John Locke Institute

Safeguarding and Child Protection Policy January 2026

(Next Review: January 2027)

1. Policy Statement

The designated lead responsible for safeguarding (the DSL) in the Institute is the Managing Director, Marie Loubeyre.

All those who come into contact with children and families in their everyday work, including those without a specific role in child protection, have a duty to safeguard and promote the welfare of children. The Institute recognises the collective expertise of all staff in helping to shape and implement safeguarding policies and provide regular opportunities for that expertise to be shared.

Safeguarding is the process of protecting children from maltreatment, preventing impairment of their health and development, and ensuring they grow up in circumstances that provide safe and effective care, enabling them to have the best possible life chances and to enter adulthood successfully as well-balanced members of a responsible society. This includes a duty to prevent children from being drawn into terrorism. All decisions about safeguarding and child protection are always to be made in the best interests of the child.

Child protection is a part of safeguarding and promoting welfare. This refers to the activity undertaken to protect children who are suffering, or are likely to suffer, significant harm.

2. Scope of the Policy

The John Locke Institute recognises its responsibility for Child Protection. This policy applies to all faculty, staff, interns, and volunteers working for the Institute who have regular contact with children. It focuses on five main elements:

Staff recruitment and selection – ensuring that all staff (volunteers etc) who have unsupervised access to children, have been appropriately checked for their suitability through the DBS/Barred List, by proof of I.D. and qualifications, through the 'prohibited' list and 'Childcare Disqualification' disclosure, by ascertaining the right to work in the UK and medical fitness, by checking gaps in their CV, by requesting two references (including the present employer), and then notifying the DSL.

Raising awareness of safeguarding issues with children, including online safeguarding, and equipping children with the skills needed to keep them safe.

Developing and implementing procedures for identifying and reporting cases, or suspected cases of abuse and neglect.

Supporting children who have been abused in accordance with his/her child protection plan.

Identifying children and families who need additional support through Children's Social Care.

Establishing a safe and nurturing environment free from dissemination or bullying, where children can learn and develop happily.

3. Responsibilities of the Institute

We recognise that because of the day-to-day contact with children, Institute staff are ideally placed to observe the outward signs of abuse and staff will therefore:

- Report any inappropriate behaviour/activities to designated staff.
- Establish and maintain an environment where children feel secure, encouraged to talk and are listened to.
- Ensure that children know they can approach senior staff at the Institute if they are worried and will receive a consistent, supportive response.
- Staff at the Institute will follow the Oxfordshire Safeguarding Children Board (OSCB) Procedures in all cases of abuse or suspected abuse. We will therefore:
- Ensure that we have a designated child protection officer.
- Ensure concerns are reported without delay to the Designated Safeguarding Lead (DSL) when there is a concern or allegation of abuse, neglect, or an immediate risk to a child or young person. The DSL will ensure that appropriate action is taken and that a referral is made within twenty-four (24) hours to the relevant statutory safeguarding authority in the country where the incident has occurred.

This may include, but is not limited to:

- **United Kingdom**: the Oxfordshire Safeguarding Children Board
- **Singapore**: the Ministry of Social and Family Development (MSF), including the Child Protective Service (CPS)
- **United States**: the relevant State Child Protective Services (CPS) agency

- Where a child is considered to be at immediate risk of harm, local emergency services must be contacted without delay, in addition to internal escalation.
- Ensure that the designated officer receives appropriate training and that this training is disseminated to all others in the Institute annually.
- Ensure that every member of staff and volunteer knows who the designated officer is and what their responsibilities are.
- Ensure that all staff and volunteers are trained before starting their duties and understand their responsibilities in being alert to, and acting appropriately in, cases of abuse or suspected abuse.
- Ensure all staff have been made aware of the latest version of the DfE booklet Keeping Children Safe in Education.
- Ensure safeguarding practice follows the DfE booklet Working Together to Safeguard Children.
- Ensure safeguarding practice follows the Prevent Duty Guidance for England and Wales, supplemented by Departmental advice for schools and childminders and the use of social media for online radicalisation.
- Ensure that parents understand the Institute's responsibilities regarding child protection.
- Keep accurate written records of concerns about children, even when an immediate referral is not appropriate.
- Ensure that all child protection records are kept secure, confidential, and separate from the main pupil file.

- Ensure that the Institute follows safe recruitment procedures, as set out in our Staff Recruitment and Selection Policy, and that all staff/volunteers are selected and recruited by this means and that nobody barred from DBS-regulated activity is knowingly employed or taken on as a volunteer in the Institute.
- Visiting speakers should be supervised at all times by a member of staff.
- Ensure that no staff or volunteers are disqualified from childcare and that they sign a document confirming this.
- Ensure that all staff and volunteers understand that there is a procedure to follow when dealing with child protection allegations made against teaching and non-teaching staff. This procedure must be followed on all occasions. All staff should be aware of this process. All such allegations should be referred to the DSL in the first instance, or to one of the Deputies if the DSL is the subject of allegations. It may be necessary to suspend a member of staff without prejudice pending an investigation. All such investigations will be carried out as speedily as possible.
- Ensure all records are kept securely; separate from the main pupil file, in a password-protected file for at least seven years after the last recorded entry for any one pupil.
- Ensure that all staff are fully aware of the Code of Conduct, particularly as it relates to their professional position of trust and the propriety of staff/pupil relationships in person and via social media. Care is taken to ensure staff know how to avoid isolated one-to-one situations that could lead to allegations.
- Ensure all staff understand the culture of safety and the process for raising concerns (whistleblowing) as set out in the Code of Conduct.
- Ensure that this policy is reviewed annually by senior management, is in line with Oxfordshire County Council's policy, and that any deficiencies or weaknesses are remedied without delay.

4. First Aid Training, Medical Emergency Preparedness, and Provision

The Institute recognises that safeguarding includes the ability to respond promptly and appropriately to medical and health emergencies.

At least **two adults** on every course, including summer schools and residential programmes, must hold valid, accredited First Aid certification completed within the preceding eighteen (18) months.

At least one of these individuals must hold First Aid training that exceeds the basic standard, such as First Aid at Work, Paediatric First Aid, Wilderness First Aid, or an equivalent enhanced qualification appropriate to the nature and location of the programme.

Accredited training must be delivered by a recognised provider and aligned with national or international standards.

After the advance party arrives at the programme location, and before students arrive, all staff and interns must attend an in-person First Aid refresher session. This refresher will be led by the DSL or a nominated Deputy, will not replace accredited training, and will serve only to remind staff of their training. It will be based on authoritative guidance from appropriate sources such as the American Heart Association, the Red Cross, or St John Ambulance. Attendance must be recorded.

The Institute will ensure that appropriate First Aid equipment is available and clearly signposted at all teaching and residential locations, that staff are informed who trained First Aiders are and how to summon assistance, and that all medical incidents, accidents, or near-misses involving students are documented and escalated to the DSL where appropriate.

First Aid provision is recognised as an integral part of the Institute's safeguarding responsibilities.

The Designated Safeguarding Lead is responsible for oversight of compliance with these requirements.

5. Identifying Children in Need

We recognise that children who are abused or who witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The Institute may be the only stable, secure and predictable element in the lives of children at risk. When attending our courses, their behaviour may be challenging and defiant, or they may be withdrawn.

The Institute will endeavour to support the pupil through:

- The content of the curriculum.
- The Institute's ethos, which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The Institute's Behaviour Policy, which is aimed at supporting vulnerable pupils. The Institute will ensure that the pupil knows that some behaviour is unacceptable, but that they are valued and not to blame for any abuse that has occurred.
- Liaison with other agencies that support the pupil, such as Social and Health Care, the Education Social Work Service, and the Educational Psychology Service.

It is noted that the provisions of the Education Act place a general duty on the Institute to provide for the welfare of children in our care and, as such, staff will adhere to other related policies of the Institute. It is important to remember that safeguarding is inclusive of: child protection, anti-bullying, physical safety of children in and outside the buildings (including being alert for children who may be brain-washed or radicalised), first aid, e-safety, acceptable use of mobile phones and cameras, equality of opportunity, medicine administration, evacuation of buildings, complaints, behaviour management, and safe recruitment.

Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without provision of services, plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

What will happen to a child's health or development without services being provided the likely effect the services will have on the child's standard of health and development?

Local authorities have a duty to safeguard and promote the welfare of children in need.

It is important to remember that the definition of children in need is wider than those who have suffered or are at risk of suffering significant harm. Some children and families may need additional support at times from one or more agencies. Whilst children in the former category should be reported to social services immediately, those in the latter category should lead to an inter-agency assessment using local processes, following advice from the Institute's DSL and/or medical practitioners.

'Looked-after' children (i.e. those under the care of social services) may have particular needs to ensure their safety. The Institute's DSL will ensure that staff have all the necessary information about a child's status and care arrangements.

The concept of significant harm:

Harm is defined in the Children Act 1989 section 31(9) as: ill-treatment (including sexual abuse and physical abuse), impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural) as compared to a similar child.

NOTE: Harm now includes the impairment of a child's health or development as a result of witnessing the ill-treatment of another person (Adoption and Children Act 2002)

6. Definitions of Abuse

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues overlap.

Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children (peer-on-peer abuse).

Bullying (including cyberbullying) is the most common form of abuse within education and may take the form of physical or emotional abuse.

It's vitally important to note that safeguarding incidents/behaviours can be associated with the actions of children/parents or other environmental factors in a child's life. This is known as contextual safeguarding.

Physical abuse:

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation, or otherwise causing physical harm to a child. Includes sexual violence or harassment Includes initiation violence or rituals

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

Sexual abuse and exploitation:

Involves forcing or enticing (such as with gifts, affection or status) a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

The activities may involve physical contact or non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, grooming a child in preparation for abuse (including via the internet) or sexting between children.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Possible signs of sexual abuse:

Young people from the age of twelve onwards may include:

Being chronically depressed

Being suicidal Self-mutilation, showing self-hatred

Experiencing memory loss

Being unable to concentrate, being in a world of their own

Having unexplained sums of money

Exhibiting a sudden change in habits

Emotional abuse:

Persistent emotional maltreatment of a child can cause severe and persistent effects on the child's emotional development.

May involve: conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person; not giving the children the opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate; brain-washing' children with extremist beliefs or intolerant views; age or developmentally inappropriate expectations being imposed on children; interactions beyond the child's developmental capability, as well as overprotection and limitation of exploration & learning, or preventing the child from participating in normal social interaction; causing children frequently to feel frightened or in danger, or the exploitation or corruption of children; seeing or hearing the ill-treatment of another; serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Possible signs of emotional abuse:

Physical, mental and emotional development lags; admission of punishment which appears excessive; overreaction to mistakes; inappropriate emotional responses to painful situations; neurotic behaviour (e.g. rocking, hair twisting, thumb sucking); Self-mutilation; fear of parents being contacted; extremes of passivity or aggression; drug/solvent abuse; chronic running away/missing from education; compulsive stealing; Scavenging for food or clothes.

Neglect:

The persistent failure to meet a child's basic physical and/or psychological needs is likely to result in serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide food, clothing, shelter, including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision, including the use of inadequate carers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Possible signs of neglect: Constant hunger; poor personal hygiene; constant tiredness; poor state of clothing; emaciation; frequent lateness or missing from education; untreated medical problems; destructive tendencies; low self-esteem; neurotic behaviour (rocking, hair twisting, thumb sucking); no social relationships; compulsive stealing; scavenging for food or clothes. abuse by one or more pupils against another pupil.

This may take the form of many of the physical and emotional types of abuse mentioned above. It may take the form of so-called 'banter'. It may take place in person or online: the Institute is vigilant for abusive texting/sexting and encourages parents to report issues or suspicions.

Such concerns may well surface if a child is the subject of bullying and, in any case, will be treated according to the Institute's anti-bullying policy, which sets out the Institute's support for victims and appropriate consequences for perpetrators. If a child is suffering or is likely to suffer significant harm, then such abuse will be reported to the local authority as a child protection concern.

7. Online Safety

According to some estimates, more than 50,000 sexual predators are thought to be online at any one time in the UK. CEOP, the Child Exploitation and Online Protection Centre, is based in London. To date, CEOP has rescued 131 children from abusive environments, and its work has resulted in the arrests of 297 child sex offenders. It is estimated that 1 in 5 young internet users has received unwanted sexual solicitation through the internet.

Think U Know is a CEOP website on e-safety aimed at children and young people: CEOP can provide a range of resources for working with children and young people around e-safety. Their website also explains how to report internet abuse through the 'report abuse' icon. Terrorist and extremist materials are widely circulated via the internet.

Reference should be made to the Institute's cyberbullying policy, and any safeguarding concerns related to the abuse of technology should be reported to the Academic Dean or, in his absence, to the Dean of Students or the Dean of Admissions.

8. Safeguarding Disabled Children

Disabled children are three times more likely to be abused. Disabled children should be treated with the same professional concern as non-disabled children. Additional resources/time may need to be allocated since children with special educational needs or disabilities may be disproportionately affected by bullying/abuse without showing outward signs. Basic training and/or awareness about the susceptibility of disabled children should be given to all staff. The impairment should not detract from the assessment of need, which should consider the underlying causes of concern. Criminal investigations need to be handled sensitively and in accordance with Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children (2008).

Parents and carers should be aware of the vulnerability of disabled children and their role in safeguarding them.

9. The Role of All Staff

All staff have a responsibility to promote students' welfare in their care by providing a safe environment in which students feel secure and valued. This environment should foster a culture of trust in which students feel confident sharing their problems. It is the responsibility of all staff to be aware of the possible signs and symptoms of abuse, including abuse by one or more pupils against another pupil; it is not the responsibility of staff to interrogate or investigate any disclosures. If staff have a concern about a child, whether or not the child has disclosed anything, the DSL must be consulted without delay. If there is a risk of immediate and serious harm to a child, anybody can make a referral to social services, but referral via the DSL is preferred. The Institute operates a 'whistleblowing policy' whereby any suspicions about colleagues' behaviour must be reported in confidence to the DSL. It is important to note, in the context of GDPR, that data protection compliance should never stand in the way of safeguarding children.

10. Procedures for Dealing with Allegations

When a child tells

If a child discloses to you directly, remember that it has taken a lot of courage to get to this point, and your response is CRUCIAL. This child has chosen you as someone they trust. Children and adults who disclose abuse are often asked, 'Why didn't you tell someone?' This reaction can be very distressing and shows a lack of awareness about the realities of abuse. So long as parents or carers are not implicated in any potential abuse, or that communicating with parents and carers of a child making a disclosure would not place a child at further risk, the parents or carers of a child making a disclosure should be informed about this at the earliest opportunity.

All concerns/disclosures must be recorded in writing on the Record of Concern/Disclosure form.

All members of staff are advised of the key points for safeguarding and child protection as follows:

If a child tells you about a child protection matter:

- Always stop and listen seriously - tell the child that you believe him or her.
- Reassure the child: tell them they are not to blame.

- Empathise but do not ask questions.
- Do not promise not to tell anyone - some secrets you cannot promise to keep.
- Find DSL or one of the Deputy DSLs immediately or as soon as possible.
- Make some handwritten notes on what the child said to you.

If the matter is urgent and it is not possible or desirable to contact senior staff, direct contact should be made with the Local Authority Designated Officer (LADO) (01865 815956) or the local police (01865 335200).

Protect yourself: Never be alone in a room with a child unless there is an open door/ glazed door and plenty of passing adults. Avoid any conduct which would lead any reasonable person to question your motivation or intentions. In rare circumstances of needing to remove children from danger immediately, 'physical intervention' may be used, but corporal punishment of any description is prohibited.

Always keep strictly to the Institute's policy on the use of mobile phones and cameras. Report any behaviour by colleagues that raises concern. Never invite a child alone into domestic accommodation.

Procedures for dealing with allegations against staff:

Our aim is to strike a balance between the need to protect children from abuse and the need to protect staff and volunteers from false or unfounded accusations.

Allegations are received in a variety of ways: If an employee is informed about a possible allegation, they should notify the DSL immediately.

Where the allegation is against the DSL, only one Deputy should be informed. Where the allegation is against one of the Deputies, the Director alone should be informed. In the most serious cases, allegations should be referred directly to the police. There should be no time delay, and care should be taken to maintain total confidentiality until the accused person is charged with an offence.

11. Safeguarding Contacts

Reporting concerns:

The referrer should provide information about their concerns and any information they may have gathered prior to referral. They will be asked for the following:

- Full names, dates of birth and gender of all child/ren in the household;
- Family address and (where relevant) school/nursery attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child, such as grandparents;
- Names and date of birth of all household members, if available;
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant/important recent or historical events/incidents;
- Cause for concern, including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of the alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of the child and parents;
- Known involvement of other agencies/professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

Other information may be relevant, and some may not be available at the time of referral. However, the report should not be delayed to collect information if the delay may place the child at risk of significant harm.

Parents/carers must be informed about any referral, unless doing so would place the child at increased risk of harm.

Immediate concerns about a child:

The Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, for example:

- Allegations/concerns that the child has been sexually/physically abused
- Concerns that the child is suffering from severe neglect or other severe health risks
- Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
- The child is frightened to return home
- The child has been abandoned, or the parent is absent.

You should call the MASH immediately, Tel: 0345 050 7666

The Oxfordshire MASH Referral Form (MASH Enquiry online referral form) may be used by professionals only to refer children to social services.

Or you can email a report to MASH on the secure email: mash-childrens@oxfordshire.gcsx.gov.uk

If you have a concern about a child/family, but it is not an immediate safeguarding concern, you should refer to the Threshold of Needs matrix, which can be found at: http://www.oscb.org.uk/wp-content/uploads/Oxfordshire-Threshold-of-Needs_Final.pdf.

This tool is designed to support professionals in deciding whether to contact Children's Social Care. If, after consulting the Threshold of Need, you still have concerns that do not require an immediate safeguarding response, you should contact the Locality and Community Support Service (LCSS) and request a 'no names' consultation (meaning you don't give the child's name). You can then discuss the situation with them, and they will advise you on what to do next. If a referral is needed, they will advise you. - LCSS Central: 0345 241 2705 - LCSS North (including Banbury, Witney, Bicester, Carterton and Woodstock): 0345 241 2703 - LCSS South (including Abingdon, Faringdon, Wantage, Thame, Didcot and Henley): 0345 241 2608

If you have a concern out of office hours, call the Emergency Duty Team on 0800 833 408

Referrals on open cases:

If you want to speak to someone about an already open case, contact the relevant Children's Social Care Team. If you do not have the name and contact details for the relevant Social Worker, contact MASH on 0345 050 7666.

Allegations against others working with children:

All allegations of abuse by those who work with children must be taken seriously, whether they are in a paid or unpaid capacity. This procedure should be applied when there is an allegation or concern that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

To report an allegation or concern about a person in a position of trust, please contact the LADO and Safeguarding Team on 01865 810603 or email: LADO.safeguardingchildren@oxfordshire.gov.uk

12. Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where those in a position of trust fail to do so. All those in a position of trust should be aware of their duty to raise concerns about dangerous or illegal activity, or any wrongdoing within their organisation.

Police Child Abuse Investigation Unit 01865 335200

Non-Emergency Number 101

Emergency 999

DfE helpline for non-emergency advice 020 7340 7264

Extremism counter-extremism@education.gsi.gov.uk

All discussions should be recorded in writing, and communications with all parties should be agreed upon.

In dealing with allegations against members of staff, procedures will be applied with common sense and judgement, including whether the case warrants suspension or alternatives.

Information about allegations of sexual abuse will be retained by the Institute until the accused has reached the normal pension age or for a period of 10 years from the date of the allegation, whichever is longer.

Allegations found to be malicious after investigation will be removed from personnel records and cannot be referred to in employer references.

If any member of staff or volunteer is dismissed or no longer employed or used by the Institute because he or she is considered unsuitable to work with children, then he or she will be referred to the Disclosure and Barring Service within one month of leaving the Institute. Failure to make such a report constitutes an offence.

Disclosure and Barring Service, Post Office Box 181, Darlington, DL1 9FA

If there is a substantiated allegation against a member of staff, the Institute will work with the LADO to improve its procedures and practices to prevent similar events in the future.