

William Morris College

Safeguarding Policy and Procedure

Reviewed	Date of next Review	Review Responsibility
Nov 2018	Nov 2019	<ul style="list-style-type: none">• Designated Safeguard Manager• Safeguarding Trustee

This policy follows the guidance for safeguarding provided by Ofsted Safeguarding Policy & Procedures. It relates to the responses to, and prevention of, abuse. It needs to be read in conjunction with the following documents and college policies.

- William Morris College Flowchart – Procedure for reporting and recording safeguarding concerns/issues (Appendix 1)
- William Morris College Safeguarding Protocol & Procedure (Appendix 2)
- Disciplinary Policy
- Recruitment and Selection Policy & Procedure
- Anti-bullying Policy
- Dignity at Work Policy
- Wrong doing (Whistleblowing) Policy
- E-Safety Policy
- Prevent Policy
- Department for Children, Schools & Families 'Guidance for Safer Working Practice for Adults who work with Children and Young People'
- DfES Safeguarding Children in Education

Any member of staff at William Morris College who has any concern regarding the issues identified within this guidance policy should report those concerns **immediately but certainly no later than the end of the working day** to the Designated Safeguarding Manager in accordance with the college Safeguarding Flowchart (Appendix 1).

Designated Safeguarding Manager:

- Kelly Lawson (Leadership & Management Support and Designated Safeguarding Manager)

STATEMENT

William Morris College operates a zero tolerance policy towards any type or form of abuse directed at students.

We will:-

- Respond swiftly and appropriately to all suspicions or allegations of abuse, and provide parents and children with the opportunity to voice their concerns
- Have a robust system for dealing with concerns
- Maintain good links with statutory child care authorities.

1. Introduction:

This policy follows the guidance for safeguarding provided by Ofsted Safeguarding Policy & Procedures and the Department for Education document 'Keeping Children Safe in Education 2018'.

William Morris College works within the framework of the Gloucestershire Children's Safeguarding Board (GCSB) and Gloucestershire Adults Safeguarding Board (GASB) Policies and procedures.

William Morris College recognises the rights of all people to live and work in a safe environment and in an environment where they feel safe. We are committed to safeguarding and promoting the welfare of children, young people and adults with care and support needs. William Morris College recognise that learners with disabilities are particularly vulnerable and at greater risk of all forms of abuse. This increased vulnerability arises from the following reasons:

- They may need to receive intimate care from a number of carers
- They may not understand that they are being abused
- They may have an impaired capacity to resist or avoid abuse
- They may have communication difficulties that make it difficult for them to tell people what is happening
- They may be fearful of complaining through fear of repercussions and loss of services

Abuse of vulnerable people does not have to be deliberate, malicious or planned. It sometimes happens when people are trying to do their best but do not know the right thing to do. It is the **responsibility of everyone** at William Morris College to recognise suspected or actual abuse and to take appropriate in line with the college procedures.

The residential environment is also registered with, and subject to, inspection by the Care Quality Commission (CQC).

2. Scope of Policy:

- The policy applies to all staff (including agency staff), employed by the college, temporary staff, trustees, volunteers, contractors, parents and students.
- The policy and procedure is written to enable staff at William Morris College to act appropriately if actual abuse comes to their attention.
- All staff who act in accordance with this policy and procedure will be supported by William Morris College. Those who fail to do so may be subject to William Morris College disciplinary procedures.

- William Morris College recognises that, as a provider of care to vulnerable learners, the staff are key in the identification, recognition, investigation and therapeutic response to abuse.
- William Morris College recognises that it has a responsibility, in partnership with the statutory agencies, to ensure that its staff and volunteers are appropriately trained and supported.
- William Morris College recognises the local authority is under a duty to investigate when they are informed, or has cause to suspect, that a learner or resident living in their area has suffered significant harm or is likely to suffer such harm.
- William Morris College recognise that the purpose of investigations will be to enable the local authority to determine what action, if any, to take in respect of the learner or resident.

Performance Measures:

- Annual Review of policy
- Annual statement of training received
- Annual analysis of accident, incident and near miss reports
- Quarterly reports on safeguarding matters submitted to the Board of Trustees

3. Responsibility for Safeguarding:

The Board of Trustees are committed to ensuring that the College:

- Provides a safe environment for all learners and residents
- Identifies learners or residents who are suffering, or likely to suffer, significant harm
- Takes appropriate action to try to ensure that such learners or residents are kept safe

Designated Trustee:

The Board of Trustees will designate a member of the Board to liaise with the Designated Safeguarding Manager to ensure the effective implementation of this policy. They will:

- Ensure the Board of Trustees reviews and considers the College policy on safeguarding on an annual basis
- Ensure that twice a year (as a minimum) the Board of Trustees is informed of how the College and its staff have complied with the policy, including but not limited to a report on training that staff have undertaken.

Designated Safeguarding Manager:

The Designated Safeguard Manager (DSL) with lead responsibilities for safeguarding issues will be a member of the College management team. A key duty will be to take the lead responsibility for raising awareness within the staff of issues relating to

the welfare of learners and the promotion of a safe environment for learners and residents.

They will receive training in Safeguarding issues and inter-agency working and will receive refresher training at least every two years. They will be responsible for keeping up to date with developments in safeguarding issues. They will have responsibility for:

- Overseeing the referral of cases of suspected abuse or allegations to the relevant investigating agencies
- Providing advice and support to other staff on issues relating to safeguarding
- Maintaining a proper record of any safeguarding referral, complaint or concern (even when the concern does not lead to a referral)
- Keeping a record of all allegations, concerns and disclosures and any action taken
- Ensuring that parents of learners or residents within the College are aware of the College's safeguarding policy
- Ensuring that staff receive appropriate levels of training in safeguarding issues and are aware of the College Safeguarding procedures.

Staff Members:

All members of staff are responsible for safeguarding. Staff members:

- will report to the Designated Safeguarding Manager (DSL) or in their absence a member of the Management Team
- will treat students and residents with dignity and respect at all times
- ensure students and residents welfare is the paramount consideration in all they do
- will know how to make appropriate referrals and deal with disclosures
- take action against abuse wherever it is suspected with reference to College policy and procedures
- will ensure their safeguarding training is updated regularly
- be aware of the signs of abuse.

Staff training:

Appropriate training regarding Safeguarding awareness and procedures will be provided for all staff during induction and updated bi-annually.

Staff and volunteers are not to physically intervene or use physical restraint techniques in conflict situations unless there is a risk of serious injury to the student, themselves or others.

4. Definitions:

The concept of 'Significant Harm' was introduced in The Children Act 1989 with harm defined as meaning ill-treatment or the impairment of Health or development.

The definitions below should not be considered as an exhaustive list.

PHYSICAL ABUSE: This can take many forms and may involve hitting, shaking, scolding, inappropriate sanctions, forced feeding or medical intervention, chemical restraint.

EMOTIONAL ABUSE: This includes threats of harm, intimidation, coercion, bullying, isolation or the withdrawal of supportive services.

SEXUAL ABUSE: It is recognised that young people with disabilities are more vulnerable and at greater risk of abuse. Sexual abuse often presents itself in a veiled way and abusers may be either male or female. Recognition of sexual abuse generally follows a direct statement from the learner or resident but can be as a result of suspicion based on circumstances, behaviour or physical symptoms or signs.

NEGLECT: This would include poor physical care and inattention to a person's basic needs, and failure to provide the necessary stimulation to sustain behavioural and emotional development. This may include ignoring care, medical needs and not providing access to appropriate services.

FINANCIAL ABUSE: This includes theft, fraud, exploitation or misuse of property, possessions or benefits

INSTITUTIONAL ABUSE: Repeated incidents of poor care through neglect, poor practice as a result of policies / procedures.

(For more detail on these types of abuse please see Appendix 2 at the end of this document).

How to recognise abuse:

It is important that staff recognise indicators of possible abuse. These can include:

- i. Physical harm and neglect
 - a. unexplained injuries/bruises/burns, poor hygiene
 - b. malnutrition, ulcers, pressure sores,
- ii. Sexual abuse
 - a. Full or partial disclosures
 - b. Signs of depression/stress
- iii. Emotional abuse
 - a. Low self-esteem, withdrawal
 - b. Excessive fears, change in behaviour
- iv. Financial Abuse:
 - a. Lack of belongings that are affordable
 - b. Frequent shortage of money.

This is not an exhaustive list and staff should be alert to other, more general indicators that may include significant changes in behaviour patterns such as an increase in attention seeking behaviour, anger, withdrawal and confusion.

5. Procedures for dealing with allegations or suspected abuse:

Dealing with Disclosures

Staff who see something that concerns them, or are given information that causes concern, should follow the reporting procedure set out on the Reporting & Recording Safeguarding Concerns/Issues Flowchart (Appendix 1). They should:

- Keep calm and reassure the student or resident
- Make sure the student or resident is safe
- Listen carefully to what is said
- Record everything they saw, heard or did on a factual basis
- Not promise confidentiality
- Not question the student or resident except to clarify understanding

Reporting allegations:

Any disclosures should be treated in the strictest of confidence; staff should not investigate concerns or allegations themselves but report them **immediately** to the Designated Safeguarding Manager (DSL) or one of the Management Team. If a disclosure occurs outside of working hours then the on-call manager should be notified immediately. The on-call manager will advise of any immediate action to be taken and inform the Designated Safeguard Manager (DSL) of any actions taken.

Investigation of internal disclosure/allegation (applying to William Morris College):

The Designated Safeguard Manager (DSL) will make an initial assessment of the allegation and inform the Designated Safeguarding Trustee. Where the allegation indicates that the student/resident has suffered or is suffering, or is likely to suffer significant harm the Gloucestershire Safeguarding Team (Adult or Child depending on the age of the learner/resident) will be contacted immediately in accordance with Gloucestershire Safeguarding protection procedures. Where a criminal offence appears to have been committed or alleged the police will also be informed. The student funding authority will also be informed. They will follow the

instructions given to them by Gloucestershire Safeguarding services and will notify the police if applicable.

CQC (Care Quality Commission) will be notified of all referrals to Gloucestershire Safeguarding Services relating to safeguarding matters in the areas that they have responsibility.

If the harm relates to students home or home area, the home local authority will be notified and any investigation will be their responsibility. If there is doubt, for example it is not clear where an injury/alleged abuse occurred, Gloucestershire Safeguarding Services must always be notified.

Allegations without Foundation:

False allegations may be indicative of problems of abuse elsewhere. A record should be kept and consideration given to a referral to the Gloucestershire Safeguarding Services in order that other agencies may act upon the information.

If the allegation has been made against a member of staff and it is without foundation the Designated Safeguard Manager (DSL) and in consultation with the Safeguard Trustee shall:

- Inform the member of staff against who the allegations were made both orally and in writing that not further disciplinary or safeguarding protection action will be taken. Consideration should be given to offering counselling/support.
- Inform the Parent/Guardian/Carer/Advocate of the alleged victim that the allegation has been made and the outcome.
- Prepare a report outlining the allegation and giving reasons for the conclusion that it had not foundation and confirming that the above actions have been taken.

Suspension of staff:

Suspension of staff should be carried out in line with the College Disciplinary Policy. In respect of a member of the Management Team, suspension can only be carried out by the Chair of Trustees (or in his/her absence the Vice Chair).

Suspension may be considered at any stage of the investigation. It is a neutral, not a disciplinary act and shall be on full pay. Suspension should only occur for a good reason, which may include:

- Where a learner or resident is at risk

- Where a potentially serious allegation has been made that may justify dismissal on the grounds of misconduct
- Where necessary for the good and efficient conduct of the investigation

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

Where a member of staff is suspended, the Designated Safeguard Manager (DSL) should address the following:

- The Chair of Trustees should be informed of the suspension
- The Board of Trustees should receive a report that a member of staff has been suspended pending an investigation, the detail given should be minimal (so as not to jeopardise any investigation).
- The parents/guardians/advocate of the learner making the allegation should be informed of the suspension. They should be asked to treat the information as confidential.

The suspended member of staff should be given appropriate support during the period of suspension. He/she should be provided with information on progress and developments in the investigation at regular intervals. They should be given a link person to liaise with that is mutually agreed.

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

Disciplinary Action:

Any investigation which results in disciplinary action being taken will follow William Morris College disciplinary procedures.

The College has a duty to refer significant concerns about staff to the Disclosure and Barring Service (DBS) and police if appropriate.

Records:

It is important that documents relating to any concern, investigation or referral are retained in a secure place, together with a written record of the outcome and, if disciplinary action is taken against any member of staff, details will be retained on the member of staff's personal and confidential file.

The Designated Safeguard Manager (DSL) will also keep a record of all disclosures, allegations and concerns with details of action taken by the College and external agencies.

Recruitment of Staff:

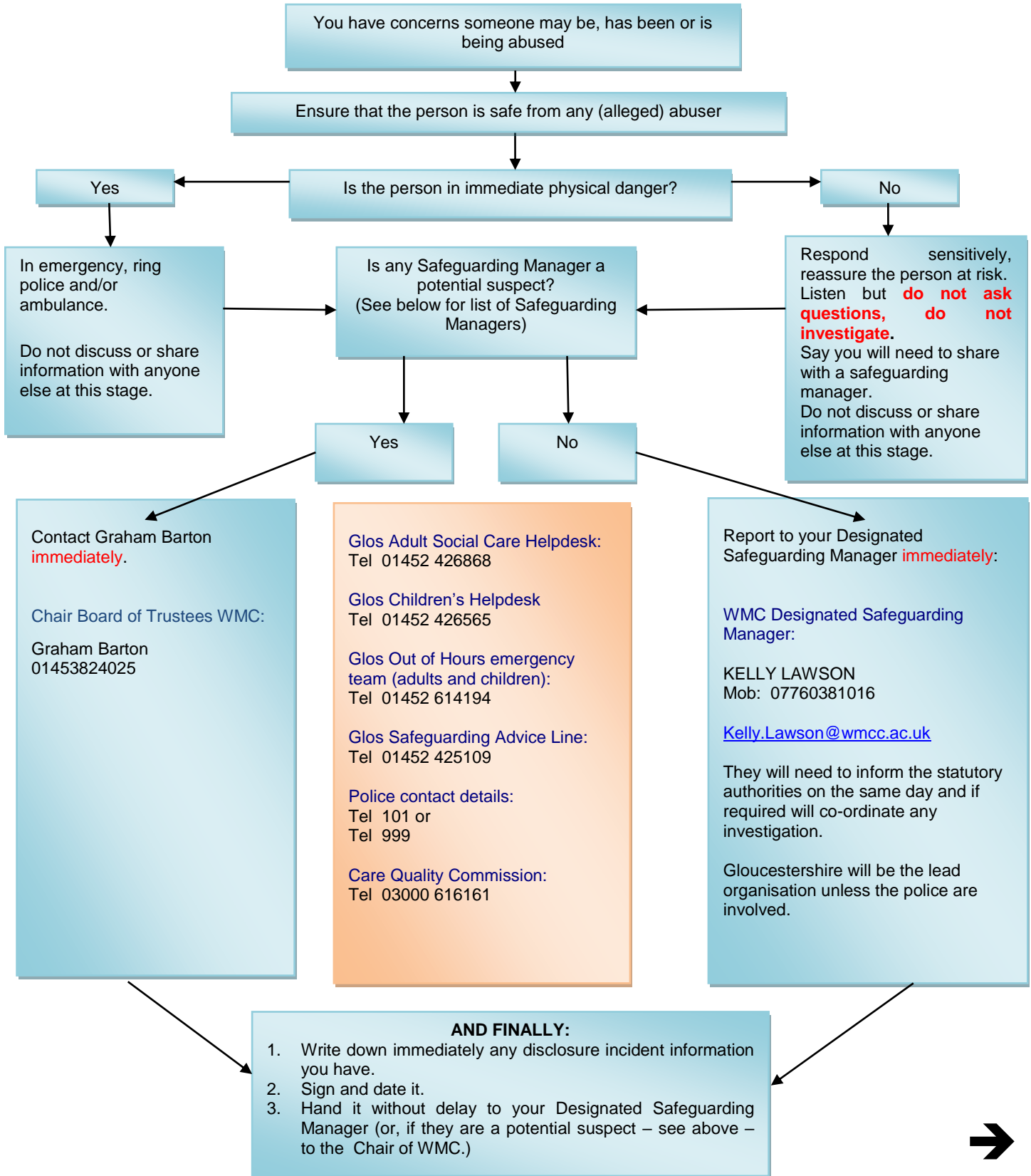
Safe recruitment of staff is recognised as being an important part of ensuring the safety of students and residents at William Morris College. The College has a separate Recruitment and Selection Policy which should be read in conjunction with this policy.

Ratified by:

Signed:

Policy Revised Nov 2018
Next Review Date Nov 2019

William Morris College **Appendix 1**
PROCEDURE FOR REPORTING and RECORDING
SAFEGUARDING CONCERNS/ISSUES
NOVEMBER 2018



William Morris College**ALERter PROTOCOLS - NOVEMBER 2018****What to do if you have a safeguarding concern**

- Go and speak to the Designated Safeguarding Manager immediately.
- **Do not** speak to or ask questions of the student.

What to do if you receive a disclosure of abuse:

If a student or resident tells you that they have been abused or neglected, or if they are frightened they might be, or if they know someone else in that position, follow the 4 R's.

1. Recognise:

- TAKE IT SERIOUSLY
- Stay calm,
- Listen to what is being said without displaying shock or disbelief
- Accept what is being said without judgement

2. Reassure:

- Reassure the person that they have done the right thing by telling you
- Reassure the person, but only so far as is honest and reliable
- Never agree to keep secrets – be honest
- Don't promise confidentiality – you have a duty to report your concerns
- Tell the person that you will need to tell some people but only those whose job it is to protect people
- Acknowledge how difficult it must have been to talk

3. Respond

- Ensure the person is safe from their alleged abuser
 - *In case of sexual or serious physical abuse or in the event medical assistance is required call the emergency services on 999*
 - *Preserve any forensic evidence (eg soiled clothing, bed sheets). Ask them not to shower or bathe*
- Listen quietly, carefully and patiently
- Do not investigate, interrogate or decide if the person is telling the truth
- Don't ask leading questions eg 'What did he/she do next?' as this assumes he did something next and you don't know that
- Do not criticise the alleged abuser; the person may love him/her and a reconciliation may be possible
- Do not ask the person to repeat what they have told you to another member of staff. Explain what you have to do next and who you need to talk to.
- Do not contact or speak to the alleged abuser about the allegation. The fact that an allegation has been made against someone does not mean that the accused is guilty.

4. Record

- Contact the Designated Safeguarding Manager **immediately** and inform them of the disclosure.
- Do not pass on the information to anyone other than a Designated Safeguarding Manager.
- Write up notes of your conversation as soon as possible
- Record the date, time, place, words used by the alleged victim and how they appeared to you – be specific. Record the actual words used; including any swear words or slang.
- If there is evidence of bruises or any other injury record these on a body map.
- Distinguish between fact and opinion. Opinions based on your experience and knowledge are important but you must give evidence about why you hold that opinion.
- Do not assume anything – don't speculate or jump to conclusions
- Ensure the Designated Safeguard Manager (DSL) gets the written account without delay.

If you witness an incident of abuse

- Intervene to stop the abuse if it is safe; otherwise call for immediate help from an experienced co-worker or staff member, or call the police on 999.
- Separate the perpetrator/abuser and victim: ensure the safety of the victim first and foremost.

What to do if the Designated Safeguarding Manager is involved.

- Should a Designated Safeguarding Manager be involved in the abuse, then inform the Chair of Trustees (see flowchart on page 11) or Safeguarding Trustee immediately.

Main Categories and Types of Abuse

Physical Abuse:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or any other activity that causes physical harm to a child or adult with care and support needs.

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

Physical abuse can lead directly to neurological damage, physical injuries, disability or, at the extreme, death. Harm may be caused to children and adult with care and support needs both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexperienced use of physical restraint.

Physical abuse has been linked to aggressive, emotional and behavioural problems and educational difficulties. Violence is pervasive and physical abuse frequently coexist with domestic abuse.

People with disabilities, particularly if non-ambulant are also less likely to suffer typical bruising of those without disability, although they may suffer other accidental injuries. It is vitally important not to assume that a bruise is a consequence of the disability and remain open minded. If a bruise is on a part of the body that is not usual and there is no explanation a body map should be completed and the concern reported to the Registered Care Manager and/or Designated Safeguard Manager (DSL) as soon as possible.

Emotional and Psychological Abuse

Emotional abuse may involve making a child or adult with care and support needs feel that they are worthless, unloved or inadequate. It may include not giving the child or adult with care and support needs 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. These may include interactions that are beyond the child's or adult with care and support needs developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another (i.e. witnessing domestic abuse). It may involve serious bullying (including cyber bullying), causing children or adults with care and support needs to frequently feel frightened or in danger, or the exploitation or corruption. Some level of emotional abuse is involved in all types of maltreatment, though it may occur alone.

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying. Emotional abuse has an important impact on developing children or adult with care and support needs mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, as other more visible forms of abuse in terms of its impact.

Verbal Abuse

This includes shouting and swearing in ways that can intimidate and frighten children or adults with care and support needs.

Sexual Abuse

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

Disturbed behaviour, including self-harm, inappropriate sexualised behaviour, sexually abusive behaviour, depression and a loss of self-esteem has been linked to sexual abuse. Its adverse effects may be long lasting. The severity of impact is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child.

The ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer, who believes the child or adult with care and support needs and helps them understand the abuse and is able to offer help and protection. The reactions of practitioners can have an impact on the child or adult with care and support needs ability to cope with what has happened and on his or her feelings of self-worth.

A proportion of adults, children and young people who sexually abuse children have themselves been sexually abused. They may also have been exposed as a child to domestic abuse and discontinuity of care. **However, it would be wrong to suggest that most people who are sexually abused inevitably go on to become abusers themselves.**

Neglect (including poor professional practice that leads to harm)

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child or adult with care and support needs from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to a child or adult with care and support needs basic emotional needs.

Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development and long-term difficulties with social functioning, relationships and educational progress. Neglected children or adults with care and support needs may also experience low self-esteem and feelings of being unloved and isolated. The impact of neglect varies depending on how long a child or adult with care and support needs have been neglected.

Neglect can also result in extreme cases, in death.

Neglect includes harm that occurs because carers fail to take reasonable steps to ensure they know how to care safely eg by not reading care plans.

Financial or material abuse

This includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions. Financial abuse may involve the misuse or misappropriation of property, possessions or benefits and large scale fraud.

It also includes when a carer or member of staff uses the student or residents money for their own end, such as purchase of drinks when on an external activity.

Discriminatory abuse

Discriminatory abuse includes racist, sexist comments and those based on a person's disability. It can also involve forms of harassment, slurs or similar treatment.

Other types of harm and risk

Domestic Abuse:

This involves any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass all the types of abuse noted above.

Children missing from education

Children who do not attend school and are not educated otherwise will be disadvantaged. This is also an indicator that they may be being abused or neglected including sexual exploitation, travelling to conflict zones, FGM (Female Genital Mutilation) and forced marriage.

Modern Slavery & Trafficking

This encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Fabricated or induced illnesses (FII)

Fabricated or induced illness (FII) is a rare form of abuse. It occurs when a parent or carer, usually the biological mother, exaggerates or deliberately causes symptoms of illness in a child. FII is also known as Munchausen's syndrome by proxy. The parent may not be deliberately exaggerating and truly believes that their child is unwell, this can result in them going through lengthy invasive and potentially harmful medical examinations and unnecessary treatment.

The problem is not always caused by proxy. Adults and young people may cause harm or seek unnecessary intervention without the assistance of a third party.

Although primarily a form of abuse suffered by children, adults with care and support needs can also be at risk.

Organisational Abuse

This includes including neglect and poor care practice within an institution or specific care setting such as a hospital, care home, school or college. This may range from one off incidents to continuing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

E-Safety

Children are regularly taught about how to stay safe when using the internet and are encouraged to recognise that people are not always who they say they are online. They are taught to seek adult help if they are upset or concerned about anything they read or see on the internet. The E-Safety Policy describes this in more detail.

Self-Neglect & Self Harm

Self-neglect covers a wide range of behaviours including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Self-harm is when somebody intentionally damages or injures their body. It is a way of coping with or expressing overwhelming emotional distress. Sometimes when people self-harm they intend to die but often the intention is to punish themselves, express their distress or relieve unbearable tension. Self-harm can be a cry for help.

Sexual Exploitation

Sexual exploitation of children and young people under the age of 18 involves exploitative situations, contexts and relationships where young people (or a third person(s)) receive 'something' (eg food, money, accommodation, drugs, alcohol, cigarettes, affection, gifts) as a result of them performing and/or another or others performing on them, sexual activities or acts. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phone without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child/young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Multiple forms of abuse may occur in a continuing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, or through negligence or ignorance.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is any procedure designed to alter or injure a girl's or a woman's genital organs for non-medical reasons. It is sometimes known as 'female circumcision' or 'female genital cutting'. It is mostly carried out on young girls. FGM procedures can cause:

- Severe bleeding
- Infections
- Problems with giving birth later in life – including the death of the baby

From October 2015 we have a duty to report to the police when we discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. If any member of staff is concerned they must refer to the Designated Safeguard Manager who will immediately contact the police.

Forced marriage

People have the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when someone faces physical pressure to marry (eg threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if they're made to feel like they're bringing shame on their family).

Prevention of terrorism

Bring drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. Although serious incidents involving radicalisation are rare it is important that staff and students remain vigilant. Any concerns should be reported immediately to the Designated Safeguard Manager.

William Morris College has a duty of care to its students and staff. Please see the College PREVENT policy for more detailed information.

More detailed information relating to the above forms of abuse can be found under Safeguarding at:

www.gov.uk/publications