



# SAFEGUARDING CHILDREN GUIDELINES

This policy is reviewed annually to ensure compliance with current regulations

<b>Approved/reviewed by</b>	
PRINCIPAL	
<b>Date of next review</b>	January 2021

## **Principles underpinning these guidelines**

The safeguarding of pupils is the responsibility of the whole college community.

Safeguarding and protecting pupils takes precedence over all other guidelines and procedures. Any member of the college community who has a concern over the safety or wellbeing of a pupil has a duty to alert the Principal and, in his/her absence, a member of the Senior Leadership Team.

Issues associated with safety, and developing pupils' social, emotional and behavioural skills, is a key theme in the Personal Social and Health Education programme and it is reinforced throughout the curriculum.

The college experience aims to nurture and develop in pupils the skills, independence and emotional maturity affording them the confidence to ask for help when necessary as well as the confidence to alert an appropriate adult, if concerns about a fellow pupil exist.

## **Child Protection Designated Teacher**

The Student Services Coordinator shall be the designated teacher. Designated teachers should refer to their safeguarding children training notes for further assistance.

The designated Child Protection Teacher can be contacted with any general or specific concerns about a pupil's safety or wellbeing. It is important for all members of staff to know who their Child Protection Designated Teacher is.

## **Good Practice**

It is important to nurture and maintain a good rapport with pupils by showing interest in their wellbeing and being actively involved in their school/college life. This will help develop a culture of trust and respect and will facilitate the communication of any concerns.

Members of staff should conduct themselves in a manner which promotes positive and respectful relationships. In this way pupils learn to recognise appropriate adult behaviour.

Staff should be mindful of changes in pupils':

- Behaviour
- Attendance
- Demeanour

And injuries which are difficult to explain

For consideration - Factors which increase the vulnerability of children and young people

Disability

Consider communication and cognitive issues, long stay in residential services, social isolation.

Picked on as being different

A child and young person who is 'different' may be perceived as a problem or difficult. This in turn may impact on the way the child and young person is treated.

Children who are already thought of as a problem

Regardless of presenting issues and how a child and young person is perceived all children and young people have a right to be respected and treated with dignity irrespective of the impact their behaviour has on the adult.

Wider family history of abuse

Children and young people who are abused by adults are exposed to inappropriate adult behaviours as well as inappropriate role models at a very impressionable age. These experiences, if not addressed, could confuse the child and young person's perception of what is appropriate adult behaviour later on in life.

Social isolation

Parents who experience social isolation may lack extended family support and other important support networks. Lack of support may exacerbate difficult family circumstances – consider teenage or very young parents.

Domestic abuse

A child and young person who experiences domestic abuse is automatically considered a 'Child in Need'. A child and young person may be injured by being in the way of an assault or in trying to protect a parent. A parent may fear the repercussions of sharing information about their partner's abuse.

Parental health

Poor physical or mental health of one or more parents may exacerbate existing difficulties. Drug and/or alcohol misuse are factors which should also be considered.

Unrealistic parental expectations

This often relates to the lack of skills presented by the parent(s). Parents may not be aware of or understand fully the child and young person's developmental needs. This may lead to inappropriate and persistent punishment and rejection as a result of behaviours presented by the child and young person. A deterioration of the relationship could lead to emotional abuse or neglect.

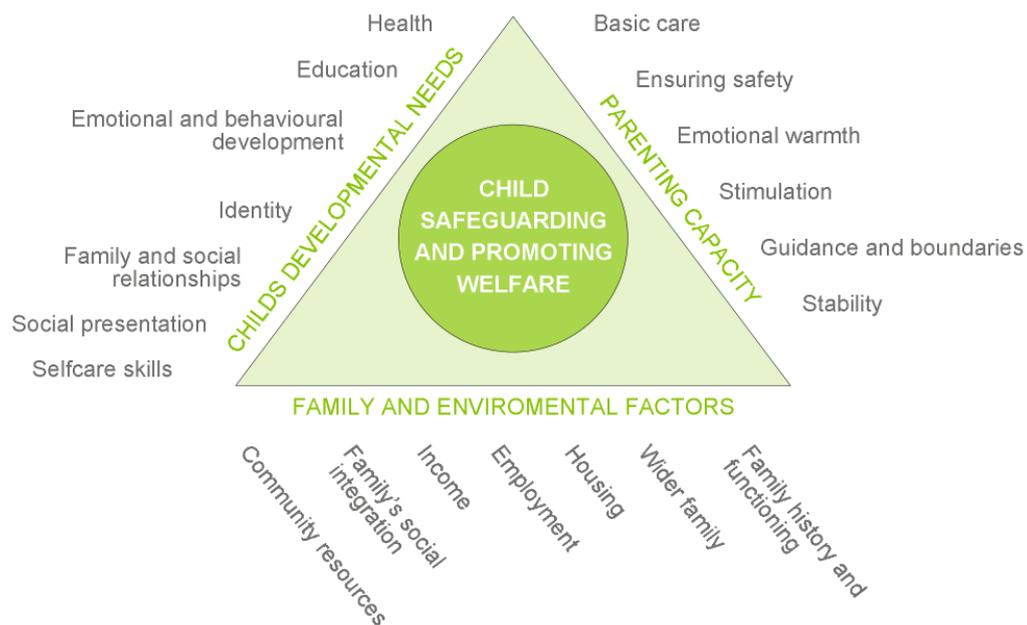
Family crisis

The extra stress created could be the final straw – consider job loss, bereavement or breakdown in an important relationship.

## **Responding to concerns about a child and young person's wellbeing and allegations of abuse or maltreatment**

### **Concerns about a child and young person's wellbeing**

Staff may develop concerns about a child and young person's wellbeing. Areas of concern may be associated with:



Concerns which are persistent and that seriously affect the child and young person's ability to learn and which impact on the normal development of effective social, emotional and behavioural skills should be treated as a wellbeing concern.

### **Concerns about abuse**

If a child and young person should disclose to a member of staff that s/he is being harmed or is likely to be harmed whether through neglect, physical, emotional or sexual causes, this shall be a disclosure of abuse or disclosure of likely abuse. Third party disclosure whether by another pupil or member of staff and whether anonymous or not shall be treated in a similar way.

### Written reports

In both the above situations it is important for staff to make a detailed report including:

- ✓ Name of child and young person
- ✓ Gender
- ✓ Date of Birth
- ✓ School/College/Other
- ✓ Academic year/Age
- ✓ SEN register (yes/no)
- ✓ LAC (yes/no)
- ✓ Date the report was completed
- ✓ Name of member of staff completing the record
- ✓ Factual account of what the pupil said or what has been observed including where, when (time and date) and if any other people were present – disclosure of abuse or likely abuse
- ✓ Account highlighting concerns and how they are impacting on the child and young person – child and young person wellbeing concerns
- ✓ Any relevant background information
- ✓ Action taken

See appendix (iv) & (v)

#### ***Wellbeing concern – Action required:***

The member of staff should complete the report and use it to share concerns with Student Services Coordinator (or member of the SLT). The discussion should include:

- Whether the child is the subject of a child protection plan (formerly referred to as child protection register)
- A Looked after Child (LAC) or on the Special Educational Needs register
- The nature of the concerns including relevant details
- The course of action taken – this may include a referral to the Care Agency.

The course of action taken must be included in the report which should be placed in a confidential file and stored in a safe place. The Education Adviser responsible for safeguarding children should be contacted as soon as possible. Where the child is Looked After or is the subject of a Child Protection Plan, the Care Agency **must** be contacted as soon as possible.

### ***Disclosure of abuse or of likely abuse – Action required:***

In the event of a disclosure of abuse or likely abuse the member of staff who has received the disclosure shall complete a report in consultation with the Student Services Coordinator (or member of SLT) who should inform the Education Adviser responsible for safeguarding children immediately.

All disclosures of abuse or likely abuse **must** be referred to the Care Agency as soon as possible using a **Multi-Agency Referral Form** (see appendix (ii)) and sent to:

The Care Agency  
16 Governor's Parade  
Gibraltar  
Tel: 200 78528

For the out of hours duty social worker contact the Royal Gibraltar Police on 200 72500 and they will advise you.

Referrals can be made by telephone to the Care Agency but a Multi-Agency Referral Form should also be completed as soon as possible.

### **UK MOD PUPILS in Government of Gibraltar Schools**

Referrals for UK MOD pupils attending Government of Gibraltar schools should be made to the Joint Social Work Service, using the **Multi-Agency Referral Form** (see appendix (ii)) and sent to:

Joint Social Work Service (JSWS) Gibraltar  
Community Support Team  
Tel: 00 350 200 55481

### ***Monitoring children***

It is important to continue monitoring the child or young person and add any further pertinent information to their files, including confidential notes or minutes from additional meetings and liaise with relevant agencies as required.

### **Dealing with Disclosures – Further help and advice**

Staff should follow the guidance below when dealing with disclosures of abuse or likely abuse:

- Take the child and young person seriously. It is rare for a child and young person to make false accusations, particularly about sexual abuse.
- When talking with the child or young person:

- ✓ Stay calm and reassuring and be aware of your tone of voice and body language.
- ✓ Explain that you cannot promise to keep what they tell you a secret.
- ✓ Explain that you will need to tell people who can help.
- ✓ Give the child or young person time and space to talk.
- ✓ Think about the appropriateness of the location.
- ✓ Use active listen skills (see below) to clarify what the child or young person is telling you.
- ✓ Do not interrogate the child or young person or ask any questions about the content of what they are disclosing. Use active listening skills (see below for more information) and listen for meaning.
- ✓ Tell the child or young person you are happy that they have shared the information with you and that they have done the right thing.
- ✓ It is good practice to inform parents/legal guardians that a referral is being made to the Care Agency. It is not necessary to inform parents/guardians where it is felt that this will compromise the safety of the child or young person further.
- ✓ Explain to the child or young person what will happen next.

### Active Listening Skills

#### Reflective listening – Mirroring

This is the process of repeating what has just been said verbatim, so that the person understands that you have clearly heard what they have said.

#### Paraphrasing

Presenting a concise statement of the message - this can take the form, 'So, what you are saying is...' Ensure you do not add or fill in content or change words that the person has used to describe the incident.

#### Summarising

A concise way of telling the person all they have disclosed. Ensure you do not add or fill in content and/or change words that the person has used to describe the incident.

Remember – DO NOT INTERROGATE!

If in any doubt just listen and record what you have heard!

### **Information about children**

All information should be kept in a safe location – a lockable filing cabinet for example – and marked ‘confidential’. Information concerning child protection can be shared with the Royal Gibraltar Police and/or the Care Agency. Information sought by any other parties including legal representatives should be referred to the Department of Education.

### **Support for children**

It is important to recognise that children and young people, who have experienced abuse or where their wellbeing has been compromised, may require additional support in school. Self-esteem and self-worth is often affected and this may manifest in social, emotional and behavioural difficulties including aggressive outbursts or withdrawing from activities. A discussion about how the school can offer additional support may be helpful together with a plan describing how this help will be provided.

### **Support for staff**

It is important to recognise the impact that child abuse or issues around child abuse may have on members of staff.

### **Reviewing this document**

This document should be a regular item at SLT meetings throughout the course of the year. Its success in managing Child Protection and Child in Need incidents will be reviewed.

## Appendix (i)

### **Recognising signs of abuse**

It is important to remember that the lists presented here (Kidscape – Michelle Elliott), are only **POSSIBLE** indicators – They should not be treated as absolutes in any way. Many of the signs have alternative explanations.

### **GOLDEN RULE – IF IN ANY DOUBT REFER THE CONCERN ON**

#### ***PHYSICAL ABUSE***

Unexplained injuries or burns, particularly if they are current  
Improbable excuses given to explain injuries  
Refusal to discuss injuries  
Untreated injuries  
Admission of punishment that appears excessive  
Fear of parents being contacted  
Withdrawal from physical contact  
Fear of returning home  
Fear of medical help  
Self destructive tendencies  
Aggression towards others  
Running away

#### ***EMOTIONAL ABUSE***

Physical, mental and emotional development lags  
Admission of punishment which appears excessive  
Over-reaction to mistakes  
Continual self-deprecation  
Sudden onset of speech disorders  
Fear of new situations  
Inappropriate emotional responses to painful situations  
Neurotic behaviour (rocking, hair twisting, thumb sucking, etc)  
Self-harm  
Fear of parents being contacted  
Extremes of passivity or aggression  
Drug or solvent abuse  
Running away  
Compulsive stealing or scavenging

#### ***NEGLECT***

Constant hunger  
Poor personal hygiene

Constant tiredness  
Poor state of clothing  
Emaciation  
Frequent lateness or non-attendance at school/college  
Untreated medical problems  
Destructive tendencies  
Low self-esteem  
Neurotic behaviour  
Poor social relationships  
Running away  
Compulsive stealing or scavenging

### ***SEXUAL ABUSE***

Sudden changes in behaviour or school performance  
Displays of affection in a sexual way, inappropriate to age  
Tendency to cling or need for constant reassurance  
Tendency to cry easily  
Regression to younger behaviour  
Complaints of genital itching or pain  
Distrust of a familiar adult, or anxiety about being left with a relative or babysitter  
Unexplained gifts of money  
Depression and withdrawal  
Apparent secrecy  
Wetting, day or night  
Sleep disturbances or nightmares  
Chronic illnesses, especially throat infections and sexually transmitted infections  
Anorexia or bulimia  
Self harm, attempted suicide, frequently running away  
Unexplained pregnancy  
Fear of undressing for PE  
Phobias or panic attacks

Appendix (ii)



Child and young person / Families Care Services  
16 Governor's Parade  
Gibraltar

**MULTI AGENCY REFERRAL FORM**  
To Children & Families Care Services  
Care Agency

**Confidentiality – personal information about child and young personen and families held by professional agencies is subject to a legal duty of confidence, and should not normally be disclosed without the consent of the subject. However, the law permits the disclosure of confidential information necessary to safeguard a child and young person or child and young personen.**

**(Working Together 7.32, CA 2009 s 99 (i) (xi))**

**SUBJECT OF REFERRAL**

Family name	Forenames	Previous names/Also Known As (AKA)	Date of Birth	Gender	Ethnicity	Nationality

**FAMILY COMPOSITION**

Family name:	Forenames	Previous Names / Known As	Date of Birth	Gender	Relationship	Ethnicity	Nationality

**HOME ADDRESS:**

**TEL NO:**

**MOBILE NO:**

<b>THIS INFORMATION IS PROVIDED BY:</b>			
<b>TITLE:</b>		<b>DATE:</b>	
<b>ADDRESS:</b>			
<b>EMAIL ADDRESS:</b>		<b>TEL NO:</b>	
<i>(You should receive a receipt within 48 hours. However please do not assume that your referral has been successfully received, and you should telephone us if you do not hear within 72 hours).</i>			

<b>REASON FOR REFERRAL:</b> <i>(What has led to the unborn, infant, child and young person or young person being referred?)</i>
<b>REASON FOR REFERRAL CONT:</b>

**WHERE A CHILD AND YOUNG PERSON IS BEING REFERRED, PLEASE IDENTIFY THE SPECIFIC STRENGTHS AND DIFFICULTIES AND INCLUDE AREAS WHERE CHANGE IS REQUIRED IN ORDER TO PROMOTE AND SAFEGUARD THE CHILD WELFARE**

**CHILD AND YOUNG PERSON'S DEVELOPMENTAL NEEDS**

1) Health. 2) Education. 3) Emotional and behavioural development. 4) Identity. 5) Family and social relationships (including any caring responsibilities which affect the child and young person's development). 6) Social presentation. 7) Self-care skills.

**PARENTING CAPACITY** (parents/carers to respond appropriately to the child and young person/young person's needs).

1) Basic care. 2) Ensuring safety. 3) Emotional warmth. 4) Stimulation. 5) Guidance and boundaries. 6) Stability.

**RESEARCH SHOWS THAT THE FOLLOWING ARE MOST LIKELY TO AFFECT PARENTING CAPACITY:** Physical illness; mental illness; learning disability; substance alcohol misuse; domestic violence; history of abuse.

If any of these issues are identified please state:

**FAMILY AND ENVIRONMENTAL FACTORS THAT IMPACT ON THE CHILD AND YOUNG PERSON AND/OR FAMILY**

1) Family history and functioning. 2) Wider family. 3) Housing. 4) Employment. 5) Income. 6) Family's social integration. 7) Community resources. 8) Impact of additional care needs experienced by parent carers.

\_\_\_\_\_  
Signature of referrer:

\_\_\_\_\_  
Please print name:

\_\_\_\_\_  
Date:

Does the subject/ family/ and/or child and young person know of, and consent, to this referral?  
 If no, please explain reasons (i.e., would endanger child and young person/child and young person protection concerns)  
 Any comments:

Other significant contacts or agencies currently involved with the adult/ family/ child and young person. E.g. School/ GP	Address	Contact person (if known)

Please identify any communication issues and/or language support that may be required:	Interpreter Needed:
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Signature of referrer :	Please print name:	Date:
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Appendix (iii)

Useful contacts

**Jackie Linares**  
**Education Adviser**

Department of Education and Training  
23 Queensway  
Gibraltar

Email [sean.sullivan@gibraltar.gov.gi](mailto:sean.sullivan@gibraltar.gov.gi)

Tel: 200 45974

Centrex: 2132

**Care Agency,**

Child and young person and Families services  
16 Governor's Parade  
Gibraltar

Tel: 200 78528

**For UK MOD pupils attending Government of Gibraltar Schools:**

Joint Social Work Service  
Community Support Team  
Gibraltar

Tel: 200 55481

**Out of hours referrals**

Contact the Royal Gibraltar Police on 200 72500 and ask for the out-of-hours Social Worker.

Appendix (iv)

REPORT (DISCLOSURE OF ABUSE OR CONCERNS ABOUT LIKELY ABUSE WHETHER FROM A THIRD PARTY OR ANONYMOUS SOURCE)

NAME OF PUPIL			AGE		GENDER	
DATE OF BIRTH		SCHOOL/ COLLEGE				
ACADEMIC YEAR (FORM)		SEN REGISTER?		LAC?		DATE REPORT COMPLETED
NAME OF MEMBER OF STAFF						
<p>ACCOUNT OF WHAT HAS BEEN SAID OR WHAT HAS BEEN OBSERVED INCLUDING – WHERE, WHEN (TIME AND DATE) AND ANY OTHER PEOPLE WHO WERE PRESENT. CONTINUE ON A SEPARATE SHEET IF NECESSARY.</p>						
ANY RELEVANT BACKGROUND INFORMATION						
ACTION TAKEN						

Appendix (v)

REPORT (CONCERNS ABOUT CHILD'S WELLBEING)

NAME OF PUPIL/STUDENT		AGE		GENDER	
DATE OF BIRTH		SCHOOL/ COLLEGE			
ACADEMIC YEAR (FORM)		SEN REGISTER?		LAC?	DATE REPORT COMPLETED
NAME OF MEMBER OF STAFF					
DESCRIPTION OF CONCERNS (Refer to the Triangle of Needs on page 3)					
ANY RELEVANT BACKGROUND INFORMATION					
ACTION TAKEN					

## Categories of abuse

Information from ***'Working together to Safeguard Children – A guide to inter-agency work' 2010 Department of Children Schools and Families (page 38+39)***

Internet link –

<http://publications.dcsf.gov.uk/eOrderingDownload/00305-2010DOM-EN.pdf>

### Physical abuse

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

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child and young person.

### Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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 child. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), 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, though it may occur alone.

### Sexual abuse

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

(including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### Neglect

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

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

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

Appendix (vii)

**Referral Process College of Further Education**

1. All potential referrals (inclusive of self-referral) to be channelled via Students Service Coordinator (SSC).
2. Sources of referral can include:
  - Student
  - Parent/carer
  - SENCo/BEST
  - Subject teacher/coordinator
  - Others known to the student

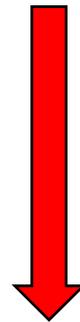
1. Referral in writing from SSC or SENCo.
2. Consider consultation with Counsellor prior formal referral (weekly Case Conference)
3. Assessment made on threshold for Counselling.
4. Case discussed with Counsellor and triaged for urgency.  
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NOTE:
  - a) Training requirement for SSC identified - prioritising & processing of referrals.
  - b) Role of SSC requires review in line with DHP in Westside & Bayside.

1. Referral received by Counselling Team and specific counsellor appointed.
2. Dare for initial session/assessment identified and scheduled.
3. External referrals as deemed appropriate

Students Service Coordinator (SSC) or SENCo

Fast Track

Case Conference: SSC/SENCo/Counsellor



School-Based Counsellor

Education Psychology

Clinical Psychology

CAMHS

RGP

Care Agency

