



Rotherham Opportunities College

Safeguarding and Child Protection Policy



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5	September 2026	Principal	Policy review/update: September 2026 statutory information-sharing guidance and review of KCSIE 2026 / Working Together 2026.



1. Purpose

Rotherham Opportunities College (ROC) is committed to safeguarding and promoting the welfare of every child in its care. This policy sets out how ROC prevents harm, recognises concerns, responds promptly, works with other agencies and maintains a culture in which safeguarding is everyone's responsibility.

For this policy, a child is anyone under 18. ROC supports students aged 16–25 with a range of special educational needs and disabilities (SEND). Students aged 18 and over are covered by ROC's Safeguarding Adults Policy; where concerns overlap, the appropriate child and/or adult safeguarding pathway will be followed.

2. Scope and ROC Context

This policy applies to trustees, employees, agency staff, volunteers, trainees, contractors, consultants, specialist advisers, visitors and anyone working on behalf of ROC across College premises, community activities, work placements, supported internships, educational visits, transport and online or remote activity.

ROC recognises that children with SEND may face additional safeguarding risks because of communication needs, dependence on adults, personal or intimate care, social isolation, difficulty recognising abuse, and assumptions that changes in behaviour or injuries relate to disability. Staff must use professional curiosity, accessible communication and the child's known methods of expressing choice, discomfort or distress.

3. Legal and Statutory Framework

This policy is informed by current legislation and statutory guidance, including:

- Keeping Children Safe in Education 2026 (KCSIE 2026), in force from 1 September 2026;
- Working Together to Safeguard Children 2026;
- Children Act 1989 and Children Act 2004;
- Education Act 2002, including section 175 duties;
- Children's Wellbeing and Schools Act 2026, where provisions are in force and relevant to ROC;
- Safeguarding Vulnerable Groups Act 2006 and current Disclosure and Barring Service requirements;
- Equality Act 2010 and Human Rights Act 1998;
- Data Protection Act 2018, UK GDPR and current safeguarding information-sharing requirements;
- Information Sharing to Safeguard Children and Young People: statutory guidance (DfE, September 2026);
- Female Genital Mutilation Act 2003, as amended; Sexual Offences Act 2003; Voyeurism (Offences) Act 2019; Domestic Abuse Act 2021; Marriage and Civil Partnership (Minimum Age) Act 2022; and Counter-Terrorism and Security Act 2015 / Prevent Duty Guidance.

All staff, including those who do not work directly with children, must read Part One of KCSIE 2026 in full and receive support to understand their safeguarding responsibilities. ROC will review this policy at least annually and sooner if guidance or local arrangements change.

4. Safeguarding Principles

- Maintain an attitude that "it could happen here".



- Act in the child's best interests and take concerns seriously, however small they may appear.
- Provide help and support as soon as problems emerge and escalate where risk increases or progress is insufficient.
- Listen to children, take account of their wishes and feelings, and use communication approaches that are accessible to them.
- Work in an inclusive, anti-discriminatory and anti-racist way and challenge racism, misogyny, misandry, homophobia, biphobia, discrimination and other degrading behaviour.
- Share safeguarding information lawfully, proportionately and without unnecessary delay. Data protection law is not a barrier to sharing information needed to protect a child.
- Work in partnership with parents/carers where it is safe and appropriate to do so, but do not delay action or share information where this may increase risk.

5. Roles and Responsibilities

5.1 Board of Trustees

The Board of Trustees has strategic oversight of safeguarding and will ensure that ROC complies with KCSIE 2026, has an appropriately trained and supported DSL, effective safer recruitment and staff-concern arrangements, suitable filtering and monitoring, appropriate safeguarding training, and effective arrangements for children at risk. Safeguarding will be considered regularly through governance reporting without identifying individual students unnecessarily.

5.2 Principal

The Principal, is the Executive Designated Safeguarding Lead and is responsible for ensuring this policy is implemented, that safeguarding responsibilities are understood across ROC, that appropriate resources and cover are available, and that concerns about staff are managed in line with KCSIE 2026 and ROC's Allegations Against Staff and Other Adults Policy. Where a concern relates to the Principal, it must be reported to the Chair of Trustees.

5.3 Designated Safeguarding Lead (DSL) and Deputies

The DSL has lead responsibility for safeguarding and child protection in accordance with KCSIE 2026 Annex C/DSL responsibilities, supported by trained deputies. The DSL will provide advice, make or oversee referrals, liaise with safeguarding partners, police, health, local authorities and other agencies, maintain safeguarding records, support educational outcomes of vulnerable children, ensure appropriate transfer of records, oversee safeguarding training and keep senior leaders and trustees appropriately informed.

5.4 All Staff

All staff must recognise, respond, record and report. Staff must not investigate concerns themselves, promise confidentiality, or assume another person will act. Staff must follow the Staff Code of Conduct, safeguarding procedures and training, and report concerns about adults working with children through the appropriate ROC procedure.

6. Reporting and Responding to Concerns

Any concern about a child's welfare must be reported without delay to the DSL or a Deputy DSL and recorded promptly and factually on CPOMS. If the DSL or deputies are unavailable, this must



not delay action: staff should seek advice from a senior leader and/or contact children's social care directly where necessary. In an emergency or where a child is in immediate danger, call 999.

When a child makes a disclosure, staff should listen carefully, remain calm, take the child seriously, avoid leading questions, explain that information may need to be shared to keep them safe, record the child's words as accurately as possible and report immediately. Staff should not ask the child to repeat their account unnecessarily.

ROC's safeguarding email is safeguarding@theroc.co.uk and safeguarding mobile is 07351 768335. These routes support access to the safeguarding team but do not replace immediate action where there is urgent risk.

7. Family Help, Referrals and Multi-Agency Working

In line with Working Together to Safeguard Children 2026 and KCSIE 2026, ROC will seek help as soon as problems emerge. Support may include universal/community services, Family Help or other early support, section 17 support for a child in need, and section 47 child protection enquiries where significant harm is suspected.

The DSL will consider the child's circumstances, known history, local threshold guidance, views and wishes, and information from partner agencies. Where a child is suffering or likely to suffer significant harm, or a criminal offence may have occurred, ROC will refer without delay to the relevant children's social care service and/or police. ROC will contribute to assessments, plans, meetings and reviews, and will escalate concerns where progress is insufficient or risk remains.

Where appropriate, ROC will contribute to Family Help arrangements and plans, work with the identified lead practitioner and relevant multi-disciplinary partners, and participate in family group decision-making where this forms part of the agreed support or protection plan.

8. Key Safeguarding Risks

Safeguarding concerns can overlap, occur inside or outside the home, in education or community settings, and online. Staff must remain alert to the following, with fuller indicators in Appendix 1 and KCSIE 2026:

- physical abuse, emotional abuse, sexual abuse and neglect;
- child-on-child abuse, including bullying, prejudice-based abuse, sexual violence, sexual harassment, harmful sexual behaviour, relationship abuse, upskirting, initiation/hazing and sharing or creating nude/semi-nude images, including AI-generated or altered imagery;
- child criminal exploitation (CCE), child sexual exploitation (CSE), county lines, trafficking, modern slavery and serious violence;
- harm outside the home, including risks in peer groups, local communities, transport, work placements and online spaces;
- domestic abuse and coercive control; children can be victims in their own right where they see, hear or experience the effects;
- female genital mutilation (FGM), honour-based abuse and forced marriage;
- radicalisation and extremism under the Prevent duty;
- mental health concerns, self-harm, suicidal ideation or eating difficulties where these may indicate abuse, neglect or exploitation;
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- persistent or unexplained absence from education, homelessness, young caring responsibilities, and risks affecting children in care, previously in care, kinship care or with a social worker.

8.1 Child-on-Child Abuse

ROC has a zero-tolerance approach to child-on-child abuse: it is never acceptable and must not be dismissed as “banter”, part of growing up or an inevitable part of College life. The absence of reports does not mean abuse is not occurring. All concerns must be reported to the safeguarding team and recorded on CPOMS. Responses will be child-centred, proportionate and consider the needs and safety of all children involved, including any unmet needs or vulnerabilities of a child displaying harmful behaviour.

8.2 FGM and Honour-Based Abuse

FGM is illegal and is child abuse. All concerns must be reported to the DSL. In addition, a teacher has a personal statutory duty to report directly to the police where, in the course of professional duties, they are informed by a girl under 18 that FGM has been carried out on her or they observe physical signs which appear to show it has been carried out. The DSL must also be informed. Suspected or anticipated FGM follows normal safeguarding referral procedures.

8.3 Domestic Abuse and Operation Encompass

ROC recognises that children can be victims of domestic abuse in their own right. ROC participates in Operation Encompass and will ensure notifications are received by appropriately trained safeguarding staff, recorded securely, considered promptly and used to provide proportionate support. An Operation Encompass notification does not replace a child protection referral where one is required.

8.4 Prevent

ROC will have due regard to the Prevent Duty Guidance and will identify and respond proportionately to concerns that a child may be susceptible to radicalisation or extremism. Concerns must be reported to the DSL/Prevent Lead, who will consider local Prevent/Channel arrangements and police advice where appropriate. Immediate danger must be reported to the police.

9. Online Safety, Filtering, Monitoring and AI

Online safety is part of safeguarding and is embedded in curriculum, IT, staff practice and risk management. ROC uses Smoothwall as part of its filtering and monitoring arrangements and will keep those arrangements under review. Staff and trustees must understand the four areas of online risk identified in KCSIE 2026: content, contact, conduct and commerce.

ROC recognises risks associated with generative AI, including grooming, harmful content, misinformation, deepfakes, bullying, false allegations and the creation or alteration of sexual imagery. Safeguarding concerns involving AI or digital technology must be reported in the same way as other safeguarding concerns. Filtering and monitoring arrangements will be reviewed and checks recorded in line with current DfE standards and ROC’s ICT/online safety arrangements.



10. Children with SEND, Medical Needs and Mental Health

Children with SEND must receive the same safeguarding protection as any other child, with additional consideration of communication, understanding, sensory needs, disability, personal care, dependence on adults and online vulnerability. Staff must not explain away injuries, distress or behavioural change as simply part of a child's disability.

A medical condition or allergy does not in itself make a child a safeguarding concern. A referral may be required where information suggests neglect, abuse or exploitation, such as repeated failure to provide essential medication or care. Mental health concerns must be considered alongside safeguarding; where a mental health issue may indicate abuse, neglect or exploitation, staff must follow safeguarding procedures immediately.

11. Safer Recruitment and Suitability

ROC follows KCSIE 2026 Part Three, current DBS requirements and its Safer Recruitment Policy. Recruitment processes are designed to deter, reject or identify unsuitable applicants and include appropriate identity, right-to-work, references, qualification, DBS/barred-list and overseas checks, together with online due-diligence searches for shortlisted candidates where appropriate. ROC maintains a Single Central Record and obtains appropriate assurance for agency staff, contractors and others working with children.

The detailed recruitment process is set out in ROC's Safer Recruitment Policy and is not duplicated here.

12. Concerns or Allegations About Staff and Low-Level Concerns

All concerns about adults working in or on behalf of ROC must be reported. Allegations that may meet the KCSIE 2026 harm threshold are managed under ROC's Allegations Against Staff and Other Adults Policy and local LADO procedures. Concerns about the Principal must be reported to the Chair of Trustees. Low-level concerns that do not meet the harm threshold must still be shared and recorded in line with ROC's Low-Level Concerns Policy so that patterns can be identified and appropriate action taken.

Where the legal criteria are met, ROC will make referrals to the Disclosure and Barring Service and any relevant professional or regulatory body. Resignation or ending an agency placement does not remove these duties.

13. Physical Contact and Intervention

ROC staff are not trained to undertake planned restraint and must not use restraint or restrictive physical intervention as routine behaviour management. ROC prioritises prevention, positive relationships, communication, de-escalation and individualised support.

In exceptional circumstances, staff may need to use appropriate physical support to guide a child away from immediate danger or prevent serious injury. Any intervention must be the minimum reasonably necessary, proportionate to the immediate risk and used for the shortest possible time. Staff should seek assistance where practicable. The incident must be reported to the DSL and fully recorded on CPOMS, with any injury also recorded through ROC's medical/incident systems as required.



14. Safeguarding Education, Student Voice and Parents/Carers

ROC provides safeguarding education through its curriculum and preparation-for-adulthood work, including healthy relationships, online safety, exploitation, consent, personal safety and how to seek help. Teaching is adapted to students' communication and learning needs. Students are encouraged to identify trusted adults, express their views and give feedback about safety.

ROC will work openly with parents/carers and families wherever this is in the child's best interests. Parents/carers will normally be informed about concerns and referrals unless doing so may place a child or another person at increased risk, prejudice an investigation or conflict with professional advice.

15. Off-Site Activity, Work Placements, Home Visits and Premises Use

Safeguarding expectations apply wherever ROC students learn or receive support. ROC will use appropriate risk assessment, information sharing and provider assurance for work placements, supported internships, educational visits and community activity. Home visits must follow ROC's Lone Working Policy and safeguarding procedures. Where ROC premises are used by external organisations, safeguarding expectations will form part of the arrangement and concerns will be acted upon promptly.

16. Records, Confidentiality and Information Sharing

Safeguarding records must be factual, timely, secure and clear about decisions and reasons. CPOMS is ROC's core safeguarding recording system. Information will be shared on a need-to-know basis for legitimate safeguarding purposes and in line with current law and guidance. Staff must never promise a child absolute confidentiality. Child protection records will be transferred securely and promptly when a child moves to another education setting, in accordance with KCSIE 2026.

ROC will have regard to the statutory Information Sharing to Safeguard Children and Young People guidance when exercising functions within scope of the section 16LA Children Act 2004 information sharing duty. Staff and safeguarding leaders must consider sharing relevant information where it may facilitate safeguarding or promote a child's welfare, share no more information than is necessary for the purpose, use secure methods, and record significant decisions to share or not share and the reasons for them. Where multi-agency data sharing agreements are required, ROC will use or adapt the relevant local safeguarding partnership arrangements as appropriate.

17. Training, Induction and Whistleblowing

All staff receive safeguarding induction and regular updates appropriate to their role. DSLs and deputies receive role-specific training and refresh their knowledge and skills in line with KCSIE 2026. Trustees receive safeguarding training appropriate to their governance role. Staff must complete required training and confirm that they have read and understood relevant safeguarding information, including KCSIE 2026 Part One.

The KCSIE 2026 Part One overview may be used as a supplementary quick-reference resource, but it does not replace the requirement for every member of staff to read Part One in full.



Staff must be able to raise concerns about poor or unsafe practice. ROC's Whistleblowing Policy provides a route where wider wrongdoing or organisational failure is suspected. A person who believes a child remains at risk must escalate the concern and may contact children's social care or police directly where necessary.

18. Related ROC Policies

- Safeguarding Adults Policy
- Prevent Policy
- Safer Recruitment Policy
- Allegations Against Staff and Other Adults Policy
- Low-Level Concerns Policy
- Staff Code of Conduct
- Positive Behaviour Policy
- Personal and Intimate Care Policy
- Lone Working Policy
- First Aid, Medical Needs, Accidents and Incidents Policy
- ICT / Acceptable Use and Social Media Policies
- Whistleblowing Policy
- Dignity at Work Policy
- Health & Safety Policy
- ROC information-sharing / data-sharing arrangements and applicable local safeguarding partnership protocols

19. Monitoring and Review

The Principal and DSL will monitor implementation and provide appropriate safeguarding assurance to the Board of Trustees. This policy will be reviewed at least annually, normally for September, and earlier where KCSIE, Working Together, legislation, local safeguarding arrangements or ROC practice changes.

The DSL will also monitor implementation of the statutory information-sharing duty and any subsequent DfE, local safeguarding partnership or data-sharing agreement updates that affect ROC practice.



Appendix 1 – Recognising Abuse and Safeguarding Concerns

The following is a practical prompt rather than an exhaustive list. Staff should report concerns rather than attempt to diagnose or investigate.

Physical abuse

Possible indicators include unexplained or repeated injuries, injuries inconsistent with the explanation given, fear of going home, flinching, or changes in behaviour following contact with particular people.

Emotional abuse

Possible indicators include persistent low self-esteem, withdrawal, excessive anxiety, developmental regression, fearful or highly compliant behaviour, or persistent humiliation, criticism, threats or rejection.

Sexual abuse

Possible indicators include sexual knowledge or behaviour inconsistent with developmental understanding, unexplained distress, avoidance of particular people or places, sexually transmitted infection, pregnancy, concerning online contact, sexual imagery, grooming or disclosure.

Neglect

Possible indicators include persistent hunger, poor hygiene, unsuitable clothing, untreated medical needs, inadequate supervision, repeated failure to provide essential medication or care, or persistent absence linked to unmet care needs.

FGM

Possible indicators of risk include talk of a “special procedure” or celebration, planned extended travel, a family history of FGM or anxiety about a forthcoming trip. Possible indicators that FGM may have occurred include difficulty walking, sitting or standing, prolonged toilet visits, urinary or menstrual difficulties, pain or marked behavioural change. Indicators do not prove FGM. Staff must report concerns to the DSL and must not examine a child or investigate. The personal police-reporting duty for teachers applies as described in section 8.2.

Exploitation, serious violence and harm outside the home

Possible indicators include going missing, unexplained money or possessions, new older or controlling associates, multiple phones, unexplained injuries, carrying weapons, deteriorating attendance or engagement, isolation from usual networks, signs of coercion, travel to unfamiliar locations or sudden changes in wellbeing.

Online and AI-facilitated harm

Possible indicators include secretive or distressed device use, grooming, coercion, threats, online bullying, financial scams, exposure to harmful content, or creation/sharing of sexual or manipulated imagery. Staff should preserve evidence safely where appropriate, avoid forwarding illegal imagery and seek DSL advice immediately.



Appendix 2 – Safeguarding Contacts

Staff should use the child's home local authority where this differs from Rotherham. Contact routes can change; the safeguarding team should confirm the current published referral route when making a referral. In an emergency call 999.

Service	Contact
Rotherham MASH – Children's Social Care	01709 336080
Rotherham Local Authority Designated Officer (LADO)	01709 336491
Barnsley Children's Social Care / MASH	01226 772423
Doncaster MASH	01302 737777
Sheffield Safeguarding Hub	0114 273 4855
Kirklees Children's Social Care – Duty and Advice	01484 414960
Kirklees Emergency Duty Team (out of hours)	01484 414933
North East Lincolnshire – children's social care / safeguarding	01472 256256 (confirm current referral route before use)



Appendix 3 – Safeguarding Team Information

This page is intentionally maintained without individual photographs or names while safeguarding-team information is being reviewed and updated. Current details of the Designated Safeguarding Lead and Deputy DSLs are displayed prominently within College, available from Reception, and maintained through ROC's approved internal information systems.

Staff must know how to contact the safeguarding team and must not delay reporting a concern because a particular safeguarding lead is unavailable.