers at PSA has been set out in our e safety policy and includes regular review of the computer use and individual user records.

9. Child on Child abuse (including harassment and violence)

PSA staff recognise that children and young people are capable of abusing other children and other young people, both inside and outside of the College, as well as online. Staff play an important role in preventing child-on-child abuse and in responding, as we recognise that this is not something that children and young people find easy to talk about.

Child on child abuse, including sexual abuse, can manifest itself in many ways and may include sexual violence and sexual harassment, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm, sexting (also known as youth produced sexual imagery), initiation/hazing type violence and rituals.

As a training provider we focus on sexual harassment, violence and abuse and references to misogyny. We are aware that Sexual violence and sexual harassment can occur between young people and children of any age and gender and we take a preventable approach by vigilance of recognising behaviours and early indictors.

EFRRT staff recognise that although child-on-child abuse can, and does, affect anyone, some groups are potentially more at risk than others:

- Girls
- LGBTQ
- Learners with SEND

It is more likely that girls will be the victims of sexual violence and harassment, with boys the more likely perpetrators.

Staff are aware that child-on-child abuse is a safeguarding issue for both the victim and the alleged perpetrator. Staff are also aware when the young person is at highest risk, for example, end of the School/College Day.

Staff have a duty to model acceptable behaviours and challenge those that are unacceptable; adopting a 'Call it in: Call it out' approach should they see/hear behaviour and/or language that concerns them, because addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.

Staff are aware that through consistently adopting such an approach as part of a whole-college commitment to eradicating this kind of harm from our setting, we can all help minimise the risk of child-on-child abuse between our learners.

10. Procedures

If staff notice any indicators of abuse/neglect or signs that a child or young person may be experiencing a safeguarding issue they should record their concerns on 'My Concern' without delay. This information will be reviewed by the Designated Safeguarding Lead, who will take appropriate action.

11. What to do if you are concerned

If a child makes an allegation or disclosure of abuse against an adult or other child or young person, it is important that you:

- Stay calm and listen carefully.
- Accept what is being said.
- Allow the child/young person to talk freely – do not interrupt or put words in the child/young person's mouth.
- Only ask questions when necessary to clarify, do not investigate or ask leading questions.
- Reassure the child, but don't make promises which it might not be possible to keep.
- Do not promise confidentiality.
- Emphasise that it was the right thing to tell someone.
- Ensure the child knows they will be taken seriously.
- Reassure them that what has happened is not their fault.
- Do not criticise the perpetrator.
- Explain what must be done next and who must be told.
- Make a written record, which should be signed and include the time, date and your position in Centre. Best practice is to listen to the disclosure and then write a report after the event.
- If writing an account of the child's disclosure via an interview, it is best practice to have two staff where possible. This will enable the listener to give full attention to the child and ensure that they are actively listening and can give the appropriate support needed.
- Do not include your opinion without stating it is your opinion.
- Pass the information to the DSL or alternate without delay.
- Consider seeking support for yourself and discuss this with the DSL as dealing with a disclosure can be distressing.
- If there are illegal or illicit images on a phone, do not look at the image and do not forward the image to anyone else. It may be that, in discussion with the DSL, the phone will need to be confiscated. The DSL will consult with the appropriate Centre manager to discuss this.

When a record of a safeguarding concern is reported through 'My Concern'. The DSL will assess the concern and, considering any other safeguarding information known about the child/young person, consider whether it suggests that the threshold of significant harm, or risk of significant harm, has been reached. If the DSL is unsure whether the threshold has been met, they will contact the MASH Professional Consultation Line for advice (0345 606

1499). Where appropriate, the DSL will complete and submit the SSCB multi agency referral form (MARF) (available on the SSCB website)[3].

Where the DSL believes that a child or young person may be at imminent and significant harm risk of harm, they should call Customer First immediately and then complete the SSCB MARF within 24 hours to confirm the referral. In these circumstances, it is important that any consultation should not delay a referral to Customer First.

Where a safeguarding concern does not meet the threshold for completion of a MARF, the DSL should record how this decision has been reached and should consider whether additional needs of the child have been identified that might be met by a coordinated offer of early help.

Centre staff might be required to contribute to multi-agency plans to provide additional support to children. This might include attendance at child protection conferences or core group meetings. The Centre is committed to providing as much relevant up to date information about the child as possible, including submitting reports for child protection conferences in advance of the meeting in accordance with SSCB procedures and timescales.

Where reasonably possible, PSA is committed to obtaining more than one emergency contact number for each pupil. This would usually be the phone number of their main Centre and a parent / guardian.

Staff must ensure that they are aware of the procedure to follow when a child goes missing from education. *(Centres to cross-reference their in-Centre procedure)* Further information can be found in Appendix A.

12. Information sharing, record keeping and confidentiality

Information sharing is vital in identifying and tacking all forms of abuse.

As part of meeting a child's needs, PSA understands that it is critical to recognise the importance of information sharing between professionals and local agencies and will contribute to multi-agency working in line with Working Together to Safeguard Children. Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm.
Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns. Staff should not assume a colleague, or another professional will act and share information that might be critical in keeping children safe. Staff will have regard to the Government guidance: Information sharing: advice for practitioners providing safeguarding services which supports

[3] N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police, although the DSL should also be made aware.

staff who must make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations regarding the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, staff should speak to the DSL or the MD.

Well-kept records are essential to good child protection practice. All concerns, discussions and decisions made and the reasons for those decisions should be recorded on 'My Concern'. If in doubt about recording requirements, staff should discuss with the DSL.

The Centre will have regard to SCC Guidance for Centres on maintaining and transferring pupil safeguarding/child protection records.

The Centre recognises that confidentiality should be maintained in respect of all matters relating to child protection. Information on individual child protection cases may be shared by the DSL/ Deputy or with other relevant members of staff. This will be on a 'need to know' basis and where it is in the child's best interests to do so.

A member of staff must never guarantee confidentiality to anyone about a safeguarding concern (including parents / carers or pupils) or promise a child to keep a secret which might compromise the child's safety or wellbeing.

PSA will always undertake to share its intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, staff will consult with the MASH Professional Consultation Line on this point.

Safer Recruitment

PSA safer recruitment procedures are detailed within the Safer recruitment Policy. The provider adheres to Keeping Children Safe in Education 2026, by recruiting all staff within safer recruitment procedures to protect children and vulnerable adults. Appropriate checks are carried out on all new staff and volunteers and include identity checks, references, Disclosure and Barring Service and Children's' Barred List checks. Internet and social media screening checks will be undertaken of all candidates successful at interview, in accordance with safer recruitment good practice.

Separate from enhanced DBS checks and information sharing of specific safeguarding issues which all staff and long-term volunteers must be subject to, under The Rehabilitation of Offenders Act 1974, any person coming to the building as a member of staff or volunteer, will be asked if they have any unspent convictions and the nature of these pertaining to minors and safeguarding.

Anyone who chooses not to disclose the nature of their offence which is unspent may be asked to leave the premises on a safeguarding basis as we have a zero-tolerance policy on those individuals on the Sex Offenders Register and those with Offences of a Sexual nature

due to the safeguarding of our young people, many of whom can be volatile and unpredictable.

We will not require disclosure of any spent convictions as per the Rehabilitation of Offenders Act 1974. Please see our Criminal Convictions Policy and Data Protection Policy in conjunction with this request.

13. Managing allegations made against members of staff or volunteers

The Centre will follow the SSCB Arrangements for Managing Allegations of Abuse Against People Who Work With Children or Those Who Are in A Position of Trust if an allegation is made against an adult in a position of trust.

An allegation is any information which indicates that a member of staff /volunteer may have:

- 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 towards a child or children in a way that indicates he/she may pose a risk of harm to children.

This applies to any child the member of staff/volunteer has contact with in their personal, professional or community life. It also applies regardless of whether the alleged abuse took place at PSA/ERTG

Low-level concerns

If any member of staff has concerns that a colleague or volunteer might pose a risk to children, it is their duty to report these to Clive Coote, **the first point of contact for the LADO (Local Authority Designated Officer).** This also includes low level concerns, where no clear conduct or behaviour has crossed the harm threshold for reporting but is behaviour or conduct that has caused a feeling of 'unease' or is a 'nagging doubt'. A low-level cause for concern may be: -

- Behaviour inconsistent with the staff code of conduct
- Having favourites
- Taking photos of children on personal mobile phones
- Engaging with a child on a one-to-one basis in a secluded area or behind closed doors
- Using inappropriate sexualised, intimidating, or offensive language.

These concerns will be investigated by the DSL or the MD, dealt with appropriately and recorded to see if a pattern is emerging that needs to be escalated.

Where the concerns or allegations are about the DSL, these should be reported directly to Clive Coote as MD. Where concerns or allegations relate to the DSL and MD, this should be reported to the Governors.

Clive Cootes managing director, or any delegated staff member from the senior management team, should report any concern to the Local Authority Designated Officer (LADO) within one working day.

The corporate director for Health, Wellbeing and Children's Services, has identified dedicated staff to undertake the role of LADO. LADOs can be contacted via email on LADOCentral@suffolk.gcsx.gov.uk or by using the LADO central telephone number: **0300 123 2044** for allegations against all staff and volunteers.

14. Whistleblowing

The Managing Director recognises that children cannot be expected to raise concerns in an environment where staff fail to do so.

Whistleblowing is 'making a disclosure in the public interest' and occurs when a worker (or member of the wider Centre community) raises a concern about danger or illegality that affects others, for example, pupils in the Centre or members of the public.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions/inactions of colleagues, poor or unsafe practice and potential failures in the Centre's safeguarding arrangements.

The Managing Director would wish for everyone in the PSA/ERTG community to feel able to report any child protection/safeguarding concerns through existing procedures within Centre, including the whistleblowing procedure adopted by the MD where necessary (please see Whistleblowing Policy). However, for members of staff who do not feel able to raise such concerns internally,

15. Security

On PSA premises, visits and trips, the Providers Visible ID Policy must be adhered to and ID cards with lanyards must be always worn. All visitors report to reception and are required to sign in and wear a visitor's lanyard and will be always accompanied by a member of staff. Staff are required to address individuals who do not comply with the Visible ID Policy.

At the Centre, the requirements of Martyn's Law, officially known as the Terrorism (Protection of Premises Act) 2025, are taken very seriously although PSA premises is a 'standard teir' to All staff are trained to lockdown any college premises in the unlikely event of an act of terrorism or violence against education incident may arise.

16. Useful external contacts

Multi-agency Safeguarding Hub (MASH) Professional Helpline	0345 606 1499
Shelter	0808 800 4444 for urgent housing advice (homelessness) (Monday - Friday 8am to 8pm // weekends 9am to 5pm)
NSPCC	0808 800 5000
Samaritans	116 123 (24 hours)
Social Services (Suffolk County Council)	0808 800 4005
Police	999 for emergencies 101 for non-urgent issues

Suffolk County Council: www.suffolk.gov.uk/community-and-safety/staying-safe-online/e-safer-suffolk/

17. Appendix A

Further information on specific safeguarding issues (source: Annex A, KCSiE 2026)

Care leavers

Care Leavers Local Authorities have ongoing responsibilities to the children who cease to be looked after and become care leavers, this includes keeping in touch with them, preparing an assessment of their needs and appointing a personal adviser who develops a pathway plan with the young person. This plan describes how the local authority will support the care leaver to participate in education or training.

Looked after children

The most common reason for children becoming looked after is as a result of abuse and / or neglect. A previously looked after child potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken when necessary to safeguard these children, who are a particularly vulnerable group.

Children with special educational needs and disabilities (SEND) or physical health issues.

Additional barriers can exist when recognising abuse and neglect for this group of children and young people, these can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration.
- These children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children.
- The potential for children with SEND or certain medical conditions being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs.
- Communication barriers and difficulties in managing or reporting these challenges risks that they do not understand that what is happening to them is abuse.
- The need for intimate care or that these children are isolated from others.
- That these children are more likely to be dependent on adults for care.
- These children may have issues over cognitive understanding, being unable to understand the difference between fact and fiction in online content and then repeating the content / behaviour in college or the consequences of doing so.

PSA offers a range of additional and specialist support to young people with SEND.

Children who identify as lesbian, gay, bi or trans (LGBT)

The fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by
other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT. The College recognises that risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open.

Gender-questioning children (up to 18th birthday) and 'social transition' requests

College staff recognise that they cannot automatically agree to social transition requests from gender questioning children, because doing so could constitute an 'active intervention'. Staff are aware of the processes that will need to be followed when responding to social transition requests.

Staff understand the significance of not initiating or agreeing any action without the necessary processes first being followed by a member of the Safeguarding Team. A cautious and very careful approach will always be taken by the Safeguarding Team, which will involve parents/carers in many cases unless specific risk is documented indicating that involving parents/carers has the potential to cause significant harm to the child.

Where a request for social transition is made by a child, the staff member will submit a 'social transition' request via 'My Concern'. The Safeguarding Team will ensure that social transition decision-making is well documented.

Parents/carers have the leading role in the lives of their children and staff recognise that this area is no exception. It is important that the views of the child's parents/carers should carry great weight and be properly considered. In the rare circumstances where involving parents/carers would constitute a greater risk to the child than not involving them, the DSL will determine what action is needed to safeguard the child before the parents/carers are contacted or any decisions are taken.

Where a conversation with a child regarding a social transition request raises concerns about the child's safety, college staff will follow the usual process for raising a concern ('My Concern'). In cases where a child confides in a member of staff about how they are feeling about their identity but do not request changes to how they are treated (for example, they do not ask for a change in pronouns), such a conversation will not be regarded as a social transition request.

Children who need a Social Worker (Child in Need and Child Protection Plans)

A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour, and mental health. Children may need a social worker due to safeguarding or welfare needs. Children may need this help due to abuse, neglect and complex family circumstances.

A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in 18 Safeguarding & Child Protection Policy facing barriers to attendance, learning, behaviour, and mental health. Where children need a social worker, this should inform decisions about safeguarding.

Children and the court system

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age-appropriate guides to support children 5-11 year olds and 12-17 year olds.

They explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched and online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

Children missing/absent from education

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zone, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their Centre or Centre's unauthorised absence and children missing from education procedures.

Children with family members in prison

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

Child sexual exploitation

Child sexual exploitation is a form of sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. He victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involve physical contact: it can also occur using technology. Like all forms of child sex abuse, child sexual exploitation:

- Can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds who can legally consent to have sex
- Can still be abuse even if the sexual activity appears consensual.
- Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity.
- Can take place in person or via technology, or a combination of both.
- Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.
- May occur without the child or young person's immediate knowledge (e.g., through others copying videos or images they have created and posted on social media)
- Can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.
- This type of harm can be committed or facilitated by an organised network, or gang and children may identify as part of one of these groups.
    - Most sexual abuse is committed by someone known to the victim.
    - Children are not always recognised as victims and can be criminalised for actions they take while under coercion (*The Young People We Misread: Gender, Assumption and hidden Exploitation St Giles Trust).*

Some of the following signs may be indicators of child sexual exploitation:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation.
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss Centre or education or do not take part in education.

Child criminal exploitation: County Lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.

Key to identifying potential involvement in county lines are missing episode when the victim may have been trafficked or the purpose of transporting drugs and a referral to the National Referral Mechanism[4] should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years.
- Can affect any vulnerable adult over the age of 18 years.
- Can still be exploitation even if the activity appears consensual.
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.
- Can be perpetrated by individuals or groups, males or females, and young people or adults; and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Serious violence

Serious violence may involve physical assault, carrying, threatening with or using weapons, often in the context of peer conflict or bullying and can also be associated with criminal exploitation.

PSA staff understand that they must report to the Safeguarding Team any concerns about a learner carrying or using a weapon (or expressing intent to do so) immediately.

The DSL/Safeguarding Team will assess the risk to both the learner and others, considering any wider information/concerns, and take appropriate action, which will always include reporting to the police (via 999 where necessary) and the Managing Director.

Actions taken will also consider appropriate safety planning and de-escalation of any peer conflict, the DSL will carry out a risk assessment and targeted interventions such as mentoring support.

Indicators which may signal children are at risk from, or are involved with serious violent crime may include:

- Increased absence from college (including unexplainable and/or persistent absences).
- A change in friendships or relationships with older individuals or groups.
- A significant decline in performance.
- Signs of self-harm or a significant change in wellbeing.
- Signs of assault or unexplained injuries.
- Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

[4] National crime agency human-trafficking

Risk factors that might increase the likelihood of involvement in serious violence include:

- Being male.
- Having been frequently absent or permanently excluded.
- Having experienced child maltreatment.
- Having been involved in offending, such as theft or robbery.

Domestic abuse

The cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial; and
- Emotional

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. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

NSPCC-UK domestic-abuse signs symptoms effects

Refuge what is domestic violence/effects of domestic violence on children

Safelives: young people and domestic abuse

Homelessness

Being homeless or at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes into the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property.

Whilst referrals and/or discussion with the Local Housing Authority should be progressed as an appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties. Homeless Reduction Act Factsheets. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible before they are facing a homelessness crisis.

In most cases Centre and Centre staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16- and 17-year-olds could be living independently from their family home and will require a different level of intervention and support.

Children's services will be the lead agency for these young people, and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have just published joint statutory guidance on the provision of accommodation for 16- and 17-year-olds who may be homeless and/or require accommodation: here

So-called 'honour-based' violence

So-called honour-based violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing.

Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Actions

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and

local protocols for multiagency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on **teachers**[5] that requires a different approach (see following section).

FGM

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

FGM mandatory reporting duty for teachers

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2016) places a statutory duty upon **teachers** along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should **not** be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: Mandatory reporting of female genital mutilation procedural information.

Teachers **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out.[6] Unless the teacher has good reason not to, they should still consider and discuss any such case with the Centre or Centre's designated safeguarding lead (or deputy) and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e., where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. The following is a useful summary of the FGM mandatory reporting duty: FGM Fact Sheet.

Forced marriage

Forcing a person into marriage is a crime in England and Wales. A forced marriage is one entered without the full and free consent one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a

[5] Under Section 5B(11)(a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).
[6] Section 5B(6) of the Female Genital Mutilation Act 2003 states teachers need not report a case to the police if they have reason to believe that another teacher has already reported the case.

person does not consent or where they cannot consent (if they have learning disabilities, for example.)

Nevertheless, some communities use religion and culture to coerce a person into marriage, Centres and Centres can play an important role in safeguarding children from forces marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, with pages 35-36 of which focus on the role of Centres and Centres. Centre and Centre staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmu@fco.gov.uk.

Preventing radicalisation

Children are vulnerable to extremist ideology and radicalisation. Like protecting children from other forms of harm and abuse, protecting children from this risk should be a part of a Centre's or Centre's safeguarding approach.

Extremism[7] is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation[8] refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may need help or protection. Staff should use their judgement in identifying children who may be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.

The Prevent duty

All Centres and Centres are subject to a duty under section 26 of the Counterterrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have "due regard[9] to

[7] As defined in the Government's Counter Extremism Strategy
[8] As defined in the Revised Prevent Duty Guidance for England and Wales
[9] According to the Prevent duty guidance 'having due regard' means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions.

the need to prevent people from being drawn into terrorism".[10] This duty is known as the Prevent duty.

The Prevent duty should be seen as part of Centres' and Centres' wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the Revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76 which are specifically concerns with Centres (and covers childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies.

Additional support

The department has published advice for Centres on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

There is additional guidance: Prevent duty guidance: for further education institutions in England and Wales that applies to Centres.

Educate Against Hate, a website launched by Her Majesty's Government has been developed to support and equip Centre and Centre leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people. The platform provides information on and access to training resources for teachers, staff and Centre and Centre leaders, some of which are free such as Prevent e-learning, via the Prevent Training catalogue.

Channel

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for Centres to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. Guidance on Channel is available at: Channel Guidance, and a Channel awareness e-learning programme is available for staff at: Channel General Awareness.

The Centre or Centre's Designated Safeguarding Lead (and any deputies) should be aware of local procedures for making a Channel referral. As a Channel partner, the Centre or Centre may be asked to attend a Channel panel to discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required.

[10] "Terrorism" for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act).

Peer on peer abuse

Children can abuse other children. This is generally referred to as peer-on-peer abuse and can take make many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Sexual violence and sexual harassment between children in Centres and Centres Context

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, likely, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should 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.
- Not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- Challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting skirts. Dismissing or tolerating such behaviours risk normalising them.

What is sexual violence and sexual harassment?

Sexual violence

It is important that Centre and Centre staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences un the Sexual Offences Act 2003[11] as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus, or mouth of another person (B) with his penis, B does not consent to the penetration, and A does not reasonably believe that B consents.

[11] Legislation.gov.uk

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

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching, and A does not reasonably believe that B consents.

Up skirting Up skirting 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).'

Up skirting can take place in multiple places from schools and colleges to public places such as on public transport or even in the streets. Anyone, of any age or gender, can be the victim of Up skirting and often the purpose of Up skirting is to obtain sexual gratification without that person's consent or to cause humiliation, distress, or alarm.

What is consent?[12]

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g., to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity, and each time activity occurs. Someone consents to vaginal, anal, or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.[13]

Sexual harassment

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child-on-child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded, or humiliated and/or create a hostile, offensive, or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names.
- Sexual "jokes" or taunting.

[12] It is important school and Centre staff (and especially designated safeguarding leads and their deputies) understand consent. This will be especially important if a child is reporting they have been raped, More information here

[13] PSHE Teaching about consent from the PSHE association provides advice and lesson plans to teach consent at Key Stage 3 and 4.

- Physical behaviour, such as deliberately brushing against someone, interfering with someone's clothes (Centres and Centres should be considering when any of this crosses a line into sexual violence – it is important to talk to and consider the experience of the victim) and displaying pictures, photos, or drawings of a sexual nature; and
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.[14] It may include:
    - Non-consensual sharing of sexual images and videos.
    - Sexualised online bullying.
    - Unwanted sexual comments and messages, including, on social media; and
    - Sexual exploitation; coercion and threats

The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out from paragraph 23 in Part 1 of KCSiE. As is always the case, if staff are in any doubt as to what to do, they should speak to the designated safeguarding lead (or a deputy).

Additional advice and support

Abuse or Safeguarding issue	Link to Guidance/Advice	Source
Abuse	What to do if you're worried a child is being abused	DfE advice
	Domestic abuse: Various Information/Guidance	Home Office
	Faith based abuse: National Action Plan	DfE advice
	Relationship abuse: disrespect nobody	Home Office website
Bullying	Preventing bullying including cyberbullying	DfE advice
Children and the courts	Advice for 5–11-year-old witnesses in criminal courts	MoJ advice
	Advice for 12–17-year-old witnesses in criminal courts	MoJ advice
Children missing from education, home or care	Children missing education	DfE statutory guidance
	Children missing from home or care	DfE statutory guidance
	Children and adults missing strategy	Home Office strategy

[14] Project deSHAME from Childnet provides useful research, advice and resources regarding online sexual harassment.

Children with family members in prison	National Information Centre on Children of Offenders	Barnardo's in partnership with Her Majesty's Prison and Probation Service (HMPPS) advice
Child Exploitation	County Lines: criminal exploitation of children and vulnerable adults	Home Office guidance
	Child sexual exploitation: guide for practitioners	DfE
	Trafficking: safeguarding children	DfE and HO guidance
Drugs	Drugs: advice for Centres	DfE and ACPO advice
	Drugs strategy 2017	Home Office strategy
	Information and advice on drugs	Talk to Frank website
	ADEPIS platform sharing information and resources for Centres: covering drug (& alcohol) prevention	Website developed by Mentor UK
"Honour Based Violence" (So called)	Female genital mutilation: information and resources	Home Office
	Female genital mutilation: multi agency statutory guidance	DfE, DH, and HO statutory guidance
	Forced marriage: information and practice guidelines	Foreign Commonwealth Office and Home Office
Health and Well-being	Fabricated or induced illness: safeguarding children	DfE, Department for Health and Home Office
	Rise Above: Free PSHE resources on health, wellbeing and resilience	Public Health England resources
	Medical conditions: supporting pupils at Centre	DfE statutory guidance
	Mental health and behaviour	DfE advice
Homelessness	Homelessness: How local authorities should exercise their functions	HCLG
Online	Sexting: responding to incidents and safeguarding children	UK Council for Child Internet Safety
Private fostering	Private fostering: local authorities	DfE – statutory guidance
Radicalisation	Prevent duty guidance	Home Office guidance
	Prevent duty advice for Centres	DfE advice
	Educate Against Hate Website	DfE and Home Office
Violence	Gangs and youth violence: for Centres and Centres	Home Office advice
	Ending violence against women and girls 2016-2020 strategy	Home Office strategy
	Violence against women and girls: national statement of expectations for victims	Home Office guidance
	Sexual violence and sexual harassment between children in Centres and Centres	DfE advice
	Serious violence strategy	Home Office Strategy