BRITISH COLLEGE OF BCOM OSTEOPATHIC MEDICINE

ESO European School of Osteopathy

Part of BCNO Group

Safeguarding Policy

2023

Contents

1.0 Introduction

Safeguarding is "*the act of protecting people's health, well-being and human rights.*" We practice safeguarding by supporting people to live free from harm, abuse, neglect, and radicalisation. We adopt the following definitions:

- **Adult at risk**: An adult (aged 18 or over) who is or may need additional support services as they are, or maybe, unable to take care of themselves or unable to protect themselves from significant harm, abuse, or exploitation, including being drawn into terrorism

- **Child**: A person under the age of 18

BCNO is committed to supporting and promoting the welfare and well-being of students (on all modes of study, including undergraduate, postgraduate, and others), staff, patients and visitors throughout our operations and environment, ensuring we can protect our learning community and encourage our people to flourish in their academic endeavours.

BCNO is committed to safe and best practice that safeguards children and adults. This includes, but is not limited to, the safe recruitment, selection and vetting of trustees, employees, and students. All employees and students who work with children and adults on the institution's behalf must hold a current DBS check.

It is the responsibility of the institution BCNO to promptly and diligently follow any complaints procedure for the protection and well-being of all involved, but not to investigate an accusation of abuse or decide on whether abuse has occurred. It is BCNOs responsibility to ensure that all students and staff are fully aware of these procedures and their responsibility in reporting and protecting children and adults.

This Policy has considered the steps to developing a safe environment recommended by the Royal College of GPs– A toolkit for General Practitioners[1][2].

[1] Adult safeguarding toolkit: Introduction (rcgp.org.uk)
[2] Child safeguarding toolkit: Introduction (rcgp.org.uk)

These include:

- be aware of, understand and recognise abuse
- develop and maintain a culture of openness and awareness
- identify and manage the risks and dangers to people in your activities
- develop an effective safeguarding protection policy
- create clear boundaries, for example, with limits to confidentiality
- follow safe recruitment practices, including obtaining references and DBS for all students and appropriate staff members
- support and supervise staff and volunteers
- ensure there is a clear procedure for addressing concerns
- know your legal responsibilities
- provide safeguarding education and training to all staff and students.

This Policy has also taken into account legislative and government guidance requirements:

- The Care Act 2014
- Safeguarding Vulnerable Groups Act 2006
- The Equality Act 2010
- The Counter-Terrorism and Security Bill 2015 and the Prevent Duty Guidance for England and Wales 2015
- Keeping Children Safe in Education 2021
- Working Together to Safeguard Children 2018
- The Health and Safety at Work Act 1974
- The Data Protection Act 2018 and UK General Data Protection Regulation
- The Mental Capacity Act 2005
- The Protection of Freedoms Act 2021

All concerns raised will be treated seriously and proportionately, including reporting promptly to the appropriate local authority or Prevent teams, where necessary (Appendix 1).

The Senior Management Team ("SMT") owns this Policy. Responsibility for monitoring resides with the Health, Safety Committee and Student Inclusion and Welfare Committee on behalf of the SMT. Implementation resides Designated Safeguarding Leads (DSL) and the Safeguarding Working Group.

This document covers the following:

- the role and the responsibilities of all employees and students who work with children and vulnerable adults – this work may include direct and indirect contact (access to patient's details, communication via email, text message and phone).
- how to respond to concerns or disclosures of abuse
- the need to promote a safe working environment where all the rights of individuals are respected
- what constitutes abuse
- details of the learning opportunities and training provided to employees and students who work with children
- how BCNO will protect the people that use its services.

2.0 Purpose of Safeguarding Policy

BCNO is committed to the safety and protection of all who access our services. We understand and take our duty of care seriously to protect anyone we work with. This Policy aims to ensure that throughout BCNO, everyone is treated with respect and protected from abuse and exploitation. Therefore, BCNO has clearly defined procedures, a code of conduct and an open culture of support.

In addition, BCNO recognises that there are a number of reasons why children or vulnerable adults may be present at BCNO. These include but are not limited to the following:

- Patients in the children's clinic
- Work experience placements
- Visitors
- Students enrolled on our educational programmes
- BCNO employees

3.0 Scope

This policy applies to everyone who works, studies, or volunteers at or on behalf of BCNO, including trustees, employees, volunteers, and students. BCNO will ensure these stakeholders are familiar with this Policy and understand how to use it. Training will be provided for employees and the Policy will form part of the curriculum for students as part of an introduction to safeguarding. The Policy will be available internally on the VLE and externally via the website.

Any concerns or allegations of abuse will be taken seriously and responded to promptly and appropriately, following the procedure detailed in this document while adhering to statutory and legal requirements. BCNO will fully support and protect anyone who, in good faith, reports a concern about abuse (please see the Whistleblowing Policy).

In addition, BCNO recognises there may be occasions when knowingly false allegations of abuse may be made against an individual, thus negatively affecting the reputation of individuals, the organisation, and other professionals. BCNO is committed to fully supporting individuals in these circumstances and follows robust and timely procedures to minimise any negative impact a false allegation may cause.

Anti-Discrimination Statement

BCNO is committed to treating everyone fairly. We do not discriminate on the grounds of age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation and we welcome students and employees from various backgrounds. BCNO believes that equality of opportunity is key to achieving its mission of providing high-quality undergraduate and postgraduate education, clinical care to the community and osteopathic research.

BCNO recognises its responsibility to provide guidance and training for students and staff.

BCNO will take steps to encourage staff, students, and visitors to:

- Treat others with respect at all times
- Actively discourage discriminatory behaviour or practice
- Participate in training and learning opportunities that would enable them to adopt good practice

4.0 Policy

The employees and students of BCNO work together to ensure that safeguarding is paramount to the educational and clinical environments to help promote the safety and welfare of the people who access its services.

Everyone is responsible for safeguarding at BCNO, and the Designated Safeguarding Lead (DSL) is a central point.

- Designated Safeguarding Lead(s) and Responsibilities (Appendix 2)
- Act as a focus for internal or external contacts on safeguarding matters.
- Take immediate action to ensure an individual's safety and protection and inform the Senior Management Team (SMT) of any complaint or incident and agree on the appropriate course of action.
- Appoint an investigating officer who must investigate and report to safeguarding authorities in the event of a safeguarding complaint. (It is important to note that regardless of any legal investigation and its outcome,

BCNO has a responsibility to ensure safety standards are maintained at all times and may still decide to follow disciplinary procedures).

- Be fully conversant with all aspects of the BCNO Safeguarding policy and procedures.
- Disseminate safeguarding information.
- Assist and support the person bringing the concern, to follow the agreed procedure.
- Ensure that the person bringing the concern receives any necessary follow-up support.
- Assist and support the SMT in communicating relevant safeguarding information, including a regular update of all safeguarding concerns raised.
- Report annually to the Board.
- For organising staff training and conducting an audit/review of safeguarding

Signs of harm and abuse

This section describes potential signs and indicators of harm, abuse, and radicalisation.

How might you become aware of harm or abuse taking place?

- Someone might describe abuse to you
- A friend, family member or someone else may raise a concern with you
- You might notice injuries or physical signs of concern
- You might notice a change in behaviour which concerns you that something might be wrong

The clearest sign of abuse is an actual report or direct statement. If someone confides in you, you have a responsibility to respond to the disclosure regardless of the nature of the relationship you have with the person in question.

Your role is never to decide whether there is enough evidence or if the allegation is supported by evidence. Your only responsibility is to raise the concern to allow that person to be protected.

Signs of abuse are not always obvious, and a person may not tell anybody what is happening to them, nor may they necessarily know that what is happening is abuse. If you are at all unsure, speak to the DSL.

For more information about spotting the signs, visit:

https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/

For information in regards NICE guidelines for Children (Appendix 3).

Do's and Don'ts

If someone discloses that they are experiencing harm, abuse or are feeling vulnerable to radicalisation, or if there are suspicions that someone is at risk of harm, abuse, or radicalisation, consider the following guidance:

Do	Don't
In the case of a direct disclosure, be supportive	Panic
Take what the child or adult says seriously	Delay
Remain calm	Promise to keep secrets
Reassure them that it was right to tell someone	Ask them to repeat the story unnecessarily
Explain what will happen next, i.e., that you may refer to a Designated Safeguard lead	Express any of your own opinions
Write down word-for-words straight afterwards what was said, including place and any other observations: sign and date this record	Discuss with anyone else what was to other than with the Designated Safe Lead and other relevant personnel
Pass the referral to the Designated Safeguarding Lead	Start to investigate
Seek support for yourself from the Designated Safeguarding Lead	Contacted the alleged abuser or other people mentioned/involved
Ask the individual to clarify anything you might have misunderstood	Ask closed questions or repeatedly question the individual

What happens if I make a referral?

If someone discloses to you, remember you are not investigating. Remember the "Do's and Don'ts." Remember, if the concern relates to Prevent, do not discuss it with the person you're concerned about; instead, contact the Prevent lead.

In cases where the concern is unrelated to Prevent, after you have finished your conversation with the person at risk of or experiencing harm or abuse, you must contact the Designated Safeguarding Lead as soon as possible and follow the flowchart in Appendix 1.

What happens next?

- The Designated Safeguarding Lead will make a record of your conversation, or, if you emailed them, they will probably telephone you to discuss the email - as a minimum, they will reply to you to confirm they have received your email
- The Designated Safeguarding Lead will review the information they have about the person/people involved in the referral
- The Designated Safeguarding Lead may contact the relevant local authority as appropriate. Will my identity be shared?
- We recognise that you may be worried about the people involved knowing that you raised a concern to a Designated Safeguarding Lead
- BCNO is required to share your name with the local Adult Social Care/Police teams
- If possible, your identity will be kept confidential, aside from sharing with the relevant Social Care services
- You will be supported by BCNO, particularly if you have to take part in any further investigation, which may happen if the matter proceeds to a criminal investigation
- We hope that through this Policy, the support of BCNO is clearly emphasised and our interest is to protect the well-being, welfare, and safety of all those involved in our activities – whether as someone making a referral or as the person who we are concerned about.

5.0 Principles of Consent and Confidentiality

It is preferable for the person involved in a safeguarding referral to be engaged with it being made. We usually seek their consent before onward referral, except when doing so may place them or others at greater risk.

Before any referral, BCNO will conduct a risk assessment to ensure that the individual's rights to privacy, and the College's obligations under relevant data protection legislation, are considered alongside risks to the welfare of all those involved. In some cases, and after completing a risk assessment, BCNO may make a referral regardless of consent.

Staff can raise a concern anonymously (not revealing the name of the person about whom they are concerned) to seek advice about the next steps.

Only those who need to know, from a professional perspective, will be informed or receive written information about allegations in accordance with legislative requirements.

6.0 Online safeguarding

The internet presents different risks in relation to safeguarding vulnerable people from harm, abuse and exploitation. Harm and abuse can be easy to carry out over the internet and difficult to track.

We encourage people to talk about their online activity, particularly if they have questions about the reliability of sources or are concerned about something they have seen/received.

Anyone concerned that they or someone else may be at risk of online harm, abuse, or exploitation should report this to the DSL.

When working with children online, additional safeguarding factors should be considered.

All staff are expected to adhere to IT-related policies, including the IT Acceptable Use Policy, Student Charter, Student Code of Conduct and Disciplinary Procedure and employee terms and conditions of employment.

7.0 Record Keeping

- The safeguarding designated team securely stores written records of safeguarding concerns in compliance with the Records Retention Schedule and Privacy Notices.
- Such records are held centrally and securely within Student Welfare, separate from an employee or student's personal records.
- Any referral to the Local Authority or Police will include full details of any information the College is aware of/has reported in relation to the concern(s).

8.0 Training

All staff and students at BCNO will be required to undergo standard safeguarding training. Those role holders with specific responsibilities for safeguarding within the organisation, e.g., DSL, will undertake enhanced training.

9.0 Safeguarding Lead Contacts

Designated Safeguarding leads (DSL):

Kent:	Natalie Pipe	natalie.pipe@bcnogroup.ac.uk
London:	Dr Kerstin Rolfe	kerstin.rolfe@bcnogroup.ac.uk

Safeguarding Team

Julie Palmer	julie.palmer@bcnogroup.ac.uk
Ian Fraser	ian.fraser@bcnogroup.ac.uk

Further information

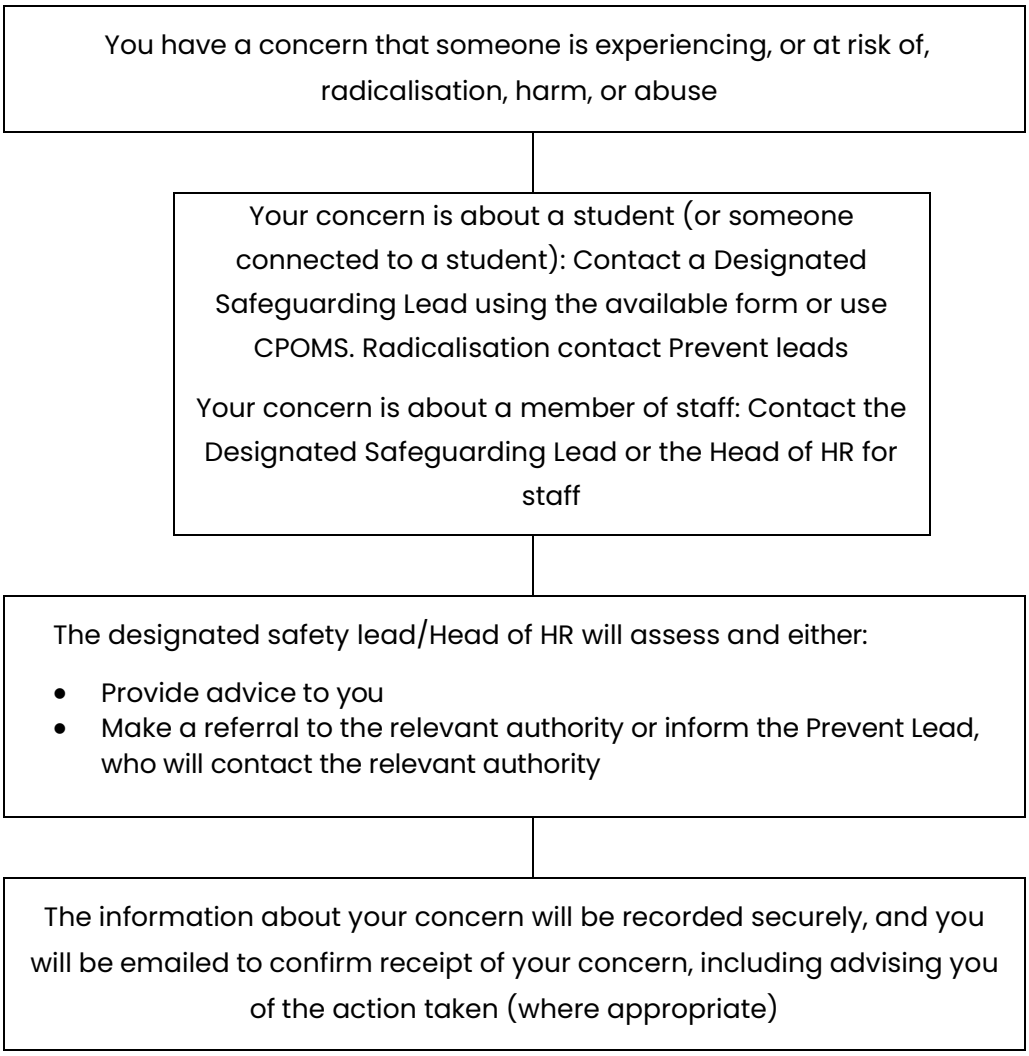
Please get in touch with our team if you have further questions regarding this document or require further information.

10.0 Auditing

Policy Name:	Safeguarding Policy		
Policy Owner:	Senior Management Team supported by Health and Safety Committee, and Student Inclusion and Welfare Committee		
Policy Approver:	Academic Board		
Audience:	Patients; Students; Faculty; Staff; External Visitors		
Storage Location:	VLE; Website		
Effective Date:	03.2023		
Review Date: (Unless other revisions are required prior to this date)	08.2024		
Version:	Approved version 2.1: Updated and combined ESO & UoP Policy 27.2.2023 - Dr Kerstin Rolfe, Principal		
Equality Impact Assessment:	Are there any implications for a protected characteristic group as defined by the Equality Act 2010 in this policy?		
	☐ Positive Impact	☐ Negative Impact	☒ Neutral
Details:	n/a		

Appendices

Appendix 1: How to raise concerns



Will my identity be shared?

- We recognise that you may be worried about the people involved knowing that you raised a concern
- We are required to share your name with the Local Authority or Police teams if a referral is made
- As far as possible, your identity will be kept confidential, aside from sharing with the relevant external services
- You will be supported by the College, particularly if you must take part in any further investigation, which may happen if the matter proceeds to a criminal investigation

Appendix 2: Individual Responsibilities

Board of Trustees Responsibilities

- The Board of Trustees is responsible for ensuring the Policy is adhered to and reviewed as required

Senior Management Team Responsibilities

- Effective Policy
- Ensuring that all employees and students that are recruited using the correct BCNO recruitment procedure and are trained/qualified and appropriately supervised in working.
- Ensuring that the necessary procedures are in place for protecting patients and those employees and students working with them.
- Ensuring that contractors are aware of the expectations, Safeguarding Policy and procedure;
- Ensuring that stakeholders are made aware of the Policy and how they can access it.
- Ensuring the procedures are followed correctly and all issues are reported accurately to the DSL.

Designated Safeguarding Lead (DSL)

- Takes lead responsibility for safeguarding and child protection (including online safety)
- Includes providing advice, supporting other staff and students on safeguarding issues, and participating in strategy discussions and inter-agency meetings.
- Report annually to the Board of Trustees.

Employees, Students, Volunteers and Contractors' Responsibilities

- Ensuring that all are familiar with and understand this Policy and procedures.
- Ensuring all are confident in working with children/vulnerable adults and have the knowledge and skills to carry out the role.
- Reporting any concerns, they may have in respect of abuse or neglect, both internal or external, to their line manager or the DSL.
- Participating in any training or development offered to them to improve their knowledge of skills in this area.

Appendix 3: What is abuse and neglect?

(adapted from the NICE)

NICE Recommendation[3]	Guideline Reference
1.1 Physical features	
Bruises	
Suspect child maltreatment if a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip, or implement.	1.1.1
Suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is unsuitable. Examples include: • bruising in a child who is not independently mobile • multiple bruises or bruises in clusters • bruises of a similar shape and size • bruises on any non-bony part of the body or face, including the eyes, ears and buttocks • bruises on the neck that look like attempted strangulation • bruises on the ankles and wrists that look like ligature marks.	1.1.2
Bites	
Suspect child maltreatment if there is a report or appearance of a human bite mark that is thought unlikely to have been caused by a young child.	1.1.3
Consider neglect if there is a report or appearance of an animal bite on a child who has been inadequately supervised.	1.1.4
Lacerations (cuts), abrasions and scars	
Suspect child maltreatment if a child has lacerations, abrasions, or scars and the explanation is unsuitable. Examples include lacerations, abrasions, or scars: • on a child who is not independently mobile • that are multiple • with a symmetrical distribution • on areas usually protected by clothing (for example, back, chest, abdomen, axilla, genital area) • on the eyes, ears and sides of the face • on the neck, ankles and wrists that look like ligature marks.	1.1.5

[3] Tools and resources | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE

Thermal injuries	
Suspect child maltreatment if a child has a burn or scald injuries: • if the explanation for the injury is absent or unsuitable or • if the child is not independently mobile or • on any soft tissue area that would not be expected to come into contact with a hot object in an accident (for example, the backs of hands, soles of feet, buttocks, back) or • in the shape of an implement (for example, cigarette, iron) or • that indicate forced immersion, for example: - scalds to buttocks, perineum and lower limbs - scalds to limbs in a glove or stocking distribution - scalds to limbs with symmetrical distribution - scalds with sharply delineated borders.	1.1.6
Cold injury	
Consider child maltreatment if a child has cold injuries (for example, swollen, red hands or feet) with no obvious medical explanation.	1.1.7
Consider child maltreatment if a child presents with hypothermia and the explanation is unsuitable.	1.1.8
Fractures	
Suspect child maltreatment if a child has one or more fractures in the absence of a medical condition that predisposes to fragile bones (for example, osteogenesis imperfecta, osteopenia of prematurity) or if the explanation is absent or unsuitable6. Presentations include: • fractures of different ages • X-ray evidence of occult fractures (fractures identified on X-rays that were not clinically evident). For example, rib fractures in infants.	1.1.9
Intracranial injuries	
Suspect child maltreatment if a child has an intracranial injury in the absence of major confirmed accidental trauma or known medical cause in one or more of the following circumstances: • the explanation is absent or unsuitable • the child is aged under three years • there are also: - retinal haemorrhages **or** - rib or long bone fractures **or** - other associated inflicted injuries • there are multiple subdural haemorrhages with or without subarachnoid haemorrhage with or without hypoxic ischaemic damage (damage due to lack of blood and oxygen supply) to the brain.	1.1.10
Eye trauma	
Suspect child maltreatment if a child has retinal haemorrhages or injury to the eye in the absence of major confirmed accidental trauma or a known medical explanation, including birth-related causes.	1.1.11
Spinal Injuries	

Suspect physical abuse if a child presents with signs of a spinal injury (injury to vertebrae or within the spinal canal) in the absence of major confirmed accidental trauma. Spinal injury may present as: • a finding on skeletal survey or magnetic resonance imaging • cervical injury in association with inflicted head injury • thoracolumbar injury in association with focal neurology or unexplained kyphosis (curvature or deformity of the spine).	1.1.12
Visceral injuries	
Suspect child maltreatment if a child has an intra-abdominal or intrathoracic injury in the absence of major confirmed accidental trauma and there is an absent or unsuitable explanation or a delay in presentation. There may be no external bruising or other injury.	1.1.13
Oral injury	
Consider child maltreatment if a child has an oral injury and the explanation is absent or unsuitable.	1.1.14
General injuries	
Consider child maltreatment if there is no suitable explanation for a serious or unusual injury.	1.1.15
Ano-genital signs and symptoms	
Suspect sexual abuse if a girl or boy has a genital, anal, or perianal injury (as evidenced by bruising, laceration, swelling, or abrasion) and the explanation is absent or unsuitable.	1.1.16
Suspect sexual abuse if a girl or boy has a persistent or recurrent genital or anal symptom (for example, bleeding or discharge) that is associated with behavioural or emotional change and that has no medical explanation.	1.1.17
Suspect sexual abuse if a girl or boy has an anal laceration, and constipation, Crohn's disease and passing hard stools have been excluded as the cause.	1.1.18
Consider sexual abuse if an anus exhibiting dynamic anal dilation in a girl or boy is observed during an examination and there is no medical explanation (for example, a neurological disorder or severe constipation).	1.1.19
Consider sexual abuse if a girl or boy has a genital or anal symptom (for example, bleeding or discharge) without a medical explanation.	1.1.20
Consider sexual abuse if a girl or boy has dysuria (discomfort on passing urine) or ano-genital discomfort that is persistent or recurrent and does not have a medical explanation (for example, worms, urinary infection, skin conditions, poor hygiene or known allergies).	1.1.21
Consider sexual abuse if there is evidence of one or more foreign bodies in the vagina or anus. Foreign bodies in the vagina may be indicated by offensive vaginal discharge.	1.1.22
Sexually transmitted infections	
Consider sexual abuse if a child younger than 13 years has hepatitis B unless there is clear evidence of mother-to-child transmission during birth, non-sexual transmission from a member of the household or blood contamination.	1.1.23
Consider sexual abuse if a child younger than 13 years has anogenital warts unless there is clear evidence of mother-to-child transmission during birth or non-sexual transmission from a member of the household.	1.1.24
Suspect sexual abuse if a child younger than 13 years has gonorrhoea, chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection unless there is clear evidence of mother-to-child transmission during birth or blood contamination.	1.1.25
Consider sexual abuse if a young person aged 13 to 15 years has hepatitis B unless there is clear evidence of mother-to-child transmission during birth, non-sexual transmission from a member of the household, blood contamination or that the infection was acquired from consensual sexual activity with a peer.	1.1.26

Consider sexual abuse if a young person aged 13 to 15 years has anogenital warts unless there is clear evidence of mother-to-child transmission during birth, non-sexual transmission from a member of the household, or that the infection was acquired from consensual sexual activity with a peer.	1.1.27
Consider sexual abuse if a young person aged 13 to 15 years has gonorrhoea, chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection unless there is clear evidence of mother-to-child transmission during birth, blood contamination, or that the sexually transmitted infection (STI) was acquired from consensual sexual activity with a peer .	1.1.28
Consider sexual abuse if a young person aged 16 or 17 years has hepatitis B and there is: • no clear evidence of mother-to-child transmission during birth, non-sexual transmission from a member of the household, blood contamination or that the infection was acquired from consensual sexual activity **and** • a clear difference in power or mental capacity between the young person and their sexual partner, in particular when the relationship is incestuous or is with a person in a position of trust (for example, teacher, sports coach, minister of religion) **or** • concern that the young person is being exploited.	1.1.29
Consider sexual abuse if a young person aged 16 or 17 years has anogenital warts and there is: • no clear evidence of non-sexual transmission from a member of the household or that the infection was acquired from consensual sexual activity **and** • a clear difference in power or mental capacity between the young person and their sexual partner, in particular when the relationship is incestuous or is with a person in a position of trust (for example, teacher, sports coach, minister of religion) **or** • concern that the young person is being exploited.	1.1.30
Consider sexual abuse if a young person aged 16 or 17 years has gonorrhoea, chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection and there is: • no clear evidence of blood contamination or that the STI was acquired from consensual sexual activity **and** • a clear difference in power or mental capacity between the young person and their sexual partner, in particular when the relationship is incestuous or is with a person in a position of trust (for example, teacher, sports coach, minister of religion) **or** • concern that the young person is being exploited.	1.1.31
1.2 Clinical presentations	
Pregnancy	
Be aware that sexual intercourse with a child younger than 13 years is unlawful and therefore pregnancy in such a child means the child has been maltreated.	1.2.1
Consider sexual abuse if a young woman aged 13 to 15 years is pregnant.	1.2.2
Consider sexual abuse if a young woman aged 16 or 17 years is pregnant and there is: • a clear difference in power or mental capacity between the young woman and the putative father, in particular when the relationship is incestuous or is with a person in a position of trust (for example, teacher, sports coach, minister of religion) **or** • concern that the young woman is being exploited **or** • concern that the sexual activity was not consensual.	1.2.3
Apparent life-threatening event	
Suspect child maltreatment if a child has repeated apparent life-threatening events, the onset is witnessed only by one parent or carer and a medical explanation has not been identified.	1.2.4

Consider child maltreatment if an infant has an apparent life-threatening event with bleeding from the nose or mouth and a medical explanation has not been identified.	1.2.5
Poisoning	
Suspect child maltreatment in cases of poisoning in children if: • there is a report of deliberate administration of inappropriate substances, including prescribed and non-prescribed drugs **or** • there are unexpected blood levels of drugs not prescribed for the child **or** • there is reported or biochemical evidence of ingestions of one or more toxic substance **or** • the child was unable to access the substance independently **or** • the explanation for the poisoning or how the substance came to be in the child is absent or unsuitable **or** • there have been repeated presentations of ingestions in the child or other children in the household.	1.2.6
Consider child maltreatment in cases of hypernatraemia (abnormally high levels of sodium in the blood) and a medical explanation has not been identified.	1.2.7
Non-fatal submersion injury	
Suspect child maltreatment if a child has a non-fatal submersion incident (near-drowning) and the explanation is absent or unsuitable or if the child's presentation is inconsistent with the account.	1.2.8
Consider child maltreatment if a non-fatal submersion incident suggests a lack of supervision.	1.2.9
Attendance at medical services	
Consider child maltreatment if there is an unusual pattern of presentation to and contact with healthcare providers, or there are frequent presentations or reports of injuries.	1.2.10
Fabricated or induced illness	
Consider fabricated or induced illness if a child's history, physical or psychological presentations or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture. Fabricated or induced illness is a possible explanation even if the child has a past or concurrent physical or psychological condition.	1.2.11
Suspect fabricated or induced illness if a child's history, physical or psychological presentations or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture and one or more of the following is present: • Reported symptoms and signs only appear or reappear when the parent or carer is present. • Reported symptoms are only observed by the parent or carer. • An inexplicably poor response to prescribed medication or other treatment. • New symptoms are reported as soon as previous ones have resolved. • There is a history of events that is biologically unlikely (for example, infants with a history of very large blood losses who do not become unwell or anaemic). • Despite a definitive clinical opinion being reached, multiple opinions from both primary and secondary care are sought and disputed by the parent or carer and the child continues to be presented for investigation and treatment with a range of signs and symptoms. • The child's normal daily activities (for example, school attendance) are being compromised, or the child is using aids to daily living (for example, wheelchairs) more than would be expected for any medical condition that the child has. Fabricated or induced illness is a likely explanation even if the child has a past or concurrent physical or psychological condition.	1.2.12
Inappropriately explained poor school attendance	

Consider child maltreatment if a child has poor school attendance that the parents or carers know about that has no justification on health, including mental health, grounds and home education is not being provided.	1.2.13
1.3 Neglect – failure of provision and failure of supervision	
Provision of basic needs	
Consider neglect if a child has severe and persistent infestations, such as scabies or head lice.	1.3.1
Consider neglect if a child's clothing or footwear is consistently inappropriate (for example, for the weather or the child's size). take into account that instances of inadequate clothing that have a suitable explanation (for example, a sudden change in the weather, slippers worn because they were closest to hand when leaving the house in a rush) or resulting from behaviour associated with neurodevelopmental disorders such as autism would not be alerting features for possible neglect.	1.3.2
Suspect neglect if a child is persistently smelly and dirty. Take into account that children often become dirty and smelly during the course of the day. Use judgement to determine if persistent lack of provision or care is a possibility. Examples include: • child seen at times of the day when it is unlikely that they would have had an opportunity to become dirty or smelly (for example, an early morning visit) • if the dirtiness is ingrained.	1.3.3
Suspect neglect if you repeatedly observe or hear reports of any of the following in the home that is in the parents' or carers' control: • a poor standard of hygiene that affects a child's health • inadequate provision of food • a living environment that is unsafe for the child's developmental stage. Be aware that it may be difficult to distinguish between neglect and material poverty. However, care should be taken to balance recognition of the constraints on the parents' or carers' ability to meet their children's needs for food, clothing and shelter with an appreciation of how people in similar circumstances have been able to meet those needs.	1.3.4
Be aware that abandoning a child is a form of maltreatment.	1.3.5
Malnutrition	
Consider neglect if a child displays faltering growth because of lack of provision of an adequate or appropriate diet. NICE has produced a guideline on faltering growth.	1.3.6
Supervision	
Consider neglect if the explanation for an injury (for example, a burn, sunburn or an ingestion of a harmful substance) suggests a lack of appropriate supervision.	1.3.7
Consider neglect if a child or young person is not being cared for by a person who is able to provide adequate care.	1.3.8
Ensuring access to appropriate medical care or treatment	
Consider neglect if parents or carers fail to administer essential prescribed treatment for their child.	1.3.9
Consider neglect if parents or carers repeatedly fail to bring their child to follow-up appointments that are essential for their child's health and well-being.	1.3.10
Consider neglect if parents or carers persistently fail to engage with relevant child health promotion programmes which include: • immunisation	1.3.11

• health and development reviews • screening.	
Consider neglect if parents or carers have access to but persistently fail to obtain treatment for their child's dental caries (tooth decay).	1.3.12
Suspect neglect if parents or carers fail to seek medical advice for their child to the extent that the child's health and well-being is compromised, including if the child is in ongoing pain.	1.3.13
1.4 Emotional, behavioural, interpersonal and social functioning	
Emotional and behavioural states	
Consider child maltreatment if a child or young person displays or is reported to display a marked change in behaviour or emotional state (see examples below) that is a departure from what would be expected for their age and developmental stage and is not fully explained by a known stressful situation that is not part of child maltreatment (for example, bereavement or parental separation) or medical cause. Examples include: • recurrent nightmares containing similar themes • extreme distress • markedly oppositional behaviour • withdrawal of communication • becoming withdrawn.	1.4.1
Consider child maltreatment if a child's behaviour or emotional state is not consistent with their age and developmental stage or cannot be fully explained by medical causes, neurodevelopmental disorders (for example, attention deficit hyperactivity disorder [ADHD], autism spectrum disorders) or other stressful situation that is not part of child maltreatment (for example, bereavement or parental separation). Examples of behaviour or emotional states that may fit this description include: • Emotional states: - fearful, withdrawn, low self-esteem • Behaviour: - aggressive, oppositional - habitual body rocking • Interpersonal behaviours: - indiscriminate contact or affection seeking - over-friendliness to strangers including healthcare professionals - excessive clinginess - persistently resorting to gaining attention - demonstrating excessively 'good' behaviour to prevent parental or carer disapproval - failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed - coercive controlling behaviour towards parents or carers - lack of ability to understand and recognise emotions - very young children showing excessive comforting behaviours when witnessing parental or carer distress.	1.4.2
Consider child maltreatment if a child shows repeated, extreme or sustained emotional responses that are out of proportion to a situation and are not expected for the child's age or developmental stage or fully explained by a medical cause, neurodevelopmental disorder (for example, ADHD, autism	1.4.3

spectrum disorders) or bipolar disorder and the effects of any known past maltreatment have been explored. Examples of these emotional responses include: • anger or frustration expressed as a temper tantrum in a school-aged child • frequent rages at minor provocation • distress expressed as inconsolable crying.	
Consider child maltreatment if a child shows dissociation (transient episodes of detachment that are outside the child's control and that are distinguished from daydreaming, seizures or deliberate avoidance of interaction) that is not fully explained by a known traumatic event unrelated to maltreatment.	1.4.4
Consider child maltreatment if a child or young person regularly has responsibilities that interfere with the child's essential normal daily activities (for example, school attendance).	1.4.5
Consider child maltreatment if a child responds to a health examination or assessment in an unusual, unexpected or developmentally inappropriate way (for example, extreme passivity, resistance or refusal).	1.4.6
Behavioural disorders or abnormalities either seen or heard about	
Self-harm	
Consider past or current child maltreatment, particularly sexual, physical or emotional abuse, if a child or young person is deliberately self-harming. Self-harm includes cutting, scratching, picking, biting or tearing skin to cause injury, pulling out hair or eyelashes and deliberately taking prescribed or non-prescribed drugs at higher than therapeutic doses.	1.4.7
Disturbances in eating and feeding behaviour	
Suspect child maltreatment if a child repeatedly scavenges, steals, hoards or hides food with no medical explanation (for example Prader-Willi syndrome).	1.4.8
Wetting and soiling	
Consider child maltreatment if a child has secondary day- or night-time wetting that persists despite adequate assessment and management unless there is a medical explanation (for example, urinary tract infection) or clearly identified stressful situation that is not part of maltreatment (for example, bereavement, parental separation).	1.4.9
Consider child maltreatment if a child is reported to be deliberately wetting.	1.4.10
Consider child maltreatment if a child shows encopresis (repeatedly defecating a normal stool in an inappropriate place) or repeated, deliberate smearing of faeces.	1.4.11
Sexualised behaviour	
Suspect child maltreatment, and in particular sexual abuse, if a pre-pubertal child displays or is reported to display repeated or coercive sexualised behaviours or preoccupation (for example, sexual talk associated with knowledge, emulating sexual activity with another child).	1.4.12
Suspect current or past child maltreatment if a child or young person's sexual behaviour is indiscriminate, precocious or coercive.	1.4.13
Suspect sexual abuse if a pre-pubertal child displays or is reported to display unusual sexualised behaviours. Examples include: • oral–genital contact with another child or a doll • requesting to be touched in the genital area • inserting or attempting to insert an object, finger or penis into another child's vagina or anus.	1.4.14
Runaway behaviour	

Consider child maltreatment if a child or young person has run away from home or care or is living in alternative accommodation without the full agreement of their parents or carers.	1.4.15
1.5 Parent–child interactions	
Consider emotional abuse if there is concern that parent– or carer–child interactions may be harmful. Examples include: • Negativity or hostility towards a child or young person. • Rejection or scapegoating of a child or young person. • Developmentally inappropriate expectations of or interactions with a child, including inappropriate threats or methods of disciplining. • Exposure to frightening or traumatic experiences, including domestic abuse. • Using the child for the fulfilment of the adult's needs (for example, in marital disputes). • Failure to promote the child's appropriate socialisation (for example, involving children in unlawful activities, isolation, not providing stimulation or education).	1.5.1
Suspect emotional abuse if the interactions observed in recommendation 1.5.1 are persistent.	1.5.2
Consider child maltreatment if parents or carers are seen or reported to punish a child for wetting or soiling despite professional advice that the symptom is involuntary.	1.5.3
Consider emotional neglect if there is emotional unavailability and unresponsiveness from the parent or carer towards a child or young person and in particular towards an infant.	1.5.4
Suspect emotional neglect if the interaction observed in recommendation 1.5.4 is persistent.	1.5.5
Consider child maltreatment if a parent or carer refuses to allow a child or young person to speak to a healthcare professional on their own when it is necessary for the assessment of the child or young person.	1.5.6

Types of safeguarding concern - Adult

Examples of concerns you may wish to discuss include the following:

- Bullying (including online and prejudice-based bullying)
- Child criminal exploitation, including county lines
- Child sexual exploitation and trafficking
- Domestic abuse
- Emotional abuse
- Fabricated or induced illness
- Female genital mutilation
- Forced marriage
- Gang activity and serious violence
- Gender-based violence/violence against women and girls
- Homelessness
- Intimate partner abuse or teenage relationship abuse
- Neglect or maltreatment
- Online bullying, technology-mediated abuse, online grooming, or accessing and/or generating inappropriate content
- Peer-to-peer abuse or harm
- Physical abuse
- Racist, disability and homophobic or transphobic abuse
- Radicalisation/extremist behaviour
- Sexual abuse
- Sexual harassment, online sexual abuse, and sexual violence between learners
- So-called honour-based violence
- Substance misuse
- Upskirting
- Violence

As part of our safeguarding responsibilities, BCNO will:

- Monitor the attendance of our students and staff and be alert to the signs that there could be a welfare concern, such as:
- Absence
- Changes in appearance, behaviour, or character
- Changes in emotional health
- Excessive alcohol consumption
- Physical injuries
- Poor living conditions
- Self-harm
- Use of drugs
- Withdrawing from certain activities

- Ensure students and staff have an awareness of safeguarding and Prevent and how to access support services.
    - As part of enrolling, students are required to undertake a Prevent and Safeguarding, which is revisited throughout their learning journey
- Ensure students are aware of other relevant policies for their support.
- Help students develop an objective attitude to online information and evaluation of the authenticity of online information.
- Provide training for students so that they can work safely and effectively online, including providing guidance about what is acceptable within the institution.
- Provide safeguarding (including Prevent) training for all employees working with students.
- Comply with Safer Recruitment Guidance

Appendix 4: Safeguarding Training Plan

Level	Target audience	Staff groups	Training	Frequency
1	Staff with occasional contact with at-risk children or adults may become aware of possible abuse, neglect, or other safeguarding-related concerns, including radicalisation. This group identifies staff who are deemed key to the delivery of the Prevent Duty. Staff need to understand the following: ✓ What is abuse? ✓ Signs and indicators of harm, abuse and radicalisation ✓ What to do in response to concerns (how to notice, check and share)	**All core staff (across both professional services and academic)**	Safeguarding Supplemented by regular updates via the staff bulletin regarding safeguarding	Three-yearly
2	Staff who regularly interact with children or adults at risk may be able to identify concerns about abuse, harm, or radicalisation. Staff need to understand the following: ✓ How to record information ✓ How to share information ✓ Safeguarding roles and responsibilities	**Designated Safeguarding Leads** **Trustees**	Safeguarding	Three-yearly
3	Staff who work predominantly with children or adults at risk could potentially contribute to assessing, planning, intervening, and reviewing the needs of a child or adult at risk. Staff need to understand the following: ✓ How agencies work together to identify, assess, and respond to safeguarding concerns ✓ Impact of issues such as domestic abuse, substance misuse and mental health ✓ Working with complex family dynamics ✓ Lessons from serious case reviews ✓ Current Policy, research, and practice developments ✓ Trauma-informed responses	**Designated Safeguarding Leads**	Child Protection Training **and** Adult Safeguarding Training	Induction training (by completing the two courses listed here) Two-yearly update training (in a relevant safeguarding subject)

Appendix 5: Students under the age of 18

Summary: This document outlines the approach of BCNO towards prospective and current students under 18, both in terms of safeguarding this group and ensuring an enjoyable university experience, providing reassurance to the student themselves and their family and support network, be that locally or internationally.

a) Introduction

Most students will be 18 or over when they commence their studies or turn 18 soon after. This guidance outlines our approach to all applicants and students (including those holding Tier 4/Student visas and other international students) under 18 until their 18th birthday.

b) Admissions

BCNO welcomes applications from candidates irrespective of age, including those who are under the age of 18. Applications are considered on their merits. We may offer a place to students under 18 if we believe the student has the potential, intellect, and academic ability to complete the relevant programme of study successfully and have sufficient personal maturity to benefit from higher education. The only exception is where accreditation and legal age requirements may preclude students under 18, for instance, on some health-related programmes.

International Students or those on Tier 4/Student Visas under the age of 18

Under Section 55 of the Borders, Citizenship and Immigration Act 2009, the Home Office must have regard to the need to safeguard children and protect their welfare.

All children studying in the UK must have suitable care arrangements in place for their travel, reception on arrival in the UK and living arrangements while here. This applies up to a child's 18th birthday.

Upon the date, the Confirmation of Acceptance for Study (CAS) is issued to a Tier 4/Student Visa applicant, or upon the date, a place is confirmed as unconditional or unconditional firm for an international student; a student is under the age of 18, this procedure will be followed.

Upon application, the Admissions Team will advise the student of the information they are required to supply (see section 5) and will advise the student that this information is required at either a date prior to the CAS being issued, the date of the CAS being issued or on the date their unconditional offer is made if they do not require a CAS. This document will be made available to this group of prospective students.

For Tier 4/Student Visa applicants, when all academic conditions are met:

- The student or their agent/representative will be emailed the 'Under 18 Consent letter' which must be completed by the parent or legal guardian and signed and returned to BCNO
- The student is required to supply contact details
- Upon these requirements being met, and when all other conditions are satisfied, the CAS will be issued as per the usual procedures.

It is a condition of legislation that any 16 or 17-year-old prospective student applying as a Tier 4 (General)/Student Visa must have their parent(s) or legal guardian(s) consent that they can live and travel independently. Therefore, the College must ensure this consent has been received through the 'Under 18 Consent Letter'. BCNO must retain this letter.

BCNO does not have a license to sponsor students under the Tier 4 (Child) category and so cannot accept international students under 16.

c) Online interactions

The following should be applied:

- Where possible online interactions should take place on a secure platform
- Social media should not be used
- When using video platforms, always ask the student if they would prefer their camera to be off
- Aim to work in an open environment that does not intrude on the student's privacy. Where this is not possible, then ensure that the student is in an environment where they feel comfortable

When working with under-18s in partner colleges or schools, BCNO must confirm that they have a safeguarding policy and protocols for online interaction. If in doubt, please contact the Designated Safeguarding Lead or Clinic leads for advice.

d) Parents and guardians

Prior to arrival at BCNO, any student under the age of 18 at their enrolment date must provide us with contact details for their:

- Parent, or
- Other legal guardian if both parents are deceased, overseas, or otherwise unavailable. Such a guardian should:
- Agree with the parents to act on their behalf and to perform the parental tasks and responsibilities delegated by them until the student's 18th birthday.
- If necessary, be available to the student and BCNO when required.

We require a copy of the guardian's agreement with the parents as part of any offer made to the student. A guardian is normally a family friend or relative living in the UK; BCNO cannot appoint or assist in finding a suitable guardian. A list of accredited agencies is

available from the Association of Educational Guardians for International Students (AEGIS) – www.aegisuk.net.

The majority of Tier 4/Student Visa or other international student's parents or legal guardians will reside outside of the UK. In such cases, Tier 4/Student Visa and other international Students must obtain a UK-based legal guardian. Alternatively, they must provide upon application the contact details of their parent(s) or legal guardian(s) if they are ordinarily resident in the UK. No CAS will be issued without details of the student's guardian being confirmed.

Should a student need to change their guardian, this is acceptable, provided there is no gap of time between guardians (there must be a guardian at all times as a condition of that student's enrolment until their 18th birthday; the absence of a named guardian could result in the termination of enrolment).

e) Students' general rights and responsibilities

Higher Education represents an adult environment and treats all students as mature, independent individuals. We will normally deal and correspond with our students than with their parents.

Under the Data Protection Act 2018, students (including those under the age of 18) have the legal right for information about them not to be disclosed without their consent. Accordingly, unless this explicit consent is granted, BCNO will not normally give information to parents regarding any student's progress, results, or personal circumstances. This applies to all students regardless of age.

Students are expected to seek support as they require it and should do the following:

- Act as adults and behave in an appropriate manner
- Assume responsibility for their studies and lifestyle, including adapting to living away from home
- Engage with their personal tutor to maintain contact and allow the tutor to support them
- Have the right skills to study and live independently with diverse groups of people
- Comply with the laws of the UK, for instance, the purchase, selling, or use of alcohol or tobacco prior to age 18

Although BCNO acknowledges that anyone under the age of 18 is legally a child and may have additional needs for support and welfare, BCNO will not take on the usual rights, responsibilities, and authority that parents have in relation to a child and will not act in 'loco parentis ' in relation to students under age 18. BCNO will not assume responsibility for any student's acts or omissions.

f) Privacy & how we use information about students under 18

We request and store details of parents/legal guardians for those under 18 applicants in order to exercise our duty of care (and in the case of Tier 4/Student Visa students, this is a requirement of the visa). This information is stored on the relevant information systems (e.g., CRM) in accordance with legislative requirements, including the Data Protection Act 2018 and our local policies/the student contract.

For those students not studying on a Tier 4/Student visa, data around parents/legal guardians will be retained in accordance with BCNO Records Retention Schedule.

g) Student support and safeguarding

For any students under the age of 18, we take steps to safeguard their health, safety and welfare.

This will normally include the following:

- Admissions will communicate the names of under-18-year-old students to the relevant Faculty, and Registry
- Through notification to the Faculty, the personal tutor will be made aware of the name of their under-18 student(s) and will meet with them at regular intervals, agreed by the student and tutor, to discuss their studies
- A member of the Student Services staff will meet with students under the age of 18 at regular intervals, agreed by the student and member of staff, to discuss their well-being and living arrangements

All staff must report any suspicious concerns, allegations, or risks of child abuse to a DSL, details of which are provided in the Safeguarding Policy - Appendix 1.

Similarly, if a student under the age of 18 discloses harm or abuse to a member of staff, the member of staff must report this to a DSL. Allegations involving a student on placement or exchange should also be raised in the same way.

h) Placements, field trips and exchanges

As part of a programme of study, students may be required or offered the opportunity to attend field trips, placements, excursions, or other off-site study activities. This is a usual part of HE life and helps students build life skills, so we encourage every eligible student to participate.

We are not able to make special arrangements for students under the age of 18 in this regard. Unless otherwise specified, the parents or guardians of such students are deemed to have consented to the student's participation in such activities.

Students who attend another institution or organisation should comply with the local policies and procedures.

i) Disclosure and Barring Service (DBS)

We conduct DBS checks for staff who satisfy the relevant criteria to ensure suitability for working with under-18-year-olds and vulnerable groups. More information is available in the DBS Policy.

j) Emergencies

In an emergency, we may contact the parent or guardian of an under-18 student using the most recent contact details provided to it, the 'next of kin' or 'emergency contact.' This is as articulated in the student contract.

Students, their parents, or guardians must keep us informed of any student's special needs or requirements, if applicable, by contacting registry, which in turn can enable support to be put into place for the student, such as disability, learning support and well-being.

k) Contracts and holding office

Any person under the age of 18 is unable to enter into a legal contract. Suppose a student under 18 needs to enter into a contract with BCNO, for instance, tuition fees or accommodation. In that case, the student's parent or guardian is required to guarantee the student's obligations under that contract.

A failure by a student to pay any sums due under a contract may result in a demand being made by BCNO on the parent or guardian. Any continuing failure to pay BCNO may result in studies being interrupted.

Under-18-year-olds are encouraged to actively participate in clubs and societies organised by the Students' Union/Association. However, they are unable to hold office until they reach age 18, as they will be unable before this age to discharge an officeholder's legal responsibilities.

Parent/Guardian consent form for a student Under 18 on enrolment

This form must be completed for **ALL** students who are Under 18 at enrolment. Students will not be allowed to enrol until the completed form is received.

- I understand and accept that BCNO does not accept parental responsibility for any person under 18, and that responsibility remains with me as the parent/guardian.
- I understand and accept that BCNO is an adult environment and that my child will generally be treated as an adult.
- I consent to the activities my child will be undertaking as a necessary part of their studies and will be asked to sign a consent form if their image is to be used in any photographs or other recording.
- I agree to accept liability for my child's debts to BCNO until they reach the age of 18.
- I and my child understand and accept that while studying, they will be subject to UK law and the rules of BCNO and the validating university.
- I understand and accept that BCNO will only release information regarding my child, either academic or personal, according to the current Data Protection regulations.

Name of student (print): **University ID number:** **Signature of Student:** **I declare that I have read and accept the above conditions** **Signature of Parent / Guardian** **Emergency contact details of Parent / Guardian** **Home Tel:** **Mobile**: **Email:**
Home address:

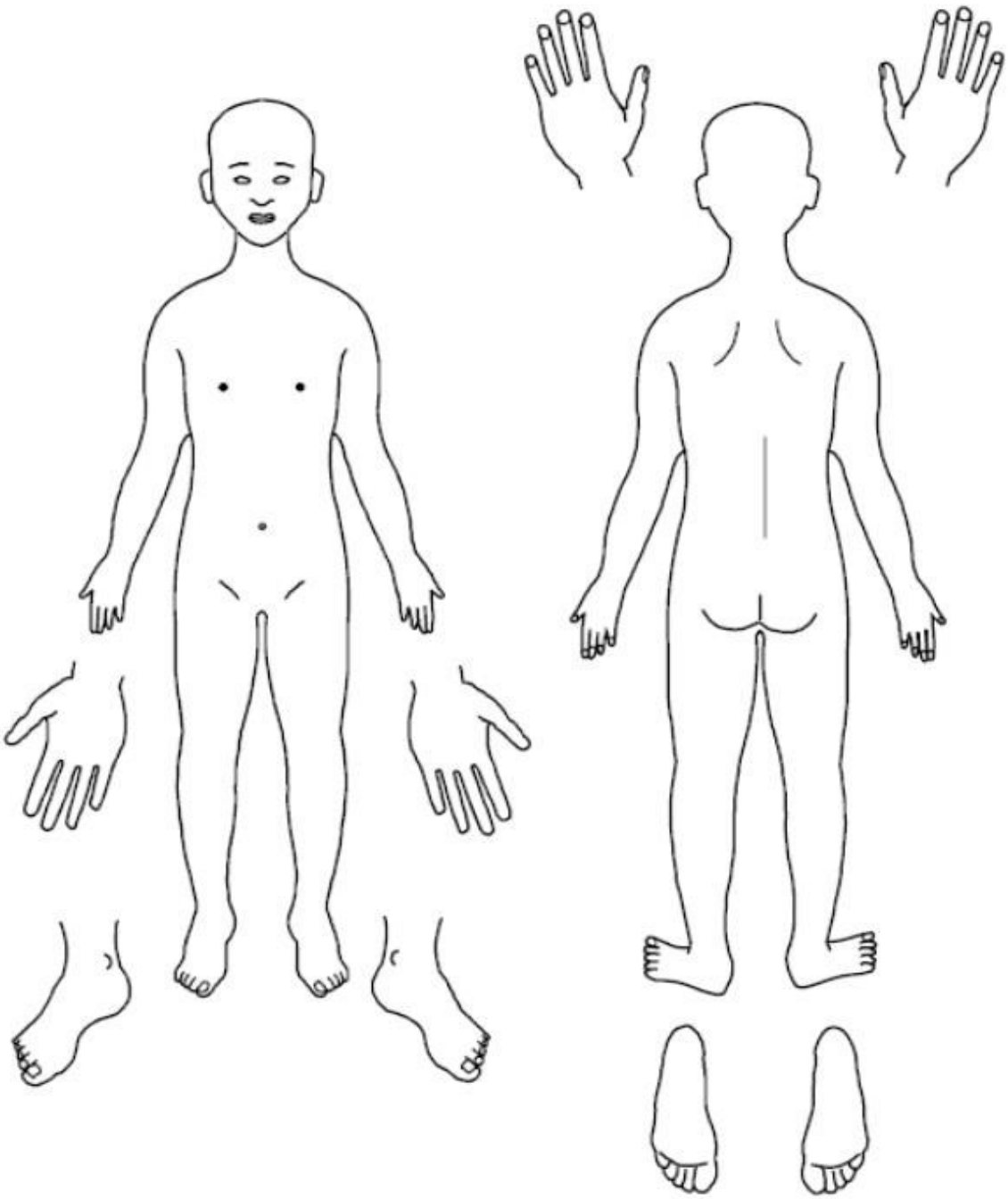
Form to appoint a UK guardian for an overseas student Under 18 on enrolment

This form must be completed for ALL students who are Under 18 at enrolment. Students will not be allowed to enrol until the completed form is received.

Name of student (print): **University ID number:** **Name of Parent:** **Signature of Parent / Guardian:** **I authorise the person named below to act as a guardian for my child whilst they are in the UK and until they reach the age of 18.** **Full name of Guardian:** **Emergency contact details:** **Home Tel:** **Mobile**: **Email:**
Home address: **Date**:

Appendix 6: Safeguarding Disclosure Form

Safeguarding Disclosure Form		
Full name:	**Venue:**	**Date:**
DoB:	**Name of Parent/Guardian:**	**Start time:** **Finish time:**
Telephone:	**Persons present:**	
Your name:	**Job Role:**	
Details: (TED – Tell, Explain, Describe. Body Map overleaf)		
Your Signature:	**Date:**	
<u>Audit (For Office Use Only)</u>		
To Whom: Reported (Named Safeguarding Lead)	**Date Reported:**	
Received by (Role/Name):	**Date Received:**	
Action to be taken:	**Date Action to be taken:**	
Follow-up Required: **YES ☐ NO ☐** **Detail if YES:**	**Signature:** **Date:**	



Your Signature:	**Date:**

Audit (For Office Use Only)	
To Whom: Reported (Named Safeguarding Lead)	**Date Reported:**
Received by (Role/Name):	**Date Received:**
Action to be taken:	**Date Action to be taken:**
Follow-up Required: **Detail if YES** **YES ☐ NO ☐**	

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