



Safeguarding Children and Vulnerable Adults – procedure for reporting allegations or suspicions of abuse

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Updated August 2010

Procedure for reporting allegations or suspicions of abuse

1. Scope

These procedures apply to all staff employed at Tower Hamlets College and all Governors, voluntary workers and staff from external organisations who are working within the College.

Abuse may take place both outside and inside of the College setting; everyone who is part of the College community is responsible for safeguarding, promoting and protecting the welfare of children and vulnerable adults.

2. Definitions

The definition of a “child” is any person who has not yet reached their 18th birthday. All such persons are protected within these procedures, including those aged 14 – 16 who study in the College.

The definition of a “vulnerable adult” is any person aged 18 or over who has a substantial learning or physical disability; a physical or mental illness or mental disorder, chronic or otherwise, including an addiction to alcohol or drugs; or a significant reduction in physical or mental capacity.

3. What you need to do

If you assess that there may be safeguarding issues present relating to child or vulnerable adult protection you must refer the matter to one of the College’s Designated Safeguarding Officers. **Confidentiality does not apply in the case of child or vulnerable adult protection.** You should inform the learner that any information disclosed that affects their personal safety and/or that of others, must be reported to one of the Designated Safeguarding Officers for child and vulnerable adult protection.

The Lead Designated Safeguarding Officer is:

Nick Steward – Director: Student Services
Location: Poplar Centre
Tel: 020 7510 7829

Designated Safeguarding Officers:

Christina Ajagbe – Senior Curriculum Manager: Tutorial Support
Tel: 020 7510 7655

Naema Choudhury – Student Advisor
Tel: 020 7510 7907

Muir Forrest – Senior Curriculum Manager: Additional Learning Support
Tel: 020 7510 7628

Philip Martinez – Senior Curriculum Manager: Additional Learning Support
Tel: 020 7510 7545

Do:

- Be honest with the learner about the course of action you need to take and explain to them fully what will happen next i.e. you have a legal duty to refer them to a Designated Safeguarding Officer to deal with the allegations they have disclosed.
- Encourage the learner to accept a referral to the student counselling service so that they can access specialist support.
- Refer the matter to one of the Designated Safeguarding Officers immediately

Do not:

- Make promises to keep the disclosure a secret
- Investigate any disclosure that the young person makes
- Do not interview or probe the young person for more information

4. What happens next?

Discuss your concerns with one of the Designated Safeguarding Officers, who will advise you whether your assessment that the issue is one of child or vulnerable adult protection is likely to be correct.

Following the discussion, complete a Child/Vulnerable Adult Protection Referral Form, if appropriate (available from the Designated Safeguarding Officer).

The Child/Vulnerable Adult Protection Referral form must:

- State only the facts as disclosed by the learner
- Not make subjective recommendations or judgements

The Designated Safeguarding Officer can assist by giving examples of the style/format required for a referral to Social Services.

If, during discussions between the member of staff and the Designated Safeguarding Officer it is decided that according to the legislation:

- A referral to Social Services is not required, a further discussion will take place offering the learner any support that may be considered appropriate to the needs presented
- Monitoring systems will be put in place to ensure that any further change which may cause concern is picked up

If a referral is required:

- Then it will be sent to the relevant Social Services Department and followed up with a telephone call to determine that the referral has reached them and to obtain the name of the officer who has received the referral.
- Feedback to the College from Social Services will be requested by the end of the working week.

Once feedback has been received:

- The Designated Safeguarding Officer will, depending upon what action will be taken (no action is a possibility) have further discussions with relevant staff as to how best to support the learner.
- Put targeted support in place for the learner, in liaison with the tutor and relevant cross-College services and effective monitoring undertaken.

5. Summary procedures specific to child protection referrals:

1. Any member of College staff who becomes aware of abuse as defined in the Children Act towards a young person under the age of 18 years, including those aged 14 – 16, must make a Child Protection referral to a Designated Safeguarding Officer.
2. The Designated Safeguarding Officer will make a decision on whether an external referral needs to be made. Where appropriate, she will make referrals to the Child Protection team within the borough.
3. The Designated Safeguarding Officer will pass 14 – 16 Child Protection referrals to the learner's school.
4. Staff or workers who make a referral to one of the Designated Safeguarding Officers will be informed, within the bounds of confidentiality, of whether a formal referral to social services will be made.

Appendix A - Child and Vulnerable Adults Protection Guidelines

It is important to read these guidelines in conjunction with Safeguarding – Policy for the Protection of Children and Vulnerable Adults, and Safeguarding Children and Vulnerable Adults – Procedure for reporting allegations or suspicions of abuse.

It is the responsibility of the child protection experts to determine whether or not abuse has taken place but it is everyone's responsibility and legal duty to report any concerns.

Where there are grounds for concern that a child or vulnerable adult is at risk of abuse or neglect, the key task for staff in the College is observing, reporting, recording and co-operating with the child or vulnerable adult protection agencies. It is not the responsibility of the College or of individual staff to:

- investigate suspected or alleged abuse and/or neglect
- evaluate the grounds for concern
- seek proof before making a referral to the designated CP officers

All workers in the College should understand how concerns about the safety of a young person or vulnerable adult can come to light, for example:

- a child or young person or vulnerable adult alleges that abuse has taken place or that they feel unsafe
- a third party or anonymous allegation is received
- a child or vulnerable adult's appearance, behaviour, writing and verbal statements cause suspicion of abuse and/or neglect
- a child or vulnerable adult reports an incident(s) of alleged abuse which occurred some time ago
- a report is made regarding the serious misconduct of a worker towards a child or vulnerable adult

The reporting of allegations of abuse is a sensitive issue. The knowledge that referring a disclosure is likely to involve the police heightens such sensitivities. However the overriding concern should be with the child, young person or vulnerable adult.

The following points are important to keep in mind if a disclosure is made:

- Listen to the young person or vulnerable adult; **do not engage in questioning**
- Do not interrupt a young person or vulnerable adult who is freely recalling significant events
- Make it clear to the young person or vulnerable adult that it may not be possible to maintain confidentiality
- Make a verbatim note of what the young person or vulnerable adult says, taking care to record the date, time, place and people present. **Do not summarise the statements**
- Report the matter as soon as reasonably practicable to a Designated Safeguarding Officer
- Careful handling at an early stage can facilitate the reporting and referral process and may be crucial in winning the confidence of the young person or vulnerable adult

- Any person making a referral of a disclosure of abuse or neglect may need to assist the statutory authorities including social services or the police with any enquiries

LISTEN to young people and vulnerable adults

BELIEVE young people and vulnerable adults

LEARN about child abuse and protective behaviours for young people and vulnerable adults

TEACH young people and vulnerable adults about protective behaviour strategies

INSTILL a culture of safety and awareness across the College

Appendix B – Definitions and Indications of Abuse

Indications that an individual may be suffering abuse could include the person describing what appears to be an abusive act involving him/her, or someone else expressing concern about the welfare of another child or vulnerable adult. Definitions of types of abuse, and some physical signs and behavioural indicators are shown below. **The lists are a guide only and are not exhaustive or definitive.**

It should be noted that the presence of one or more of the indicators is not proof that abuse is actually taking place. There may well be other reasons for changes in behaviour such as bereavement, a birth in the family, relationship problems between parents/carers, etc.

Physical Abuse

Physical abuse may take many forms e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating.

It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child or vulnerable adult. This unusual and potentially dangerous form of abuse is now described as fabricated or induced illness.

| PHYSICAL ABUSE | |
|--|--|
| Physical Signs | Behavioural Indicators |
| <ul style="list-style-type: none"> • Unexplained or suspicious injuries such as bruising, cuts, burns, particularly if situated on a part of the body not normally prone to such injuries. • Bruises that reflect hand marks or fingerprints (from slapping or pinching). • Cigarette burns • Bite marks • Broken bones • An injury for which the explanation seems inconsistent | <ul style="list-style-type: none"> • Fear of parents/carers being approached for an explanation • Aggressive behaviour or severe temper outbursts • Flinching when approached or touched • Reluctance to get changed. Or covering up (e.g. wearing long sleeves in hot weather) • Depression • Withdrawn behaviour • Running away from home • Distrust of adults, particularly those with whom a close relationship would normally be expected |

Emotional Abuse

Emotional abuse is persistent emotional ill treatment causing severe and persistent effects on the child or vulnerable adult's emotional development and may involve:

- conveying the message that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person
- imposing developmentally inappropriate expectations
- causing the child or vulnerable adult to feel frightened or in danger – e.g. witnessing domestic violence
- exploitation or corruption of children or vulnerable adults

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

| EMOTIONAL ABUSE | |
|--|--|
| Physical Signs | Behavioural Indicators |
| <ul style="list-style-type: none"> • A failure to thrive • Sudden speech disorders • Development delay, either in terms of physical or emotional progress | <ul style="list-style-type: none"> • Neurotic behaviour e.g. hair twisting, rocking • Is prevented from socialising with others • Fear of making mistakes • Self harm • Fear of parents/carers being approached for explanation regarding their behaviour |

Sexual Abuse

Sexual abuse involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, whether or not they are aware of what is happening and includes penetrative (i.e. vaginal or anal rape or buggery) and non penetrative acts.

It may also include non-contact activities, such as looking at, or being involved in the production of pornographic materials, watching sexual activities or encouraging children or vulnerable adults to behave in sexually inappropriate ways.

| Physical Signs | Behavioural Indicators |
|--|--|
| <ul style="list-style-type: none"> • Pain or itching in the genital/anal areas • Bruising or bleeding in genital/anal areas • Sexually transmitted disease • Vaginal discharge or infection • Stomach pains • Discomfort when walking or sitting down • Pregnancy • Self-harm or mutilation, sometimes leading to suicide attempts • Bedwetting | <ul style="list-style-type: none"> • Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn • Fear of being left with a specific person or group of people • Having nightmares • Running away from home • Sexual knowledge that is beyond their age or development age • Sexual drawings or language • Bedwetting • Saying that they have secrets that they cannot tell anyone about • Self-harm or mutilation sometimes leading to suicide attempts • Eating problems such as overeating or anorexia |

Neglect

Neglect involves the persistent failure to meet basic physical and/or psychological needs, likely to result in serious impairment of the child or vulnerable adult's health and development. This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of basic emotional needs.

| NEGLECT | |
|--|---|
| Physical Signs | Behavioural Indicators |
| <ul style="list-style-type: none"> • Constant hunger sometimes stealing food from others • Constantly dirty or 'smelly' • Loss of weight, or being constantly underweight • Inappropriate dress for the conditions | <ul style="list-style-type: none"> • Complaining of being tired all the time • Not requesting medical assistance and/or failing to attend appointments • Having few friends • Mentioning their being left alone or unsupervised |

Appendix C - Statements from the Children's Charter

The Charter is made up of 13 statements which are presented as statements from children and young people to adults. These are:

"Get to know us"

"Speak with us"

"Listen to us"

"Take us seriously"

"Involve us"

"Respect our privacy"

"Be responsible to us"

"Think about our lives as a whole"

"Think carefully about how you use information about us"

"Put us in touch with the right people"

"Use your power to help"

"Make things happen when they should"

"Help us be safe"