SAFEGUARDING LEARNERS (including PREVENT)

CHILD AND VULNERABLE ADULT PROTECTION POLICY

March 2017
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A. GENERAL POLICY STATEMENT

Brockenhurst College has a statutory and moral duty to ensure that the College functions with a view to safeguarding and promoting the welfare of children, young people and vulnerable adults including international students in homestay accommodation, accessing education, training and other activities provided by the College, and to cooperate with other agencies to this end. The core purpose of the College is to help people make the most of their lives through learning, and the College is committed to working proactively with staff, learners, customers and other agencies to provide an environment in which every individual is valued and respected and free from abuse and harm.

The college is committed to improving equality, eliminating all forms of discrimination, proactively promoting equality and creating an inclusive environment for all who learn and work in our organisation. This commitment is embedded within the College’s Vision, Core Purpose and Key Priorities. The college recognises that all staff have a full and active part to play in protecting children, young people and vulnerable adults from harm.

Policy Principles

- The welfare of our learners is paramount
- All children, young people and vulnerable adults, regardless of age, gender, ability, culture, race, language, religion or sexual orientation have equal rights to protection
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child, young person or vulnerable adult is at risk of harm
- Students and staff involved in child protection issues will receive appropriate support
- All staff members are advised to maintain an attitude of ‘it could happen here’ where safeguarding including Prevent is concerned. When concerned about the welfare of a child, young person or vulnerable adult, staff members should always act in the interests of the young person/vulnerable adult.

Policy Aims:

- To raise awareness of all staff of the need to safeguard children, young people and vulnerable adults and of their responsibilities in identifying and reporting possible cases of abuse and vulnerability
- To contribute to assessments of need and support plans for children, young people and vulnerable adults, thought to be at risk of harm
- To acknowledge the need for effective and appropriate communication between all members of staff in relation to safeguarding children, young people and vulnerable adults
- To maintain a structured procedure within Brockenhurst College and its sites which will be followed by all members of staff in cases of suspected abuse
- To maintain effective working relationships with all other agencies involved in safeguarding children
- To ensure that all Brockenhurst College staff who have contact with children, young people and vulnerable adults, have been checked as to their suitability to work within education in accordance with the Brockenhurst College policy and procedures and Keeping Children Safe in Education 2015.

Definitions:

Safeguarding and promoting the welfare of children refers to the process of protecting children from abuse or neglect, preventing the impairment of health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.
Child protection refers to the processes undertaken to protect children who have been identified as suffering, or being at risk of suffering significant harm.

Staff refers to all those working for or on behalf of the college, full-time or part-time, in either a paid or voluntary capacity.

Child refers to all young people who have not yet reached their 18th birthday.

Parent refers to birth parents and other adults who are in a parenting role, for example, step-parents, foster carers and adoptive parents.

Vulnerable adult refers to any person over the age of 18 who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation” (Law Commission 1995). Throughout these policies and procedures, reference is made to “children and young people”. This term is used to mean “those under the age of 18”. The College recognise that some adults are also vulnerable to abuse, accordingly, the procedures may be applied (with appropriate adaptations) to allegations of abuse and the protection of vulnerable adults.

Designated Safeguarding Lead (DSL) is the first point of contact for any member of the college staff who has a concern about the safety and wellbeing of a child, young person or vulnerable adult.

Deputy Designated Safeguarding Lead (DDSL) is the first point of contact in the absence of the DSL to avoid any unnecessary delays in responding to a child’s/young person’s/vulnerable adult’s needs.

Behaviour and Safeguarding:
All students will be made of the learner code of conduct and sign a learner pledge. The learner code of conduct and pledge is linked to the learner monitoring and support policy.
All staff are aware of their duty to challenge inappropriate behaviour in college in order to safeguard all students and staff.
All staff will sign the Professional Code of Conduct.

The Governing Body:
The Governing Body is committed to ensuring that the College:
- Promotes and provides a safe environment for all children, young people and vulnerable adults
- Identifies children, young people and vulnerable adults who are suffering, or likely to suffer, significant harm, and
- Takes reasonable action to see that such children, young people and vulnerable adults are kept safe, both in their home environment and at the College.

In pursuit of these aims, the Governing Body will approve and review policies and procedures with the aim of:
- Raising awareness of issues relating to the welfare of children, young people and vulnerable adults and the promotion of a safe environment for them on College sites
- Aiding the identification of children, young people and vulnerable adults at risk of significant harm, and providing procedures for reporting concerns
- Establishing procedures for reporting and dealing with allegations of abuse made against members of staff
- The safe recruitment of staff suitable to work with children, young people and vulnerable adults
In developing the policies and procedures, the College will consult with, and take account of, guidance issued by Government departments and bodies and other relevant organisations, particularly:

- Section 11 Children Act 2004
- Working Together to Safeguard Children March 2015
- 'What to do if you’re worried a Child is Being Abused' March 2015
- Keeping Children Safe in Education, July 2015
- HM Government Channel Duty Guidance Protecting vulnerable people from being drawn into terrorism, 2015
- This policy should be read in reference to other College policies, for example, Health and Safety, Equality and Diversity Policy & Scheme, Social Media and Networking Policy, Lone Worker Policy, Staff Professional Code of Conduct Policy.

The College will refer concerns that a child or young person might be at risk of significant harm to the relevant Local Authority Children and Family Services Department. In the case of vulnerable adults, the College will refer such concerns to the relevant Adult Services Department and, where appropriate, to independent advocacy services.

The College is committed to working with Local Safeguarding Children Boards and Children and Adult Services Departments and other relevant agencies across its catchment area. It will work with Local Authority partners in the preparation of personal plans under the Common Assessment Framework, and will allow access to conduct appropriate assessments.

The Governing Body has nominated a Governor with special responsibility for children, young people and vulnerable adult’s protection issues and appropriate training has been undertaken.

All staff and volunteers working with children, young people and vulnerable adults will receive training adequate to familiarise them with safeguarding issues and responsibilities and the College procedures and policies, with refresher training at least every 3 years. There will be a member of the Senior Management Team with special responsibility for children, young people and vulnerable adults’ protection issues. Currently this is Dominic Chapman, Director of Learners. He will be assisted by other members of staff with responsibility for children, young people and vulnerable adults’ safeguarding. See section B below.

The Governing Body will receive an annual report which reviews how the duties have been discharged, and a Development Plan detailing future work from Dominic Chapman, Director of Learners and Designated Safeguarding Lead.
B. DESIGNATED STAFF WITH RESPONSIBILITY FOR SAFEGUARDING

Please note. While there are designated staff with specific responsibilities, everyone who comes into contact with children, young people and vulnerable adults has a role to play in safeguarding children. If, at any point, there is a risk of immediate serious harm a referral should be made to social care immediately. Anybody can make a referral.

Senior Staff Member with Lead Responsibility - DSL

The Senior Member of staff with lead responsibility for child, young person or vulnerable adult safeguarding issues is Dominic Chapman, Director of Learners who is the College’s Designated Safeguarding Lead.

Dominic Chapman can be contacted at the College main site or on his mobile 07930 209832. The Deputy Designated Safeguarding Lead is Maggie Hussey, Pastoral and Welfare Manager. Other Safeguarding Team members will cover this role in urgent cases in consultation with the Senior Management Team should Dominic Chapman or Maggie Hussey be away from the College. This team acts as a focal point for staff to discuss concerns.

Dominic Chapman is a senior member of the College management team, with a key duty to take lead responsibility for raising awareness within the staff body of issues relating to the welfare of children, young people and vulnerable adults, and the promotion of a safe environment for their learning within the College.

He has received training in child/vulnerable adult protection issues and inter-agency working, and will receive refresher training at least every 2 years and continuous continuing professional development as policy and good practice changes.

The Designated Safeguarding Lead is responsible for:

• Overseeing the referral of cases of suspected abuse or allegations to Children and Families Services Department of the relevant local authority
• Providing advice and support to other staff on issues relating to child and vulnerable adult protection
• Ensuring the maintenance of accurate records of any child or vulnerable adult protection referral, complaint or concern (even where that concern does not lead to a referral)
• Ensuring that all students of the College who may be vulnerable are aware of what to expect in the way of support from the College and how to access this support
• Ensuring that parents and carers of children, young people and vulnerable adults within the College are aware of the College’s Safeguarding Learners (including Prevent), Child and Vulnerable Adult Protection Policy
• Liaising with the Local Authority Services, Local Safeguarding Children’s Boards and other appropriate agencies
• Ensuring appropriate liaison arrangements are in place with schools which send children, young people and vulnerable adults to the College and to put in place individually focussed transition arrangements
• Ensuring appropriate liaison arrangements are in place with employers and training organisations that receive children, young people or vulnerable adults from the College on work placements and put appropriate safeguards in place
• Ensuring that staff receive appropriate training in safeguarding issues and are aware of the College Policy and Procedures.

The Designated Senior Member will provide an annual report to the Governing Body of the College setting out how the College has discharged its duties through strategic and operational activities.
The Deputy Designated Safeguarding Lead will be appropriately trained and, in the absence of the designated lead will carry out those functions necessary to ensure the on-going safety and protection of students, in the event of the long-term absence of the designated lead, the deputy will assume all the functions above.

Safeguarding Team Members

Other designated members of staff with responsibility for young people and vulnerable adult procedures are:

- Dominic Chapman, Director of Learners – DESIGNATED SAFEGUARDING LEAD
dchapman@brock.ac.uk, 01590 625577, mobile 07930 209832
- Debbie Griffiths, Student Finance and Welfare Adviser
dgriffiths@brock.ac.uk 01590 625328
- Kim Benford, Head of Curriculum, Foundation and Inclusive Studies
kbenford@brock.ac.uk, 01590 625556
- Maggie Hussey, Pastoral and Welfare manager, DEPUTY DESIGNATED SAFEGUARDING LEAD and PREVENT CO-ORDINATOR
mhussey@brock.ac.uk 01590 625470
- Tracey Miller, Learning difficulties and disabilities coordinator
tmiller@brock.ac.uk 01590 625586
- Vicky Bidwell, Nursery Manager
vbidwell@brock.ac.uk, 01590 622342
- Lee Melville, Intensive Support Officer
lmelville@brock.ac.uk 01590 625555 Extension 154
- Anthony Stone, Student Liaison and Security Officer
astone@brock.ac.uk 01590 625555 ext 154
- Lynne Hicks, Student Support Admin, Marchwood Skills Centre
lhicks@brock.ac.uk 01590 625555 ext 588
- Sara Fisher, Skills Development Lecturer
sfisher@brock.ac.uk 01590 625555 ext. 385

These Safeguarding Team Members:
- Report to the SMT member with lead responsibility
- Will know how to make an appropriate referral
- Will ensure that child and vulnerable adult procedures are promoted to students and that ways to gain support are made obvious and accessible to all who may need this
- Will be available to provide advice and support to other staff on issues relating to safeguarding
- Have particular responsibility to be available to listen to children, young people and vulnerable adults studying at the College
- Will manage individual cases, including attending case conferences and review meetings as appropriate
- Have received training in child and vulnerable adult protection issues and inter-agency working and will receive refresher training at least every 2 years and attend appropriate continuous professional development in relevant issues.

On other sites operated by the College there is a lead member of staff with responsibility for promoting good safeguarding practice and following up, through liaison with members of the Safeguarding Team, any potential safeguarding issues.

- **Marchwood and New Milton Centres for Construction and Marine Technology** – Lynne Hicks, Student Support Administrator 01590 625588.
- **New Milton (including Ultima), Lymington, Ringwood** - Area Co-ordinators.
These staff will liaise with staff with safeguarding responsibilities on the Brockenhurst site in connection with safeguarding concerns about young people or vulnerable adults.

DESIGNATED GOVERNOR WITH RESPONSIBILITY FOR SAFEGUARDING

Designated Governor

The designated Governor is responsible for liaising with the Principal and Senior Staff Member with Lead Responsibility over matters regarding child and vulnerable adult protection, including:

- Ensuring that the College has procedures and policies which are consistent with the Local Area Safeguarding Boards and Children/Adult Services’ procedures
- Ensuring that the Governing Body reviews the College Protection Policies each year
- Ensuring that each year the Governing Body is informed of how the College and its staff have complied with the policy, including, but not limited to, a report on the training that staff have undertaken.

The designated Governor is responsible for overseeing the liaison between the Children and Families Services Department, the Police and any other relevant bodies in connection with allegations against the Principal or the Senior Staff Member with Lead Responsibility. This will not involve undertaking any form of investigation, but will ensure good communication between the parties and provide information to assist enquiries.

To assist in these duties, the designated Governor shall receive appropriate training. All Governors will receive regular updates and training on Safeguarding issues.

C. SPECIFIC SAFEGUARDING CONCERNS

The Prevent Duty

All FE providers have a statutory duty to safeguard their learners. The Prevent Duty is about safeguarding our learners to keep them both safe and within the law. The Prevent Duty is NOT about preventing students from having political and religious views and concerns, rather it is about supporting them to develop these views and concerns and act on them in non-extremist ways. It is a condition of funding that all further education and independent training providers must comply with relevant legislation and any statutory responsibilities associated with the delivery of education and safeguarding of learners. The Prevent Duty is intended to deal with all kinds of terrorist threats to the UK. The most significant being identified currently from terrorist organisations in Syria and Iraq, and Al-Qa’ida associated groups.

The legislation:

- Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies to have “due regard to the need to prevent people from being drawn into terrorism”

The DDSL is the designated Prevent Co-ordinator (Single Point of Contact) for the college in matters relating to Prevent. Working with the SLT lead and DSL Dominic Chapman, the Safeguarding team and the Governor with Responsibility for Safeguarding, the DDSL will ensure that the college is compliant with its specific duty as identified in the Government’s Counter Terrorism and Security Act 2015 and the HM Government’s Prevent Guidance for England and Wales 2015.
The College recognises that safeguarding children and adults and providing early intervention to protect and divert people away from being drawn into extremist activity is at the heart of the revised Prevent strategy.

The risk factors set out in the guidance that support the assessment of vulnerability are:

- Spending increasing time in the company of other suspected extremists
- Changing style of dress or personal appearance to accord with the group
- Day-to-day behaviour becoming increasingly centred around extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause
- Possession of material or symbols associated with an extremist cause e.g. the swastika for far right groups.
- Attempts to recruit others to the group/cause/ideology
- Communications with others that suggest identification with a group/cause/ideology

The College recognises that it has a responsibility in the exercise of its functions, to refer on any concerns it may have relating to potential or actual radicalisation and extremism to the local authority partners who are leading on prevent: the police, the local Children's Safeguarding Board and the Local Channel Officer.

In undertaking its Prevent Duty the College will also ensure that it is embedding the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance into every aspect of its work.

**Terminology:**

**Extremism:** The Government has defined extremism in the Prevent Duty as “vocal or active opposition to fundamental British values, including democracy, the role of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. This also includes calls for the death of members of the British armed forces.

**British Values:** British values are defined as: democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. Institutions are expected to encourage students to respect other people with particular regard to the protected characteristics set out in the Equality Act 2010 – race, gender, age, disability, sexual orientation, gender re-assignment, religion and belief, pregnancy marriage and civil partnerships and therefore is strongly linked to the promotion and embedding of equality and diversity in our practice.

**Radicalisation:** Radicalisation is defined as the “process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups”.

The Channel Procedure: is designed as an early intervention and prevention strategy. It is not designed to criminalise young people. At the early stages of risk of extremism, a package of support is identified to put around the young person.

The College is committed to improving equality, eliminating all forms of discrimination, proactively promoting equality and creating an inclusive environment for all who learn and work in our organisation. This commitment is embedded within the College’s Vision, Core Purpose and Key Priorities. In addition terrorists associated with the extreme right are also identified as posing a continued threat to safety and security.

D. RECOGNISING THE SIGNS
Children, young people and adults who may be particularly vulnerable to abuse

Some young people and vulnerable adults may have an increased risk of abuse. It is important to understand that this increase in risk is due more to societal attitudes and assumptions, and child and vulnerable adult protection procedures that fail to acknowledge diverse circumstances, rather than the individual’s personality, impairment or circumstances. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all our learners receive equal protection, we will give special consideration to those who are:

- Disabled or have special educational needs
- Living in a domestic abuse situation
- Has special educational needs
- Is a young carer
- Is a care leaver
- Affected by parental substance misuse
- Asylum seekers
- Living away from home
- Vulnerable to being bullied or engaging in bullying
- Living in temporary accommodation
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- Involved directly or indirectly in sexual exploitation
- Do not have English as a first language
- At risk of female genital mutilation or forced marriage
- Have an imprisoned parent
- Have a parent with mental health issues
- At risk of radicalisation

This list provides examples but is not exhaustive.

Recognising Abuse

To ensure that young people and vulnerable adults are protected from harm it is important to understand what types of behaviour constitute abuse and neglect. Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a young person or vulnerable adult by inflicting harm, for example, by hitting them or by failing to act to prevent harm.

There are four categories of abuse: physical abuse; emotional abuse; sexual abuse and neglect. The definitions below are taken from HM Government’s Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, March 2015.

Physical Abuse

Physical abuse causes harm to the person of a children, young people or vulnerable adult. It may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating, or otherwise causing physical harm. It may be done deliberately or recklessly, or be the result of a deliberate failure to prevent injury occurring. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

In the case of a vulnerable adult, physical abuse could include inappropriate restraint or authorising changes to a person’s life without their consent.
Emotional Abuse
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 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 cyber bullying, causing children frequently to feel frightened or in danger, or the exploitation of 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
This 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 or 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 perpetuated 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, young person or vulnerable adult’s basic physical and/or psychological needs, likely to result in the serious impairment of a 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 emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

Indicators of Abuse
Physical signs define some types of abuse, for example, bruising, bleeding or broken bones resulting in physical or sexual abuse. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed or their abuser has threatened further violence or trauma if they ‘tell’. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For these reasons, it is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the DSL.

It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child or vulnerable adult has been abused.

A child, young person or vulnerable adult who is being abused or neglected may:
- Have bruises, bleeding, burns, fractures or other injuries
- Show signs of pain or discomfort
- Keep arms and legs covered even in warm weather
- Look unkempt and uncared for
- Change their eating habits
• Have difficulty in making or sustaining friendships
• Appear fearful
• Be reckless with regard to their own or other’s safety
• Self-harm
• Frequently miss college or arrive late
• Show signs of not wanting to go home
• Display a change in behaviour – from quiet to aggressive or happy-go-lucky to withdrawn
• Challenge authority
• Become disinterested in their college work
• Be constantly tired or preoccupied
• Be wary of physical contact
• Be involved in or particularly knowledgeable about drugs or alcohol
• Display inappropriate sexual behaviour

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw, and each small piece of information will help the DSL to decide how to proceed.

It is very important that staff report their concerns – they do not need ‘absolute proof’ that the child, young person or vulnerable adult is at risk.

Taking Action
Key points for staff to remember
• In an emergency take the action necessary to help
• Report your concern to the DSL by the end of the day
• Do not start your own investigation
• Share information on a need-to-know basis only. Do not discuss the issue with colleagues, friends or family
• Complete a safeguarding referral form
• Seek support for yourself if you are distressed

Young People with sexually harmful behaviour
Children and young people may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use the College’s anti-bullying procedures where necessary. However, there will be occasions when a student behaviour warrants a response under child protection rather than anti-bullying procedures. In particular, research suggest that up to 300% of child sexual abuse is committed by someone under the age of 18.

The management of children and young people with sexually harmful behaviour is complex and the college will work with other relevant agencies to maintain the safety of the whole college community. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator. Staff who become concerned about a young person’s sexual behaviour should speak to the DSL as soon as possible.
E. DEALING WITH DISCLOSURE OF ABUSE - PROCEDURE FOR REPORTING CONCERNS

The procedure below has been adapted from guidelines provided by Hampshire LA.

**If a child, young person or vulnerable adult tells a member of staff about possible abuse:**

Inform the individual that you must pass the information on, but that only those that need to know about it will be told. Inform them who you will report the matter to.

Listen carefully and stay calm.

Do not interview the individual, but question normally and without pressure, in order to be sure that you understand what they are telling you.

Do not put words into the individual’s mouth or ask leading questions.

Reassure the individual that by telling you, they have done the right thing.

Note the main points carefully.

Make a detailed note of the date, time, place, what the individual said, did and your questions etc.

Report the issue as a matter of urgency to a Safeguarding Team Member (contact details are provided for out of normal working hours support), providing them with a copy of any notes you have made.

**Designated members of staff dealing with reports should consider the following:**

In the case of a vulnerable adult who has difficulty in communicating, an experienced member of the LDD teams or the Equality and Diversity Co-ordinator could be asked to support or advocate for the individual. Sign language support can also be requested via the LDD teams.

Staff should not investigate concerns or allegations themselves as this could contaminate evidence in any future criminal case, but should report them immediately to the Designated Person. In an urgent situation when Safeguarding Team Members are unavailable, consideration should also be given to contacting the police or the relevant social services team direct, if the member of staff to whom the concerns are reported considers the circumstances to constitute an emergency.

In the case of a vulnerable adult or a child living in care, it should be recognised that their home or day care provider may be implicated in an allegation of abuse. In view of this, the consent of the individual should be requested to inform the relevant Children/Adult Services Department or any independent key worker or carer, as appropriate. If it is judged that there is significant risk to the immediate safety of the individual, the Designated Person should inform the relevant authorities, including the Police, even if consent has been withheld. They should explain to the individual that their “duty of care” responsibilities require this course of action.

Individuals concerned can be offered support from the Employee Assistance Programme.
Once a report has been made to one of the Safeguarding Team Members, they will take on responsibility for ensuring that the case is handled in line with policy, procedures and good practice. Any further information that comes to light, or any further incidents, should be reported to the team member concerned without delay.

**Acting on Safeguarding Concerns**

Where concerns are identified about the safety and well-being of a child, young person or vulnerable adult are identified but there is no disclosure from the individual, seek to discuss your concerns with the individual, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to children’s / adult services unless you consider such a discussion would place the individual at an increased risk of harm.

**Communication with Parents/Guardians/Carers**

Where possible safeguarding concerns will be shared with parents/guardians or carers unless:

- It is judged that it would increase the risk of harm to the individual concerned
- The individual is aged of 16 years and judged to be ‘competent in requesting that information is not shared with their parents/guardians/carers.

**Safeguarding Within a Work-Based Learning Environment**

Increasingly individuals are accessing their learning/training from Brockenhurst College within a working environment. This could be via an Apprenticeship programme or an employer funded course such as first aid or manual handling. In these cases their main point of contact with Brockenhurst College will be via their Assessor or Trainer. These staff should be vigilant with regards to any safeguarding issues that may be raised by candidates/trainees, while being aware that such disclosures on an employer’s premises may raise additional complexities. Staff should follow these procedures:

- In the case of a young person under the age of 18 years or a “vulnerable adult with a learning disability or long term health issue” who makes a disclosure of abuse of any kind, the Assessor/Tutor should note the key facts of the disclosure and follow the guidelines given above re disclosures, explaining that they will have to seek advice from the College Safeguarding Team. They should then seek this advice as a matter of urgency and together it will be agreed which, if any, of the following should be notified: Children’s Services, Adult Social Care, Police, parents/guardians, their employer.

- In the case of an adult making a disclosure of abuse of any kind, the Assessor/Tutor should strongly encourage the individual to seek appropriate professional support (e.g. GP, Police, ACAS, CAB, HSE, Trade Union, Counsellor, Samaritans, specialist Helpline) and make a brief, dated note of the disclosure/advice in the individual’s ILP or Training Record. It would be good practice to make the Safeguarding team aware and seek any additional advice. This may be particularly helpful in the respect of how to deal with allegations of workplace bullying or breaches or Health and Safety.

Work-based Staff working on employers’ premises should also be mindful of their own safeguarding needs and ensure that they follow good practice and departmental procedures in terms of lone-working and that they safeguard themselves against allegations from learners while carrying out their role. The College Safeguarding team can also offer advice on this.
Referral – Summary
For Safeguarding Concerns

If a young person or vulnerable adult tells a member of staff about possible abuse:
- Inform the individual that you must pass the information on, but that only those that need to know about will be told. Inform them who you will report the matter to.
- Listen carefully and stay calm.
- Do not interview the individual, but question normally and without pressure, in order to be sure that you understand what they are telling you.
- Do not put words into the individual’s mouth or ask leading questions.
- Reassure the individual that by telling you, they have done the right thing.
- Note the main points carefully.
- Make a detailed note of the date, time, place, what the individual said, did and your questions etc.

Report the issue as a matter of urgency to a Safeguarding Team Member (contact details are provided on the reverse), providing them with a copy of any notes you have made.

Is the concern HIGH RISK?

Outcomes
- Action Plan agreed
- Student Support Log created on Emily.
- Monitor timescale decided.
- Personal Progress Manager* allocated, to be responsible for monitoring.
- Monitoring activity diarised on the Student Support Log.

YES
- Member of Safeguarding Team makes referral to a designated Officer, DCh, MHu, or other, who follows up case.
- Is the concern HIGH RISK?

NO
- Personal Progress Manager* monitors student to agreed timescale and updates student support log on EMILY to evidence follow up

Referral to Children’s & Families Services
- Complete referral Brock Referral Log
- Phone Call
- Written referral within 48 hours
- Update student support log
- Allocate lead staff member
- Agree monitoring timescale

YES

Outcomes
- Personal Progress Manager* continue to monitor
- De-escalate if no further case for concern – no further action
- Is concern now HIGH RISK?

HIGH RISK – There are immediate concerns over the Safety & Welfare of the young person or any younger family member.

* Or other designated member of staff
Summary of Referral for Prevent Concerns

NOTICE – CHECK – SHARE @ BROCK

- Refer concerns about learners or colleagues to the Prevent Co-ordinator/Deputy Designated Safeguarding Lead Maggie Hussey, Pastoral and Welfare Manager for learners, and the Vice Principal – Alex Scott - for staff/volunteers/external speakers. As outlined in HM Government’s Keeping Children Safe in Education Statutory Guidance for Schools and Colleges July 2015 anyone has the right to refer regarding any concerns for an individual. The College gives this right with regard to extremism and anyone can report a concern to the Hampshire Police via 101 (external line so 9 first from College phone). Where this occurs please inform the Prevent Co-ordinator for learners or Vice Principal if the concern is with staff/volunteers/external speakers/guests.

<table>
<thead>
<tr>
<th>Student concerned about student</th>
<th>Student concerned about staff member or external speaker, volunteer or guest</th>
<th>Staff concerned about a student</th>
<th>Staff concerned about staff member</th>
<th>Staff concerned about external speaker, volunteer or guest</th>
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<tr>
<td>NOTICE</td>
<td>Signs and behaviours: graffiti symbols, writing or artwork promoting extremist messages; accessing extremist material online including social networking sites, parental reports of changes in behaviour, friendships or actions and requests for assistance, students voicing opinions drawn from extremist ideologies, use of extremist or ‘hate’ terms to exclude others or incite violence, particular individuals or groups which hold more rigid doctrinal/ideological views gaining ascendency</td>
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<tr>
<td>CHECK</td>
<td>Academic tutor, personal progress manager, Pastoral and Welfare Manager, Director of Learners in Student Services.</td>
<td>Dom Chapman, Director of Learners in Student Services</td>
<td>Prevent Co-ordinator/Deputy Designated Safeguarding Lead – Maggie Hussey Director of Learners/ Designated Safeguarding Lead – Dominic Chapman Or a member of the Safeguarding Team</td>
<td>Dom Chapman, Director of Learners/Designated Safeguarding Lead</td>
</tr>
<tr>
<td>SHARE</td>
<td>Vice Principal Alex Scott</td>
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F. CONFIDENTIALITY

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child, young person, vulnerable adult and staff involved but also to ensure that being released in to the public domain does not compromise the evidence. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children, young people and vulnerable adults. Staff should only discuss concerns about a child, young person or vulnerable adult with the DSL, DDSL or a member of the safeguarding team. The person will then decide who else needs to have the information and they will disseminate it on a ‘need to know’ basis.

All staff must be aware that they cannot promise a child, young person or vulnerable adult to keep secrets which might compromise the child’s, young person’s or vulnerable adult’s safety or well-being or that of another. Staff are made aware that they must make a record of Child Protection/Safeguarding concerns as soon as possible. Staff should use the appropriate referral documentation. Child protection/safeguarding information will be stored and handled in line with the Data Protection Act principles.

Information is:
- Processed for limited purposes
- Adequate, relevant and not excessive
- Accurate
- Kept no longer than necessary
- Processed in accordance with the data subject’s rights
- Secure

The Data Protection Act does not prevent the college from sharing information with relevant agencies, where that information may help to protect the child. Child protection records are normally exempt from the disclosure of provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a student or parent to see child protection records, they will refer the request to the DSL.

G. REPORTING AND DEALING WITH ALLEGATIONS OF ABUSE AGAINST MEMBERS OF STAFF

The procedures apply to all staff, whether teaching, administrative, management or support, as well as to volunteers. The word “staff” is used for ease of description.

1 Introduction

1.1 In rare instances, staff of education institutions have been found responsible for child or vulnerable adult abuse. Because of their frequent contact with children, young people or vulnerable adults, staff may have allegations of abuse made against them. The College recognises that an allegation of abuse made against a member of staff may be made for a variety of reasons and that the facts of the allegation may or may not be true. It is imperative that those dealing with an allegation maintain an open mind and that investigations are thorough and not subject to delay.

1.2 The College recognises that the Children Act 1989 states that the welfare of the child is the paramount concern, as is the case with a vulnerable adult. It is also recognised that hasty or ill-informed decisions in connection with a member of staff can irreparably damage an individual’s reputation, confidence and career. Therefore, those dealing
with such allegations within the College will do so with sensitivity and will act in a
careful, measured way.

2 Receiving an Allegation from a Child or Vulnerable Adult

2.1 A member of staff who receives an allegation about another member of staff from a
child or vulnerable adult should follow the guidelines in Part D for dealing with
disclosure.

2.2 The allegation should be reported immediately to the Designated Safeguarding Lead
(DSL) or Deputy Designated Safeguarding Lead (DDSL). In the case of an allegation
being made against the Principal the report should be made to the Designated
Safeguarding Governor. Designated Safeguarding Lead should:

2.2.1 Obtain written details of the allegation from the person who received it, that
are signed and dated. The written details should be countersigned and
dated by the DSL/DDSL.

2.2.2 Record information about times, dates, locations and names of potential
witnesses.

3 Initial Assessment by the Designated Safeguarding Lead

3.1 The Designated Safeguarding lead will carry out the initial assessment in consultation
with the Vice Principal. The content of all allegations will be discussed with the Local
Authority Designated Safeguarding Officer for Child Protection.

3.2 It is important that the Principal (or designated person) does not investigate the
allegation. The initial assessment should be on the basis of the information received
and is a decision whether or not the allegation warrants further investigation.

3.3 Procedures to ensure the safety of the young person and the member of staff will
always be followed. Advice will be sought on what action to take in any individual case
in consultation with HR, the Senior Management Team and the Local Authority
Designated Officer.

4 Enquiries and Investigations

4.1 Child or vulnerable adult protection enquiries by the Local Authority or the police are
not to be confused with internal, disciplinary enquiries by the College. The College may
be able to use the outcome of external agency enquiries as part of its own procedures.
The child and vulnerable adult agencies, including the police, have no power to direct
the College to act in a particular way; however, the College should assist the agencies
with their enquiries.

4.2 The College shall hold in abeyance its internal enquiries while the formal police or
Local Authority investigations proceed; to do otherwise may prejudice the
investigation. Any internal enquiries shall conform with existing staff disciplinary
procedures.

4.3 If there is an investigation by an external agency, for example the police, the Principal
(or designated person) should normally be involved in, and contribute to, the inter-
agency strategy discussions. The Principal (or designated person) is responsible for
ensuring that the College gives every assistance with the agency’s enquiries. They will
ensure that appropriate confidentiality is maintained in connection with the enquiries,
in the interests of the member of staff about whom the allegation is made. The
Principal (or designated person) shall advise the member of staff that he/she should consult with a representative, for example, a trade union.

4.4 Subject to objections from the police or other investigating agency, the Principal (or designated person) shall:

4.4.1 Inform the child or vulnerable adult and/or parent/carer making the allegation that the investigation is taking place and what the likely process will involve.

4.4.2 Ensure that the parents/carers of the child or vulnerable adult making the allegation have been informed that the allegation has been made and what the likely process will involve.

4.4.3 Inform the member of staff against whom the allegation was made of the fact that the investigation is taking place and what the likely process will involve.

4.4.4 Inform the Chair of Governors and/or the designated Governor of the allegation and the investigation.

4.5 The Principal (or designated person) shall keep a register of the action taken in connection with the allegation.

5 Suspension of Staff

5.1 Suspension should not be automatic. In respect of staff other than the Principal, suspension can only be carried out by the Principal. In respect of the Principal, suspension can only be carried out by the Chair of Governors (or in his/her absence, the Deputy Chair of Governors).

5.2 Suspension may be considered at any stage of the investigation. It is a neutral, not a disciplinary act and shall be on full pay. Consideration should be given to alternatives: e.g. paid leave of absence; agreement to refrain from attending work; change of, or withdrawal from, specified duties.

5.3 Suspension should only occur for a good reason. For example:

5.3.1 Where a child or vulnerable adult is deemed to be at risk
5.3.2 Where the allegations are potentially sufficiently serious to justify dismissal on the grounds of gross misconduct
5.3.3 Where necessary for the good and efficient conduct of the investigation.

5.4 If suspension is being considered, the member of staff should be encouraged to seek advice, for example from a trade union.

5.5 Prior to making the decision to suspend, the Principal (or Chair or Deputy Chair of Governors) should interview the member of staff. This should occur with the approval of the appropriate agency from the Local Area Safeguarding Board/Children or Adult Services. In particular, if the police are engaged in an investigation the officer in charge of the case should be consulted.

5.6 The member of staff should be advised to seek the advice and/or assistance of his/her trade union and should be informed that they have the right to be accompanied by a friend. The member of staff should be informed that an allegation has been made and that consideration is being given to suspension. It should be made clear that the interview is not a formal disciplinary hearing, but solely for raising a serious matter which may lead to suspension and further investigation.
5.7 Prior to the interview, the member of staff should be given as much information as possible, in particular the reasons for any proposed suspension, provided that doing so would not interfere with the investigation into the allegation. The interview is not intended to establish the member of staff's innocence or guilt, but to give the opportunity for the member of staff to make representations about possible suspension. The member of staff should be given the opportunity to consider any information given to him/her at the meeting and prepare a response, although that adjournment may be brief.

5.8 If the Principal (or Chair of Deputy Chair of Governors) considers that suspension is necessary, the member of staff shall be informed that he/she is suspended from duty. Written confirmation of the suspension, with reasons, shall be despatched as soon as possible and ideally within one working day.

5.9 Where a member of staff is suspended, the Principal (or Chair of Governors or Vice Chair of Governors) should address the following issues:

5.9.1 The Chair of Governors should be informed of the suspension in writing
5.9.2 The Governing Body should receive a report that a member of staff has been suspended pending investigation, the detail given to the Governing Body should be minimal
5.9.3 Where the Principal has been suspended, the Chair or Vice Chair of Governors will need to take action to address the management of the College
5.9.4 The parents/carers/key worker of the child or vulnerable adult making the allegation should be informed of the suspension. They should be asked to treat the information as confidential. Consideration should be given to informing the child or vulnerable adult making the allegation of the suspension.
5.9.5 Senior staff who need to know of the reason for the suspension should be informed
5.9.6 Depending on the nature of the allegation, the Principal should consider, with the nominated Governor, whether a statement to the students of the College and/or parents/carers should be made, taking due regard of the need to avoid unwelcome publicity.

5.10 The Principal shall consider carefully and review the decisions as to who is informed of the suspension and investigation. External investigating authorities should be consulted.

5.11 The suspended member of staff should be given appropriate support during the period of suspension. He/she should also be provided with information on progress and developments in the case at regular intervals.

5.12 The suspension should remain under review in accordance with the College disciplinary procedures.

6 The Disciplinary Investigation

6.1 The disciplinary investigation should be conducted in accordance with the existing staff disciplinary procedures.

6.2 The member of staff should be informed of:

6.2.1 The disciplinary charge against him/her
6.2.2 His/her entitlement to be accompanied or represented by a trade union representative or friend.

6.3 Where the member of staff has been suspended and no disciplinary action is to be taken, the suspension should be lifted immediately and arrangements made for the member of staff to return to work. It may be appropriate to offer counselling.

6.4 The child, children or vulnerable adult making the allegation and/or their parents/carers should be informed of the outcome of the investigation and proceedings. This should occur prior to the return to College of the member of staff (if suspended).

6.5 The Principal (or designated person) should give consideration to what information should be made available to the general population of the College.

7 Allegations without foundation

7.1 Obviously false allegations may be indicative of problems of abuse elsewhere. A record should be kept and consideration given to a referral to the Area Child Protection Committee/Children or Adult Services in order that other agencies may act upon the information.

7.2 In consultation with the designated senior member of staff and/or the designated Governor, the Principal shall:

7.2.1 Inform the member of staff against whom the allegation is made orally and in writing that no further disciplinary or child/vulnerable adult protection action will be taken. Consideration should be given to offering counselling/support.

7.2.2 Inform the parents/carers of the alleged victim that the allegation has been made and of the outcome.

7.2.3 Where the allegation was made by a child or vulnerable adult other than the alleged victim, consideration should be given to informing the parents/carers of that child/vulnerable adult.

7.2.4 Prepare a report outlining the allegation and giving reasons for the conclusion that it had no foundation and confirming that the above action had been taken.

8 Records

8.1 It is important that documents relating to an investigation are retained in a secure place, together with a written record of the outcome and, if disciplinary action is taken, details retained on the member of staff’s personal and confidential file.

8.2 If a member of staff is dismissed or resigns before the disciplinary process is completed, he/she should be informed about the College’s statutory duty to follow the “ISA Barred List” procedures.

9 Monitoring Effectiveness

Where an allegation has been made against a member of staff, the nominated Governor, together with the senior staff member with lead responsibility should, at the conclusion of the investigation and any disciplinary procedures, consider whether there are any matters arising from it that could lead to the improvement of the College’s procedures and/or policies. Consideration should also be given to the training needs of staff.
H SUPPORTING STAFF

We recognise that staff who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful or upsetting. We will support such staff by providing an opportunity to talk through their anxieties and to seek further support. We understand that staff should have access to advice on the boundaries of appropriate behaviour. There is advice on this in the appendices and safeguarding in education is part of the Continuous Professional Development programme.

I RELATIONSHIPS WITH STUDENTS - ABUSE OF TRUST

Under the Sexual Offences Act 2003 it is an offence for a person over 18 to have a sexual relationship with a child under 18 where that person is in a position of trust in respect of that child, even if the relationship is consensual. This applies where the child is in full time education and the person works in the same establishment as the child, even if s/he does not teach the child.

The relationship between employees of the College whether in the role as a teacher or support staff member is an integral part of the educational development of the student. This relationship must be supportive and one characterised by good communication, trust and confidence.

Employees are not permitted to encourage or start any personal relationship of a sexual/romantic nature or other potentially inappropriate relationships with students of the College. This includes during the College working day, outside of the College time or through social and professional networking sites. A breach of this could be deemed as gross misconduct which could result in the termination of your employment.

For further information regarding the professional boundaries that must be maintained with students, please see the College’s Professional Code of Conduct.

J RECRUITMENT AND SELECTION PROCEDURES

Brockenhurst College creates a culture of safe recruitment and, as part of that, has adopted recruitment procedures that help deter, reject or identify people who may abuse children. The College has recruitment and selection procedures that ensure all recommended checks are undertaken when recruiting new staff and volunteers.

These procedures are regularly reviewed in order to ensure that they take account of the following:

- They apply to staff who may work with children or vulnerable adults
- The post or role is clearly defined
- The key selection criteria for the post or role are clearly identified
- Vacancies are advertised widely in order to ensure a diversity of applicants
- Documentary evidence of academic/vocational qualifications is required
- Two referees are requested from previous employment and the question asked of the referee if they consider the individual is suitable to work with young people and vulnerable adults. The College reserves the right to request additional references if appropriate
• Previous employment history is verified. Gaps in employment are explored with the candidate and reasons documented on the interview paperwork.
• New employees with particular responsibilities for the supervision of residential students or the provision of student welfare services will be added to a Register of Staff to ensure the College is compliant with Ofsted requirements
• Relevant Disclosure and Barring Service checks are carried out
• A variety of selection techniques (e.g. qualifications, previous experience, interview, reference checks) are used.

**K Whistle Blowing**
We recognise that children, young people and vulnerable adults cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. If concerned about the behaviour or actions of a member of staff they should speak to the DSL Dominic Chapman or Alex Scott, Vice Principal.
APPENDIX 1

QUICK GUIDES - KEEPING SAFE

GUIDANCE FOR THE AVOIDANCE OF ALLEGATIONS AGAINST STAFF

These guidelines are adapted from those offered to staff within Hampshire schools, and should be viewed within the context of what constitutes child abuse.

Definitions of abuse can include emotional abuse as well as sexual and physical. Abuse of Trust is a criminal offence whereby any person in a position of responsibility over a ‘child’ (under 18) who is seen to exploit that position can be prosecuted. For further assistance refer to our Safeguarding Learners Child and Vulnerable Adult Protection Policy on the Intranet.

Please note these are guidelines only – your professional judgement within a given situation should also be exercised.

Non-abusive acts (permitted physical contact):
- **Restraint** is permissible as long as it is consistent with legislation and guidance. In general terms you are allowed to use reasonable force to remove a dangerous item from a student or take a student away from a dangerous situation
- **Shepherding** with a hand on back or shoulder
- **Comforting** with a hand on arm, shoulder or back
- **Securing attention** – tapping a student’s shoulder

Private Meetings:
- Should be conducted in rooms with visual access and doors should be kept open wherever possible.
- There should be knowledge of another colleague that the meeting is taking place.

Gratuitous physical contact:
- Must be avoided, and it is unwise to attribute touching to your teaching style, or the type of person you are.

Inappropriate discussions
- Must be avoided, and insensitive, disparaging and sarcastic comments are unacceptable.
- Discussion about another student with a student or group of students is unacceptable.

Reporting incidents
- Following any incident where you feel that your actions or comments have been misconstrued you should discuss the incident with a manager.
- You should report any crush or infatuation and seek assistance in dealing with the issue before escalation.

IF YOU HAVE ANY CONCERNS, QUERIES OR QUESTIONS:

Please speak to Dominic Chapman, Director of Learners, who is the Designated Senior Member responsible for such matters.
RECEIVING A DISCLOSURE – A BRIEF GUIDE

Please note, these brief guidelines must be read in conjunction with the College’s Safeguarding Learners Child and Vulnerable Adult Protection Policy which can be found on the Intranet.

What do I do if a young person tells me about an issue?

DO:

- Listen carefully and stay calm
- Do not interview the individual, but question normally and without pressure, in order to be sure that you understand what they are telling you
- Do not put words into the individual’s mouth or ask leading questions
- Reassure the individual that by telling you, they have done the right thing
- Inform the individual that you must pass the information on, but that only those that need to know about it will be told. Inform them who you will report the matter to.
- Note the main points carefully
- Make a detailed note of the date, time, place, what the individual said, did and your questions etc.
- Report the issue as a matter of urgency to a Safeguarding Team Member, providing them with a copy of any notes you have made

DO NOT:

- Investigate concerns or allegations
- Display shock, horror, anger or disgust
- Press for details
- Promise you will do something you may not be able to fulfil
- Offer to keep it in confidence
- Take any action beyond that agreed in the procedures

IF YOU HAVE ANY CONCERNS, QUERIES OR QUESTIONS:

Please speak to Dominic Chapman, Director of Learners, who is the Designated Senior Member responsible for such matters.
GUIDELINES FOR STAFF: LEARNERS & MENTAL HEALTH

1. INTRODUCTION

These guidelines have been compiled to assist staff in dealing with learners who may be experiencing mental health difficulties. The guidelines rest on the following principles:

Brockenhurst College is committed to offering good support for all its students. In relation to mental health, we shall endeavour to:

- promote student mental well-being
- support students experiencing difficulties or needing adjustments
- raise awareness among students and staff of mental health issues, services and procedures
- create a non-stigmatising ethos in which confidentiality and the dignity of all are respected
- develop policy informed by liaison with students, staff and relevant external agencies
- ensure monitoring and review of policy and practice.

It should be noted that as the College is an educational community there will be limits to the support that can be offered, given our resources and the necessity to balance the needs of individuals against the needs of the wider student and staff bodies.

Regarding our statutory obligations, the College is required to:

- exercise duty of care in providing education and meeting students’ educational needs, including pastoral care as well as teaching
- take positive steps to promote students’ well-being
- ensure the health, safety and welfare at work of all those “lawfully on the premises”
- protect against discrimination on the basis of race, gender, sexual orientation, religion or belief
- make reasonable adjustments to support students with disabilities, including “mental impairment”
- ensure confidentiality; disclosure may occur only with the student's consent or where it can be justified in the public interest or duty of care owed to other students and staff.

2. STAFF RESPONSIBILITIES

All staff are expected to:

- exercise duty of care in their dealings with students; if a person shows signs of mental health difficulty, staff should offer or seek appropriate assistance
- treat each student with dignity
- recognise the boundaries of their roles, knowing where, when and how to refer on
- uphold confidentiality and exercise responsibility regarding disclosure
- contribute towards building a non-stigmatising community.

3. DEFINITIONS

Mental health refers to the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles which life presents. Mental health difficulties exist across a spectrum of states of mind and behaviours, from temporary responses to painful events through to more debilitating and persistent conditions.
Clinical definitions of recognised mental health problems are generally considered unhelpful for documents such as this. It is important to avoid any tendencies to pathologise students and, rather, to concentrate on the issues of response and support. Many people with mental health issues can and do lead fulfilling lives.

For institutional purposes it is sufficient to distinguish between students with mental health difficulties or illness who can usually be supported in various ways in the course of their studies, and those who may need to withdraw temporarily or permanently. More specific definitions are helpful only to clinicians when considering treatment.

In addition:
Mental health problems take varied forms, including anxiety, obsessions, phobias, depression, eating disorders and more serious conditions such as schizophrenia. There are usually complex causes involving a combination of biological, psychological and social factors. Many mental health difficulties are temporary and may respond to rest, counselling and/or medication. With longer-term problems, the person may experience intermittent periods of good and poor health. Contrary to popular perceptions, only a small minority of people with mental health problems exhibit violent or anti-social behaviour.

4. GOOD PRACTICE GUIDELINES

(a) General
• Tutors and frontline staff are often the first point of contact for a student experiencing problems, so it is essential for you to be aware of support networks and procedures.
• Be alert to changes in your students’ behaviour, appearance and performance. These could be warning signs of more serious problems (see 5 below). Discuss these changes with the student – you may be the first person who has noticed the student’s difficulties or with whom the student has spoken about these problems.
• If the student needs more than an empathetic ear, then other sources of support, internal and/or external, should be suggested (see directory below)
• If the student agrees to accept more specialist help, then advise and perhaps assist him/her to contact the appropriate service (see 9 below)
• If you are concerned and the student declines to seek further help, consult a member of Senior Staff or a member of the Safeguarding Team.
• In an emergency when the student’s safety and/or the safety of others is at risk, call the emergency services – phone College emergency (200) or if you feel it is appropriate dial 999 to ask for police or an ambulance (please inform Reception if you have taken this action).
• If you are worried about how (far) to help someone, speak with a trusted colleague or line manager or ask advice from a member of the Safeguarding Team Member.

(b) Teaching and learning
The following strategies may help to promote inclusivity and mental well-being and to create a supportive environment for students with mental health difficulties:
• Treat students as individuals according to their needs.
• Be encouraging and help students to strengthen their self-esteem and confidence.
• Ask whether assistance is required, do not make assumptions about a student’s needs - which can be perceived as patronising, notably by students with disabilities.
• Encourage and/or offer opportunities for peer learning and peer support – activities which can provide a secure base for learning and for overcoming self-doubt, loss of focus and feelings of helplessness.
• Create a learning context with clear ground rules based on the principles of equitable participation, non-discrimination and respect for the dignity of all.
• Avoid and discourage the use of language, terminology or anecdotes that may stigmatise and cause offence to others.
• Be alert to the possible impact on students of sensitive or emotive topics and subject matter. Be ready to mediate class discussion and be available to see individuals who may need to talk afterwards.
• Be clear about the boundaries of your role as a teacher, i.e. to provide academic and personal support but not therapy.
• Take cognisance of the challenges posed by assessment tasks and deadlines. Many students with mental health issues find the learning situation very stressful, especially when undergoing formal assessment and giving oral or group presentations. The College policy is to make reasonable adjustments where necessary.
• Discuss exam arrangements with the class sufficiently in advance for any student concerns to be discussed and any required adjustments to be put into place.
• Be sensitive and patient about the effects of mental health difficulties. Students with depression may seem uninterested or exhibit poor concentration, irritability or fatigue.
• Severe anxiety can also impair concentration and cause distorted perceptions.
• Monitor student attendance, behaviour and performance (see 6 below).
• Be sympathetic about absence (due to genuine personal difficulties) and assist students to catch up on missed work. For some students with mental health problems, simply being able to engage in studies is a measure of personal success, helping them to cope with their own challenges.

5. COMMON SIGNS

Possible signs that might indicate potential mental health problems include:
• progressive or sudden deterioration in attendance, attention, quality of work
• progressive deterioration in appearance (sad, ill, unkempt, dramatic weight increase or decrease) and/or social behaviour or a sudden/rapid deterioration in any/all of these
• dramatic swings in expression of feeling or social engagement
• concerns expressed by peers
• seemingly outrageous claims or personal statements
• inappropriate or untimely responses (e.g. in lectures)
• changes in the way the student smells (e.g. the smell of alcohol or cannabis) or the way the student sounds (e.g. flat, agitated, very quiet, very loud)
• something odd or unpredictable about their manner which makes you feel concerned or uneasy.

Whilst you may be concerned about an individual’s behaviour it is important to balance this by trying not to stereotype or label people. What is considered acceptable by one family, country, culture or period of history may be considered bizarre or extreme in another. Being different culturally, sexually or socially or doing something different from the norm does not constitute mental illness. The key message at all times is "if in doubt, seek advice".

7. WHAT TO DO IF YOU ARE CONCERNED

If you have concerns about a student's well-being it is important to be willing to broach the subject with them. Do not avoid the situation or pretend that nothing is wrong. "Own" your concerns by saying, "I am concerned", rather than "we" or "they".

• Approach the student in an empathetic and understanding way.
• Simply asking the student how they are may provide them with an opportunity to discuss their concerns with you — they may only want an understanding ear.
• Be prepared to listen and give some time if you can. If there are constraints on your time, inform the student from the start that this is the case, and consider arranging a more suitable time.
• Be open and honest with the student in your initial contact — this will help to develop trust between you. Remember that a student might often avoid seeking help because of concerns about the consequences of telling someone. You could advise the student that seeking support is viewed as a positive step as it indicates a willingness to face problems.

• If the student indicates that they are experiencing mental health difficulties it is often useful to ask whether they are already seeing a GP, Counsellor, Psychiatrist, etc.

• Whilst you should normally try to obtain the student's consent before you share confidential information with someone else, if you are uncertain about how to help a student you should contact a member of senior staff to ask their advice in confidence, without revealing the identity of the student.

• Do not offer help beyond your role. Remember that it is not your responsibility to solve the student's problem. Also consider any potential conflict of your role and whether you have someone to consult and give you support.

• The student may not identify or acknowledge that they have a problem. Try not to humour them by pretending to agree that there is not a problem if it is clear to you that there is.

• Do not ask insensitive or intrusive questions - respect the right of the student if they do not wish to discuss things. Consider offering them an open invitation to come back and talk to you in the future.

• How you respond to your concerns about a student will depend to a large extent on your assessment of their situation. The prime consideration is the safety and wellbeing of the individual concerned and those around them.

8. DEALING WITH DIFFICULT AND CRISIS SITUATIONS

Potentially difficult situations could include (i) discipline problems; (ii) sudden unexpected violence; (iii) disturbed/irrational behaviour; (iv) sudden illness/collapse; (v) harassment - sexual/racial/homophobic; (vi) uncontrollable arguments; or (vii) threatening/abusive behaviour.

You need to make sure that you know whom to report an incident to and whom you can call on for immediate assistance. Do not be ashamed of feeling unable to cope - call in additional support.

Strategies that you may find helpful include:

• Try not to join in by retaliating. It is better to comment on a person's behaviour than to shout back (eg "You are obviously very angry"). Keep your emotional distance.

• Remain firm and don't be afraid to say "no" if you mean "no".

• Try to listen to what the person is saying - irrational behaviour usually has some meaning.

• Do not be afraid to state the obvious. Most people fear being direct, but a straightforward attitude can be a relief to people in this state.

Difficult or disruptive situations nearly always leave people feeling stressed afterwards, so it is important to find some time to talk things over with a colleague in a supportive, non-accusatory way. Try not to blame yourself or others after the event.

There is no right way to deal with these kinds of situations. What helps is holding onto your capacity to think and knowing what support systems you have to help you cope as well as possible. Your judgement is as good as anyone else's.

Helpful actions include:

• Listening and acknowledging the student's feelings

• Waiting to respond until they have had a chance to vent their negative feelings
• Keeping an open mind
• Remembering that the student probably has a different perspective to you
• Helping the student save face by moving them to an area where they can express negative feelings without being observed by others (if you feel safe to do so)
• Speaking in a calm voice at low pitch
• Keeping judgments to yourself about what should or should not upset people.

Unhelpful actions include:
• Denying the student's feelings and telling them to calm down
• Telling them that you refuse to listen because of the negative feelings they are expressing
• Telling them that you do not want to hear the reason for their negative feelings
• Reacting defensively to any attacks on you, your teaching area or the College
• Engaging in a heated debate in a public area
• Remaining standing while the student is sitting
• Raising your voice
• Jumping to conclusions

CRISIS INCIDENTS

Whilst very rare, there will be instances where a student’s behaviour gives cause for grave concern. Such instances will vary from concern about self-harm or suicidal intentions by a student, to incidents of extreme or bizarre behaviour where there is cause to believe that the students themselves or others may be harmed and in immediate danger.

In summary:
• where there are immediate concerns about harm to the student or to others, the emergency services should be called
• where concerns are less immediate and there is time to consider the most appropriate intervention, the Counselling Service can be contacted for consultation and assistance.
APPENDIX 2

Self-Harm Policy

A. GENERAL POLICY STATEMENT

This policy forms an essential part of the College’s medical and safeguarding group of policies.

This Policy is to increase understanding and awareness of self-harm
- Alert staff to warning signs and risk factors
- Provide guidance for staff dealing with students who self-harm
- Help senior leaders consider how to support staff that have to deal with self-harm, ensuring they too can deal with the feelings this evokes.

B. Background Information

Self-harming is when someone chooses to inflict pain on themselves in some way. It includes, but is not limited to cutting, overdosing (self-poisoning), hitting, burning or scalding, pulling hair, picking or scratching skin, self-asphyxiation, ingesting toxic substances, fracturing bones. Self-harm is also the intention of taking an overdose with intent to die, to completed suicide (Royal College of Psychiatrists, June 2014).

It is usually a sign that something is wrong. (Young Minds 2014). It can feel to other people that these things are done calmly and deliberately – almost clinically. But we know that someone who self-harms is usually in a state of high emotion, distress and unbearable inner turmoil. Some people plan to self-harm in advance, for others, it happens on the spur of the moment. Some people self-harm only once or twice, but others do it regularly - it can be hard to stop.

Self-harm is not attention Seeking

For many children and young people self-harm is a way to communicate emotional distress. Self-harm is a behaviour, and behaviours are a way of communicating feelings. Therefore self-harm is one way of communicating high levels of distress and is often an expression of need for hard-to manage feelings to be validated and understood. However, like any behaviour, self-harm may be used to seek help for unmet needs. It is important to understand what these needs are and how they might be met. It is important to remember that the needs are legitimate; the young person may need to find more functional ways to get them met. It could be that there is a problem at home, an issue of bullying, and they feel no one is listening to them or hearing them.

Cultural norms

There is not one ‘type’ of person who self-harms. Some groups are more vulnerable than others but each case is individual. Whilst self-harm may be used to attract attention to unmet needs, self-harm is not about seeking attention per se. It is not a way of fitting in. These sort of prejudices and misconceptions about self-harming behaviour may lead people to believe they ‘know’ who self-harms and why. However, each person is unique and will have found the practice of self-harm by their own route, and rely on it at times of stress due to the release and relief it offers them.

The reality is that:
• Boys are affected by self-harm as well as girls but are less likely to tell anyone about it
• Self-harm is not attention-seeking behaviour or a ‘fashion fad’
• It is not easy for a young person to stop self-harming behaviour
• Young people from all walks of life can be affected by self-harm, regardless of their social or ethnic background.

Is there a link between suicide and self-harm?

If a person is self-harming it can be very upsetting. People often think that self-harm is closely linked to suicide; however the vast majority of people who self-harm are not trying to kill themselves. It’s their way of coping with difficult feelings and circumstances, and people who self-harm say their behaviour is about trying to stay alive and coping, rather than killing themselves.

It is not always clear from the apparent severity of the self-harm what the intention of the young person is. If you find that someone you know is self-harming, it gives you a real opportunity to help them deal with the underlying problems they are wrestling with. Therefore, it is important that each individual’s intent when hurting themselves is explored.
C. Immediate Intervention Flowchart

Immediate Intervention Flow Chart

1. Discover or informed of a self-harm incident

2. Assess the need for urgent action

   Does the pupil require immediate medical care?

   - **NO**
   - **YES**

   - **YES**
     - Heavy bleeding, overdose OR unconscious - call 999 for an ambulance

   - **NO**

3. Are YOU the right person to deal with this incident? Are you the Child Protection (CP) Lead or self-harm designated member of staff?

   - **YES**
     - Contact your CP Lead
   - **NO**
     - Reassure the pupil and decide on best course of action
     - Discuss with CP Lead to determine best course of action

4. Decide on what is the best course of action based on the young person’s injuries and emotional state? Is the young person at imminent danger?

   - **YES**
     - Take the Young person to A&E
   - **NO**
     - Administer First Aid (Nurse/First Aider)

5. Once the young person is stabilized, both physically and emotionally, you need to gather more information and plan ongoing support

   Refer to Self-Harm policy
D. Risk Factors

Self-harm may be an indicator of a range of serious problems that includes mental illness, dysfunctional family relationships, substance misuse, bullying and physical and sexual abuse.

Research (Hawton et al, 2012a) indicates that the following factors are most likely to be associated with a higher risk of completed suicide by adolescents who self-harm:

Presence of mental disorder such as depression or attention-deficit hyper-activity disorder (ADHD)

Individual Factors:
- Alcohol and substance misuse
- Previous attempt and previous self-harm
- Psychiatric history (especially in-patient treatment)
- High ongoing suicidal intent

Family/social factors:
- Parental separation/divorce or death
- Family history of suicidal behavior
- Parental mental disorder
- Interpersonal difficulties
- Restricted educational achievement
- Low socioeconomic status
- Adverse childhood experiences
- Social contagion.

For the whole-age population, physical ill health, unemployment and living alone are risk factors. These are less relevant to the adolescent population, but poor support or indeed care breakdown, such as being a looked after child, is highly pertinent.

About 25% of young people self-harm on one occasion, most commonly by self-cutting (Wright et al, 2013). Recurring self-harming is less common, with 9.5% of young people self-harming on more than four occasions (Plener et al, 2009). Some commentators have coined the term non-suicidal self-injury, but this is thought to be potentially unhelpful as it might encourage professionals to view people who cut as at low risk of suicide. In fact, the risk of completed suicide among young people who cut themselves is ultimately higher than among those who have taken an overdose (Hawton et al, 2012b).

People who frequently self-harm comprise a small but important group of patients. Their patterns of repetition and other characteristics may differ and this needs to be considered in planning care.

The risk factors for self-harm are similar to those for completed suicide, although with some exceptions:
- Suicide is more common among males, whereas self-harm is more common among females
- Suicide is more likely to be associated with major depressive disorder, whereas self-harm is more likely to be associated with anxiety disorders
- Family dysfunction is more likely to be associated with suicide.
E. The role of all Teaching Staff to front-line professionals

It is crucial that front-line professionals involved with a young person who self-harms are open-minded and compassionate (Cole-King et al, 2013). Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services. That person might be anyone who comes into contact with the young person in any setting – perhaps a parent, friend, teaching staff, counsellor, GP, nurse or CAMHS professional.

Basic understanding of self-harm should extend to all tiers of service. Compassion and promotion of positive communication, as well as simple advice about maintaining safety, should be available at all tiers. Self-help resources, such as those listed in the Appendix, may help support this.

Recommendation

Asking about self-harm does not increase the behaviour. It is important that all front-line professionals become familiar with asking about self-harm when talking with young people who are struggling with changes in their lives.

It is important that the young person is clear about confidentiality, with limits outlined right at the outset of a conversation. This does not discourage young people from disclosing their difficulties.

When a young person presents with an episode of self-harm it is important to establish whether there is a risk of self-poisoning or other physical health risks because of suicidal ideation. Asking the questions does not increase the likelihood of harm coming to the young person. Every encounter with a suicidal person is an opportunity to intervene to reduce their distress and, potentially, to save a life.

These points can be summarised as follows. Try to avoid:

Reacting with strong or negative emotions:
- Alarm or discomfort
- Asking abrupt or rapid questions
- Threatening or getting angry
- Making accusations, e.g. that the young person is attention-seeking
- Frustration if the support offered does not seem to be making a difference
- Too much focus on the self-harm itself:
- Engaging in power struggles or demanding that self-harm should stop
- Ignoring other warning signs

When talking to the young person to:
- Take all self-harm seriously
- Listen carefully, in a calm and compassionate way
- Take a non-judgemental approach and try to reassure them that you understand that

When talking to others to:
- Control contagion – look out for impact on the young person’s peer group
- Offer support to peers as needed.

If a young person has self-harmed through self-poisoning, attendance at an emergency department is necessary. This is because it is often hard to quantify the risk involved following ingestion of a substance, so a cautious approach needs to be exercised. Emergency department attendance will help with evaluating both physical health and mental health risks.
It is crucial that Teaching Staff and front-line professionals involved with a young person who self-harms are open minded and compassionate (Cole-King et al, 2013). Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services. That person might be anyone who comes into contact with the young person in any setting – perhaps a parent, friend, teaching staff, counsellor, GP, nurse or CAMHS professional.

Basic understanding of self-harm should extend to all tiers of service. Compassion and promotion of positive communication, as well as simple advice about maintaining safety, should be available at all tiers. Self-help resources, such as those listed in the Appendix, may help support this.

**Recommendation**

Asking about self-harm does not increase the behaviour. It is important that all front-line professionals become familiar with asking about self-harm when talking with young people who are struggling with changes in their lives.

**Disclosures and Confidentiality**

Students must also be aware of the policy and know what to expect if they disclose their self-harm to a tutor or member of staff. Confidentiality will, no doubt, be a key concern for students, and they need to know that it will not be possible for their support member of staff to offer complete confidentiality.

It can be very challenging to decide whether to break a young person’s confidentiality and disclose self-harm to their parents, or to other important adults in a young person’s network. However, a young person who is hurting him or herself is often struggling to manage intense distress without enough support and/or is struggling to communicate this. Very often a reluctant young person can be persuaded to tell (or let you tell) their parents what has been happening. Where this is not the case, there are no hard and fast rules, but ask yourself the following questions:

**Who else can you discuss this incident with?**
- Discuss this incident with your CP Lead. However, if you are the CP Lead, make sure that you have access to trusted colleagues who can help you think difficult decisions through.

**Will you put the young person at greater risk by telling their parents/carers?**
- If you are concerned about the safety of the young person at any point you must strongly consider discussing with their parents/carers.

**What is the young person’s family situation?**
- It is important to remember that if you do disclose, give a young person as much control as possible over the process; for example do they want to tell their parents themselves, do they want to be present when you talk to them? Ensure that you follow up with the student after this conversation to check the impact of this conversation on the young person.

**General advice for staff dealing with disclosures**
• Listen actively to the student and try not to show them if you are angry, frustrated or upset. Focus on responding in a non-judgemental way, try to validate their feelings and understand their experience
• Learn about the difference between suicide and self-harm – come to a training session specifically for college staff
• If someone tells you they self-harm it could be a sign that they trust you and are willing to share this very personal problem
• An important part of beginning to manage self-harm effectively is feeling heard. Some people just want to be heard and empathised with. You may need to balance this with gently asking some important questions
• Self-harm is not the only way for people to deal with emotional distress. Try to encourage the student to seek alternative coping mechanisms. However, do not expect them to be able to stop self-harming
• Consider, with student, making a referral to the college counselling service. The college nurses may be another professional who can be a first port of call
• It is never a good idea to send the student home as they will be in distress and the issue needs to be dealt with sensitively, allowing the student time and space to talk and be listened to
• Be aware that social media is sometimes used by young people to enquire about ways to self-harm or to share details or images of their self-harming.

Supporting staff that have to deal with self-harm

• Ensure staff, parents and students are aware of their roles and responsibilities when implementing the policy across the college
• Appoint one or more designated key staff to be responsible for all incidents relating to self-harm.
• Ensure that all designated staff receive full and appropriate training regarding self-harm and are fully confident with the procedures to follow
• Provide practical and emotional support for key staff dealing with self-harm
• Ensure that all staff are made aware of, and understand, the self-harm policy.
• Provide students with open access to information about self-harm and details of who to go to for help and support
• Consider parental consent and whether parents / guardians should be invited to learn more about self-harm for themselves
• Review special permissions for students who self-harm, for example time out of the classroom during emotional distress and permission to wear long sleeves for sports
• Be clear about what behavior will not be tolerated and ensure all students are aware and understand your rules (for example, self-harming in front of other student).
APPENDIX 3

STUDENT SUICIDE PREVENTION PROTOCOL FOR BROCKENHURST COLLEGE

PURPOSE

The purpose of this protocol is to provide education and guidance to staff, students, and other members of the college community to help prevent student suicide at Brockenhurst College. College staff members should be able to effectively assist students who have:
   a) Engaged in suicidal behaviour and may be in need of emergency medical attention,
   b) Communicated a suicide threat and may be at imminent risk for suicidal behaviour.
   c) Exhibited warning signs for suicide and may be at some risk for suicidal behaviour.

DEFINITIONS

Suicide: Death from an injury which is self-inflicted and by which the student intended to kill himself or herself.
Suicidal Behaviour: Any potentially harmful behaviour which is self-inflicted and by which a student intends, or gives the appearance of intending, to kill himself or herself.
Suicide Threat: Any interpersonal action, verbal or non-verbal, that a reasonable person would interpret as communicating or suggesting that suicidal behaviour may occur in the near future.
Suicidal Ideation: Any self-reported thoughts or feelings about engaging in suicidal behaviour.
Suicide Plan: A proposed method of self-inflicted injury through which the potential and intentional outcome is death.

PROTOCOL

In the event a member of the college staff learns, either directly or indirectly, that a student has a) engaged in suicidal behaviour, b) communicated a suicide threat, or c) exhibited warning signs for suicide, that student should be referred for assistance according to the procedures outlined below.

PROCEDURES

Suicidal Behaviour:

- Any member of the college community who learns that a student has just engaged in, is in the processing of engaging in, or is about to engage in suicidal behaviour, should immediately report this behaviour to emergency personnel by calling 200 and/or 999 (for nurse and/or emergency first aider)
- If possible, provide responding emergency personnel with any pertinent information that is known about the student.
- Contact the Director of Learners, Dominic Chapman as soon as possible on ext. 577 who may then consult, activate and/or convene other SMT members to help coordinate information, identify support strategies, and develop/implement a follow-up action plan.
- If the Director of Learners is not available, please contact the Vice Principal, Alex Scott, on Ext. 502.
Suicide Threat:

- Any member of the college community who learns that a student has *communicated a suicide threat* should contact a CPO as soon as possible. The CPO will then be expected to contact the students’ parents/carers and, if needed, make a referral to the appropriate mental health service. An internal risk assessment will need to be undertaken to identify support strategies, and develop/implement an action plan. This will be co-ordinated by the colleges Health and Safety partner, Andrea Kennedy - ext. 456. Please see GUIDE TO CONSENT – Below
- If a CPO is not available, please contact Alex Scott (Vice Principal) on ext. 502.
- A student who has communicated a suicide threat may be required to be assessed by a mental health professional to determine the level of suicide risk.
- All suicide threats should be taken seriously. No attempt to independently evaluate the validity or imminence of the suicide threat should be made by a non-professional.
- If at any point it seems reasonable to assume that *suicidal behaviour is imminent* contact the Colleges’ emergency number ext. 200 and ask for the Student Liaison Officer. If the student is unco-operative with attempts to help, call 999. Share the student’s name, description, details of the suicide threat, and location/destination (if known).
- If a student had attempted to commit suicide a CPO will review and assess the students’ needs to evaluate their ability to study. A meeting with the student, their family/carers and if relevant any external agency will be will called as part of the assessment process.
- If the risk of a suicide attempt is deemed significant the lead CPO will review and assess the students’ needs to evaluate their ability to study. A meeting with the student, their family/carers and if relevant any external agency will be will called as part of the assessment process.

Warning Signs of Suicide:

- Any member of the college community who learns that a student is *exhibiting warning signs of suicide*, but has not engaged in suicidal behaviour or communicated a suicide threat, should contact one of the colleges’ CPO’s. If a CPO is not available, please contact Alex Scott (Vice Principal) on ext. 502
- For immediate out of hour’s assistance with a student call the NSH 111 service or 999 if you feel there is a risk to life.

The most common Warning Signs of Suicide are described below:

- **Ideation:** talk of suicide, researching suicide means, preoccupation with death
- **Substance abuse:** increasing abuse of drugs or alcohol
- **Purposelessness:** lacking meaning or purpose, having no reason to live, a sudden loss
- **Anxiety:** restlessness, inability to sleep, panic and anxiety
- **Trapped:** feeling there is no way out, stuck in unbearable pain
- **Hopelessness:** depression, despair, feeling like a burden to others
- **Withdrawal:** isolating oneself from friends, family or others, feeling alienated
- **Anger:** exhibiting uncontrolled rage or wanting to seek revenge
- **Recklessness:** thoughtless or impulsive engagement in risky activities
- **Mood changes:** displaying extreme or dramatic changes of mood or behaviour
- **Other:** getting affairs in order, having a suicide plan, past suicide attempts
Suicidal Emergency Protocol

Below are basic procedures to follow when students, parents, faculty or staff are seriously concerned about a student’s health or safety e.g., threat to self or others, unable to care for oneself, noticeable change in one’s appearance or behaviour, verbal statements.) The purpose of these procedures is to provide assistance to concerned “individuals” in their efforts to support a student’s health, safety and academic success, and to promote the safety and the well-being of others.

In general, follow these steps when an immediate threat does not exist and you are concerned about a student’s health, safety or behaviour:

a) Talk directly with the student.
b) Share your concern with the student.
c) Offer your support and assistance.
d) Inform the student of available resources.
e) Follow up with the student to see how the student is doing.
f) Ask for documentation that the student is receiving assistance as appropriate.
g) Inform a CPO of the situation.
h) The students’ parents/carers may need to be informed. Confidentiality can be broken if you feel there is a risk to the student’s health/life.

Guide to Consent

This is concise guidance for sharing recorded information about children or young people who harm themselves or are perceived to be at risk of self-harm including suicide.

1. **Purpose of Sharing Information** The purpose of sharing information is to ensure young people in need and in particular young people who harm themselves or are perceived to be at risk of self-harm including suicide are given the help and support they are entitled to.

2. **What will be shared?** Information shared will be no more than is necessary. All information will be handled with respect and care. Unrecorded observations, which may not at first seem significant, will be freely shared on a need to know basis within statutory agencies and between partners in the interests of meeting the statutory functions of the partners. **Information should be recorded if it is significant.**

3. **Consent** Partners will record the competent child’s consent to share recorded information. Fresh consent should be sought if the existing consent does not cover the proposed sharing or there has been a break in involvement. The child should be told what information may be shared and why it would be shared and the consequences of sharing.

4. **Sharing without Consent** Informed consent should be sought from the competent child to share recorded information unless;
   a. The situation is urgent and there is not time to seek consent, or
   b. Seeking consent is likely to cause serious harm to someone or prejudice the prevention, detection of serious crime.

If consent to sharing recorded information is refused by the competent child, or can/should not be sought from the child, information should still be shared in the following circumstances:

- There is reason to believe that not sharing is likely to result in serious harm to the child or someone else or is likely to prejudice the prevention or detection of serious crime, and
5. The risk is sufficiently great to outweigh the harm or prejudice to anyone that may be caused by the sharing, and there is a pressing need to share the information. **When is a child “competent” to give consent?** Anyone under the age of 18 is a child. A judgement must be made as to whether a particular child in a particular situation is competent to consent or refuse consent to sharing information. Consideration should include the child’s chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension (Fraser guidelines should be used).

**Sharing Information** Partners who request or refer information should state;
- What the information is and why it should be shared
- Whether there is informed consent and any limits to it
- If there is no consent, why they believe the information should be shared without consent
- The proposed method of sharing and storage of the information,
- The period of time for responding to the request or referral.

Partners who refuse or cannot comply with a request or referral should say why and what could be done to secure their agreement to share information. Local authorities, education authorities and health authorities/trusts must comply with requests for information from Social workers carrying out an s47 inquiry unless it would be unreasonable to do so.

7. **Families** Partners should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to his parents or does not want them to know it at all; the child’s wishes should be respected, unless the conditions for sharing without consent apply. Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.