

# Three Towers

An Alternative Provision Academy

*Expanding Horizons*

## Safeguarding Policy

Incorporating Child Protection and Early Help

Adopted: June 2020

Review: as required by statutory guidance

## Key Contacts

The key safeguarding responsibilities within each of the roles below are set out in Keeping Children safe in Education (KCSIE) 2020			
Role	Name	Phone	Email
Headteacher / Senior DSL	Miss A Isherwood	01942 932760	safeguarding@ttapa.net
Deputy DSLs	Mrs C Banks		
	Mrs C Higgins		
	Mrs C Lynch		
	Ms G Murphy		
	Mrs A Scott		
	Mrs V Scott		
CLA Lead teacher	Mrs C Arstall		hindleyoffice@ttapa.net
SENDCo			
Chair of Governors	Mr K Robinson	c/o e.roberts@hhhs.net	
Safeguarding Governor	Mrs A Foster		
CEO of Rowan Learning Trust	Mr P Rimmer		
Agency Contact Details			
Designated Officer (DO, formerly known as LADO)	Ms Sue Wharton	01942 486042	<a href="mailto:lado@wigan.gov.uk">lado@wigan.gov.uk</a>
Children's Social Care referrals	Duty Team	01942 828300	<a href="https://www.wigan.gov.uk/Resident/Health-Social-Care/Children-and-young-people/ProfessionalReferralForm.aspx">https://www.wigan.gov.uk/Resident/Health-Social-Care/Children-and-young-people/ProfessionalReferralForm.aspx</a>
Early Help Hub	StartWell	01942 486262	<a href="mailto:EHH@wigan.gov.uk">EHH@wigan.gov.uk</a>
Wigan safeguarding Children's Board		01942 486025	<a href="mailto:wscb@wigan.gov.uk">wscb@wigan.gov.uk</a>
School nurses		01942 486	
Channel helpline		020 7340 7264	
<p style="text-align: center;"><b>If you believe a child or young person is at immediate risk of significant harm or injury, contact the Police on 999</b></p>			

## 1 Introduction

Three Towers (TTAPA) fully recognises the contribution it makes to safeguarding children / young people and supporting/protecting learners in the academy. **Safeguarding underpins all that we do.** All staff believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child. Three Towers recognises it is an agent of referral and not of investigation.

Our policy applies to all members of our school community. We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our learners from harm, and that the child's welfare is our paramount concern.

## 2 Aims

TTAPA aims to ensure:

- all of our learners are safe and protected from harm;
- safeguarding procedures are in place to help learners to feel safe and empower them to stay safe;
- appropriate action is taken in a timely manner to safeguard and promote learners' welfare;
- adults at TTAPA are aware of the expected behaviours and the legal responsibilities in relation to safeguarding and child protection;
- we adopt a multi-agency approach to provide appropriate and timely support to learners through adoption of the early help framework

TTAPA will do this by:

- supporting our learners' development in ways that will foster security, confidence and independence;
- providing a high quality, safe and stimulating environment in which learners feel safe, secure, valued, respected and confident so they are able to enjoy them learn, build positive relationships so they know how to approach staff if they are in difficulties, believing they will be effectively listened to;
- raising the awareness of staff of the need to safeguard learners;
- providing a systematic means of monitoring learners known or thought to be at risk of harm, and ensure we contribute to assessments of need and support packages for those learners;
- emphasising the need for good levels of communication between all members of TTAPA's community;
- providing a structured procedure which is followed by all staff in cases of suspected abuse;
- providing staff access to safeguarding training and awareness raising concerning:
- developing and promoting effective working relationships with external agencies, especially the Police, Health and Social Care;
- ensuring that all TTAPA have been recruited safely and that a single central record is maintained;

- teaching about safeguarding through a personalised curriculum that promotes their spiritual, moral, cultural, mental and physical development, and prepares them for the opportunities, responsibilities and experiences of life.

### 3 Legislation and Statutory Guidance

This policy has been developed in accordance with the Department for Education's statutory guidance:

[Keeping Children Safe in Education \(2020\)](#) and [Working Together to Safeguard Children \(2018\)](#), and the [Governance Handbook](#).

This policy has been developed in accordance with the principles established by:

- Section 175 of the [Education Act 2002](#), which places a duty on schools and local authorities to safeguard and promote the welfare of learners
- [The School Staffing \(England\) Regulations 2009](#), which set out what must be recorded on the single central record and the requirement for at least one person conducting an interview to be trained in safer recruitment techniques
- Part 3 of the schedule to the [Education \(Independent School Standards\) Regulations 2014](#), which places a duty on academies and independent schools to safeguard and promote the welfare of learners at the school
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children
- [Statutory guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- The [Childcare \(Disqualification\) and Childcare \(Early Years Provision Free of Charge\) \(Extended Entitlement\) \(Amendment\) Regulations 2018](#) (referred to in this policy as the "2018 Childcare Disqualification Regulations") and [Childcare Act 2006](#), which set out who is disqualified from working with children
- This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#).

- This policy also complies with our funding agreement and articles of association.
- We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners.

Other key documents are noted, which have prompted changes to safeguarding requirements over time. This policy references these throughout where relevant:

- GDPR and the Data Protection Act 2018.
- Information Sharing: Advice for Practitioners 2018.
- Sexual Violence and Sexual Harassment between Children in Schools and Colleges (guidance document) 2018.
- Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018.
- Childcare Act 2006 (as amended in 2018).

This policy should also be read in conjunction with Wigan's Threshold of Need <sup>1</sup>Document / Procedure, Wigan's Resolution Policy<sup>2</sup> and the associated safeguarding policies of The Rowan Learning Trust.

#### 4 Equality Impact Statement including Children with SEND

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- have special educational needs (SEN) or disabilities;
- are looked after or previously looked after;
- are young carers;
- may experience discrimination due to their race, ethnicity, religion, gender identification or sexuality;
- are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence;
- are at risk due to either their own or a family member's mental health needs;
- have English as an additional language;
- are at risk of FGM, sexual exploitation, forced marriage, or radicalisation;
- are asylum seekers.

#### 5 Definitions

**Safeguarding and promoting the welfare of children** means:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;

<sup>1</sup> <https://www.wigan.gov.uk/Docs/PDF/WSCB/Thresholds-of-Need-booklet.pdf>

<sup>2</sup> Escalation policy recently update to Resolution Policy

- Taking action that enables all children to have the best outcomes

Further definitions are contained in [Appendix 1](#)

The term 'safeguarding children' covers a range of measures including child protection procedures. It encompasses a preventative approach to keeping children safe that incorporates learner health and safety; school behaviour and preventing bullying; supporting learners with medical conditions; personal, health, social economic education; providing first aid and site security. Consequently, this policy is consistent with all other policies adopted by the governors and should be read alongside other school and Trust policies relevant to the safety and welfare of our learners.

**Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

**Abuse** is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm.

**Neglect** is a form of abuse and is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

**Sexting** (also known as youth produced sexual imagery) is the sharing of sexual imagery (photos or videos) by children

**Children** includes everyone under the age of 18.

The following **3 safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017):

- The local authority (LA);
- A clinical commissioning group for an area within the LA;
- The chief officer of police for a police area in the LA.

They work together to safeguard and promote the welfare of local children, including identifying and responding to their needs.

As outlined above, the term 'safeguarding children' covers a range of measures including child protection procedures. It encompasses a preventative approach through the early help framework to keeping children safe that incorporates child health and safety; school behaviour and preventing bullying; supporting learners with medical conditions; personal, health, social economic education; providing first aid and site security.

All staff are aware of the categories of abuse, which are:

- Neglect
- Emotional Abuse
- Physical abuse
- Sexual abuse

The definitions of which can be found in the glossary, and signs and symptoms of the four categories of abuse can be found in [Appendix 2](#).

This policy assumes that any of the categories of abuse could be disclosed within the Borough of Wigan, and gives further information relating to individual types of abuse within this document in line with advice and guidance within Keeping Children Safe in Education.

## 6 Expectations and Responsibilities

Safeguarding and child protection is **everyone's** responsibility so all adults, including temporary staff<sup>3</sup>, volunteers and governors, have a full and active part to play in protecting our learners from harm and ensuring that their welfare is our paramount concern.

This policy applies to all adults working with TTAPA learners and is consistent with the procedures of the 3 safeguarding partners. Our policy and procedures also apply to extended school and off-site activities.

All staff believe that we should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual learner.

### 6.1 Our Safeguarding Role

We recognise that:

- a child / young person who is neglected, abused or witness to violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of worth;
- TTAPA may provide the only stability in the lives of children and young people who have been abused or are at risk of harm;
- research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn;
- the early help framework provides opportunities to intervene early and prevent safeguarding issues developing, as well providing a framework for appropriate support to be wrapped around the child / young person and their family.

### 6.2 Responsibilities

#### 6.2.1 All staff are expected to:

- read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance at least annually;
- be familiar with this safeguarding policy and procedures and have an opportunity to contribute to their review;
- know who the DSL and DDSLs are;
- be alert to signs and indicators of possible abuse;
- be able to record and report concerns as set out in this policy;
- be able to deal with a disclosure of abuse from a learner;
- be involved in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans as required;
- be aware of the safeguarding response to children who go missing from education.

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<sup>3</sup> Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self-employed staff, AP providers, contractors, volunteers working with children etc, and governors

**6.2.2 The Designated Safeguarding Lead (DSL)** is a member of the core leadership team (CLT) and takes lead responsibility for child protection and wider safeguarding and are responsible for:

- provide advice and support to other staff on child welfare and child protection matters including supporting staff who make such referrals directly;
- refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police) and acting as a focal point for staff to discuss these concerns. Referrals to social care should be made by calling the Child in Need duty team;
- keeping written records of concerns about a child even if there is no need to make an immediate referral;
- ensuring that all such records are kept confidentially, securely stored and are separate from other learner records, are transferred securely and held by the setting where the learners attend until their 25<sup>th</sup> birthday. In the instance of an early help intervention, consideration will be given to the welfare of the learner and consult with the family for appropriate transfer of information;
- ensuring that an indication of the existence of the additional file outlined above is clearly marked on the learner's records;
- ensuring that all records are kept and retained in line with the "Record retention" policy, and that Children Looked After (CLA) records are retained for 99 years, and a record is kept and witnessed of the disposal of individual's record;
- making sure when a learner leaves, any information regarding safeguarding (current or historic) as well as the child protection file, where applicable, is transferred to the new education setting as soon as possible. This should be transferred separately from the main learner file, ensuring secure transit, and confirmation of receipt should be obtained. Receiving schools and colleges should ensure key staff such as designated safeguarding leads and SENDCo or the named person with oversight for SEND in colleges, are aware as required;
- ensuring that they, or the staff member attending case conferences, core groups, early help meetings or other multi-agency planning meetings, contribute to assessments and provide a report which has been shared with the parents;
- ensuring that any learner currently with a child protection plan who is absent in the educational setting without explanation for 2 days is referred to their key worker's Social Care Team;
- organising child protection induction and update training every 3 years (as a minimum) for all school staff;
- liaising with other agencies and professionals including taking part in strategy discussions and inter-agency meetings and/or supporting other staff to do so.

The DSLs will also keep the headteacher informed of any issues, and liaise with local authority case managers and designated officers for child protection concerns as appropriate.

During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns. When the DSL is absent, the deputies (DDSL) will act as cover. During holidays safeguarding concerns school be reported directly to the Child in Need Team.



**6.2.3 The Headteacher** is responsible for the implementation of this policy, including:

- ensuring that staff (including temporary staff) and volunteers are informed of our systems which support safeguarding, including this policy, as part of their induction;
- communicating this policy to parents when their child joins the school and via the school website;
- ensuring that the DSLs have appropriate time, funding, training and resources, and that there is always adequate cover if the DSLs are absent;
- ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly;
- acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate;
- ensuring the relevant staffing ratios are met, where applicable.

**6.2.4 The Local Governing Body (LGB)** will read Keeping Children Safe in Education which has information on they are supported to fulfil their role. They will:

- receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities;
- approve this policy at each review, ensure it complies with the law and hold the headteacher to account for its implementation;
- appoint a Nominated Governor (NG) for Safeguarding to monitor the effectiveness of this policy in conjunction with the LGB. This is always a different person from the Designated Safeguarding Lead(DSL).

The chair of governors may act as the 'case manager' in the event that an allegation of abuse is made against the headteacher if the CEO is unable to do so.

## **7 Recognising Abuse and Taking Action**

All adults must follow the procedures set out below in the event of a safeguarding issue.

### **7.1 If the child is in immediate danger**

Make a referral to the Child in Need team and / or the police immediately if you believe the learner is in immediate danger. Anyone can make a referral.

Inform the DSL as soon as possible if you make a referral.

### **7.2 Responding to concerns / disclosures of abuse**

Staff adhere to the following Dos and Don'ts when concerned about abuse or when responding to a disclosure of abuse.

#### **Do:**

- **Create a safe environment by offering** the child a private and safe place if possible;
- **Stay calm** and reassure the child and stress that he/she is not to blame, do not show you are shocked or upset;
- **Tell** the child that you know how difficult it must have been to confide in you;
- **Listen carefully** and allow them time to talk freely;

- Use the ‘tell me’, ‘explain’, ‘describe’ and/or mirroring strategy;
- **Explain to** the child what you are going to do next and that you will have to pass this information on;
- **Tell only the Designated or Deputy Safeguarding Lead;**
- **Record** in detail using the Safeguarding Module in ClassCharts without delay, using the child’s own words.

**Don’t:**

- take photographs of any injuries;
- postpone or delay the opportunity for the learner to talk;
- take notes while the learner is speaking or ask the learner to write an account;
- try to investigate the allegation yourself;
- promise confidentiality, e.g. Say you will keep ‘the secret’;
- approach or inform the alleged abuser.

All staff record any concern about or disclosure by a learner of abuse or neglect and report this to the D/DSL using the Safeguarding Module on ClassCharts. It is the responsibility of each adult in school to ensure that the D/DSL receives the record of concern without delay. In the absence of the D/DSL, staff will seek advice direct from Children’s Social Care. In some circumstances, the D/DSL or member of staff seeks advice by ringing Children’s Social Care.

During term time, the DSL and / or a DDSL is always available during school hours for staff to discuss any safeguarding concerns.

The voice of the child is central to our safeguarding practice and learners are encouraged to express and have their views given due weight in all matters affecting them.

We are committed to work in partnership with parents and carers. In most situations, we will discuss initial concerns with them. However, the D/DSL will not share information where there are concerns that if so doing would:

- place a child at increased risk of significant harm;
- place an adult at increased risk of serious harm;
- prejudice the prevention, detection or prosecution of a serious crime;
- lead to unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult.

When we become aware that a learner is being privately fostered, we remind the carer/parent of their legal duty to notify Wigan Children’s Social Care. We follow this up by contacting Children’s Social Care directly.

### 7.3 Making a referral

If it is appropriate to refer the case to local authority children’s social care or the police, the DSL will make the referral or support staff to do so.

If staff make a referral directly (section 7.1) they must tell the DSL as soon as possible.

The local authority will make a decision quickly upon receiving the referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

#### 7.4 Record Keeping

TTAPA will hold records in line with the Rowan Learning Trust's records retention schedule/policy. All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If staff are in any doubt about whether to record something, it is discussed with the DSL.

Non-confidential records will be easily accessible and available. Confidential information and records are held securely and only available to those who have a right or professional need to see them. Safeguarding records relating to individual learners will be retained for a reasonable period of time after they have left TTAPA in line with the Trust's procedures.

If a learner for whom TTAPA has, or has had, safeguarding concerns moves to another school, the DSL will ensure that their child protection file is forwarded promptly and securely, and separately from the main pupil file. In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving school and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child.

Records specifically concerning recruitment and pre-employment checks and records pertaining to allegations of abuse made against staff are kept in line with Rowan Learning Trust's procedures.

#### 8 Safe Setting, safe staff

Our health and safety policy, set out in a separate document, reflects the consideration we give to the protection of our learners both physically within the education setting environment and, for example, in relation to internet use, and when away from the education setting, undertaking off site trips and visits.

School security guidance has been compiled to support staff in the discharge of their responsibilities by ensuring the development and implementation of suitable procedures. In particular, maintaining the security of the premises in response to potential threats to the staff and learners of the setting.

The Trustees of Rowan Learning Trust and our Local Governing Body (LGB) take seriously their responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure there are

adequate arrangements within our school to identify, assess, and support those children who are suffering / at risk of suffering abuse and neglect.

As key strategic decision makers and vision setters for the school, they will make sure that our policies and procedures are in line with national and local safeguarding requirements.

8.1 They will work with senior leaders to make sure the key actions set out in Safe Setting Safe Staff are in place. These include that:

- there is a Safeguarding, Child Protection and Early Help Policy in place which is reviewed annually;
- safeguarding and child protection procedures are reviewed annually and that a link to Wigan's Safeguarding, Child Protection and Early Help (Thresholds of Needs) policy is available on the website or by other means;
- any weaknesses in Child Protection processes and procedures are remedied immediately;
- there are procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have, had they not resigned;
- a senior leader has Designated Safeguarding Lead (DSL) responsibility;
- on appointment, the DSL and DDSLs undertake interagency training and also undertakes DSL "new to role" training and an "update" course every 2 years;
- all staff have access to safeguarding training as appropriate;
- safer recruitment procedures are followed by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training;<sup>4</sup>
- Disqualification under the Childcare Act 2006, still applies to staff themselves;<sup>5</sup>
- enhanced DBS and section 128 checks are in place for all Governors;
- there is a nominated governor (NG) for Safeguarding who is nominated to liaise with the LA on safeguarding issues and liaises with the headteacher and the D/DSL to complete an annual Section 175 safeguarding audit;
- the CEO will liaise with the LA in the event of an allegation of abuse made against the Headteacher;
- they consider how learners may be taught about safeguarding including online safety.

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<sup>4</sup> Safer recruitment training can be accessed through Wigan Safeguarding Children's Board

<sup>5</sup> Disqualification by Association now only applies in domestic settings, not schools. Disqualification under the Child Care Act still applies to staff themselves who work in a child care capacity, whether paid, volunteer or are on work placements. Relevant staff are those working in child care, or in a management role because they are: working with reception age children at any time; or working with children older than reception until age eight, outside school hours. Keeping Children Safe in Education (DfE, 2018) paragraph 116 also refers to disqualification: "For staff who work in childcare provision or who are directly concerned with the management of such provision, the school needs to ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare (Disqualification) Regulations 2009".

8.2 Keeping Children Safe in Education (KCSIE) is statutory guidance that education settings in England must have regard to it when carrying out their duties to safeguard and promote the welfare of children applying to:

- Governing bodies of maintained schools (including maintained nursery schools) and colleges;
- proprietors of independent schools (including academies, free schools and alternative provision academies) and non-maintained special schools. In the case of academies, free schools and alternative provision academies, the proprietor will be the academy trust;
- management committees of learner referral units (PRUs).

8.3 The Senior DSL is a member of the Core Leadership Team (CLT) who has, along with the deputy designated safeguarding lead(s), upon appointment undertaken DSL new to role training followed by biannual updates plus any other relevant training.

8.4 The DSL's who are involved in recruitment and at least one member of the governing body / trustees will also complete safer recruitment training to be renewed at every 3 years.

8.5 The name of the designated members of staff for child protection (DSL's and DDSL's) will be clearly visible in the school, with a statement explaining TTAPA's role in referring and monitoring cases of suspected abuse.

8.6 All members of staff are trained in, and receive, regular updates in e-safety and reporting concerns.

8.7 All new members of staff will be given a copy of our safeguarding statement and safeguarding, child protection and early help (thresholds of need) policy, with the DSL's names clearly displayed, as part of their induction.

8.8 All other staff, volunteers and governors / trustees, have child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse.

8.9 Child protection and safeguarding concerns or allegations against adults working in the school are referred to the DO<sup>6</sup> for advice and that any member of staff found not suitable to work with children or young people will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

8.10 All parents/carers are made aware of the responsibilities of staff members with regard to safeguarding and child protection procedures through publication of our Safeguarding, Child protection and Early Help policy, and reference to it during the induction meetings.

8.11 The Policy is available to the public on our website – [www.ttapa.net](http://www.ttapa.net)

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<sup>6</sup> DO Designated Officer for allegations against staff. DO threshold document can be found here <https://www.wigan.gov.uk/Docs/PDF/WSCB/LADO-threshold.pdf>

Parents / Carer's are made aware of this policy and their entitlement to have a copy of it via the website.

**8.12** All visitors sign in to and out of school using INVENTORY, wear a school ID badge and are provided with safeguarding information including the contact details of safeguarding personnel. A separate document outlines our procedures for visitors to our school sites.

**8.13** Visitors of a professional role are asked to provide evidence of their role and employment details (usually an identity badge) upon arrival at the education setting. Supporting letters from Wigan Council and the NHS in relation to DBS checks of visitors holding professional ID badges can be found at the end of this document.

**8.14** Our SLAs with our AP providers stipulate that they ensure the suitability of adults working with children on all sites at any time and they are aware of our child protection guidelines and procedures.

**8.15** Our lettings agreement with Wigan Council for Wigan Music Service will seek to ensure the suitability of adults working with children on school sites at any time.

**8.16** Our procedures will be reviewed annually (as a minimum) and updated as required.

**8.17 Mobile Phones and Cameras.** There is a separate mobile phone policy for learners and more detailed guidance provided to staff.

**8.17.1** Staff are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when learners are not present. Staff members' personal phones will remain in their bags/lockers/cupboards during contact time with learners.

Staff **must not** take pictures or recordings of learners on their personal phones or cameras.

TTAPA follows the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for use in the school.

**8.17.2** Visitors, including parents are prohibited from taking photographs or making records of TTAPA staff or learners. If they bring their phones into school premises they must be kept in their bags/pockets.

## **9 Supporting Learners**

TTAPA will consider the need for an Early Help assessment when it is identified that there are low level concerns or emerging needs, with particular concern for non-attendance / persistent absence. Detailed information on Early Help can be found in Chapter 1 of Working Together to Safeguard Children.

It is the responsibility of the education setting to initiate Early Help to identify what the family's strengths and needs are. This will inform whether the setting can support the family

or whether a referral to another agency is needed. This process provides a way of recording support and interventions that have been provided to the learner and also supports a referral for additional support that may be needed from more targeted services where a single agency has been unable to meet that need. A team around the child meeting (TAC) can be arranged to ensure that a multi-agency action plan can be developed. It is important that the child and parents voice is captured as part of this assessment and that they take ownership of the plan. This plan should be regularly reviewed up to 4 to 6 weeks until outcomes are achieved.

If at any point during the EH process, the risk increases and the education setting becomes concerned that the child or young person is, or is likely to suffer significant harm, then a referral will be made to children's social care.

In all cases the educational setting will consider the statutory guidance for schools and colleges, Keeping Children Safe in Education, published by the DfE September 2019, with particular reference to Part 1: Information for all schools and colleges.

TTAPA will support all children and young people by:

- encouraging self-esteem and mutual respect through the curriculum, as well as our relationships, whilst not condoning aggression or bullying;
- promoting and modelling healthy relationships;
- providing a caring, safe and positive environment within the school;
- liaising and working together with other support services particularly those involved in the safeguarding of children;
- notifying Social Care as soon as there is a significant concern;
- providing continuing support to a learner, about whom there have been concerns, who leaves the school by ensuring that appropriate information is copied under confidential cover to their new setting and ensuring the school medical records are forwarded as a matter of priority.

If at any point we become concerned that a learner is at serious risk of harm we will respond appropriately. If we are concerned that a child is at **immediate** or **imminent** risk then we will contact Greater Manchester Police on either 111 or 999. If, however we are concerned that a child is, or is likely to suffer serious harm but it is not imminent we will call Wigan Children's Social Care Referral Team on 01942 828300.

### 9.1 Children with SEND (Special Educational Needs and Disabilities)

TTAPA will use the same considerations for learners with SEND, as detailed above. However, we also take into consideration that additional barriers can exist when recognising abuse and neglect in this group of children and young people. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's SEND without further exploration (we consider the child first and foremost, rather than the child's SEND);

- a higher risk of vulnerability due to factors such as - a learning disability, lack of awareness, social isolation, which may contribute to risks such as online vulnerability;
- being more prone to peer group isolation than other children;
- potentially being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs;
- communication barriers and difficulties in overcoming these barriers.

Learners with SEND can face a number of challenges to disclosure, which must be recognised and taken into account including - prejudice, negative responses and low expectations.

## 9.2 Young Carers

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol.

We recognise the impact that being a Young Carer can have on learners, and the importance of identifying those young people so that appropriate support can be provided. Where a learner at TTAPA is identified as having additional support needs due to being a young carer, or where a multi-agency approach may be required, we use the Early Help Framework and routes into the StartWell Service.

Wigan Safeguarding Children Board coordinates our local Young Carers Strategy.

## 9.3 Learners with a social worker

Children may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

Senior leaders, especially the Designated Safeguarding Lead (and deputy) know who our most vulnerable children are.

TTAPA works with and supports children's social workers and other connected professionals to help protect vulnerable children. This includes working with and supporting children's social workers and the local authority virtual school head (VSH) for looked-after and previously looked-after children.

## 9.4 Looked-after and previously looked after children

TTAPA staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:

- key staff have relevant information about learner's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements;
- Pastoral managers and DSL / DDSL have details of learner's social workers.



The SENDCo is the designated teacher and is responsible for promoting the educational achievement of looked-after children and previously looked-after children in line with [statutory guidance](#).

The designated teacher is appropriately trained and has the relevant qualifications and experience to perform the role.

As part of their role, the designated teacher will:

- work closely with the DSL to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are quickly and effectively responded to;
- work with virtual school heads to promote the educational achievement of looked-after and previously looked-after children.

## 10 Information Sharing

TTAPA recognises that all matters relating to child protection are confidential<sup>7</sup> and information is handled in line with the Trust's policy.

### 10.1 Confidentiality

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children/young people, particularly in the context of child protection. The only purpose of confidentiality in this respect is to the benefit of the child.

Staff must NEVER guarantee confidentiality to a learner, nor should they agree to keep a secret. This is for the protection of the learner and because no suspicion of abuse may go unreported or unrecorded. Any learner disclosing must be told sensitively that the adult will need to pass on information which relates to their safety or that of another child/young person and helped to understand why this has to be so.

Information regarding individual cases will only be shared with staff who, for the well-being of the child/young person, need to have some or all of this information. Such information must be treated confidentially.

### 10.2 Information Sharing

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and cannot assume that someone else will pass on the information. This has been recognised in principle by the courts. Any disclosure of personal information to others [including Children's Social Care] must always have due regard to both common and statute law.

Staff should note that:

- Timely information sharing is essential to effective safeguarding;

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children;
- The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe;
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk;
- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests;
- If staff are in any doubt about sharing information, they should speak to the DSL.

The Government has issued Information Sharing for Safeguarding Practitioners Guidance that included 7 'Golden Rules' of Information Sharing in safeguarding :

The Government guidance (described by the NSPCC, 2018) is:

1. **Remember that the General Data Protection Regulation (GDPR) Data Protection Act 2018 and human rights law are not barriers** to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. **Be open and honest with the individual** (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice from other practitioners** if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. **Share with informed consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record of your decision and the reasons for it** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Sharing of information will be necessary for the purpose for which it's being shared, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

Key organisations who have a duty under Section 11 of the Children Act 2004 to have arrangements in place to safeguard and promote the welfare of children are:

The local authority;

- NHS England;
- Clinical commissioning groups;
- NHS Trusts, NHS Foundation Trusts;
- The local policing body;
- British Transport Police Authority;
- Prisons;
- National Probation Service and Community Rehabilitation Companies;4
- Youth offending teams;
- Bodies within the education and /or voluntary sectors, and any individual to the extent that they are providing services in pursuance of section 74 of the Education and Skills Act 2008.

As data controllers who process personal information we are registered with the Information Commissioner's Office \*NB\* The Data Protection Act requires every data controller who is processing personal information to register with the Information Commissioner's Office, unless they are exempt. To check if you are required to register check here:

<https://ico.org.uk/for-organisations/data-protection-fee/self-assessment/>

### 10.3 Notifying Parents

TTAPA will always endeavour to share our intention to refer a child or young person to Social Care with their parent's / carers unless to do so could put the child or young person at greater risk of harm, or impede a criminal investigation in which case we will discuss this with the local authority children's social care team before doing so.

The DSL will normally do this in the event of a suspicion or disclosure. Other staff will only talk to parents about any such concerns following consultation with the DSL.

In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

## 11 Supporting Staff

### 11.1 All staff

TTAPA works with partners in the safeguarding partnership to ensure positive outcomes for children and young people. We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.

We support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate. DSLs make use of support available by the Local Authority and the partnerships Safeguarding Team.

DSLs will have oversight of Early Help and Child Protection plans with appropriate structure in place to monitor progress and outcomes in partnership with Children's Social Care and other stakeholders (check levels).

### 11.2 DSLs

Due to the demanding and often distressing nature of child protection work we support staff by providing opportunities to talk to the school counsellor. In addition, safeguarding supervision is available from a trained senior member for DSLs to talk through the challenges of this role and to seek further support as appropriate.

## 12 Training

All members of staff and volunteers have read and understood the guidance for safer working practice. They have signed that they have read and understood this policy and the latest KCSIE Part 1.

We ensure training attended meets the minimum standards set out by WSCB in the document 'WSCB recommended minimum standards for child protection training'.

All staff who have contact with learners and their families have access to a range of experienced colleagues to provide them with support and coaching to promote the interests of the child and allow for confidential discussions of sensitive issues.

### 12.1 Induction

The welfare of all our learners is of paramount importance. All staff including volunteers are informed of our safeguarding procedures including online safety, at induction. Our induction also includes:

- plan of support for individuals appropriate to the role for which they have been hired;
- confirmation of the conduct expected of staff within the school;
- opportunities for a new member of staff to discuss any issues or concerns about their role or responsibilities;
- confirmation of the line management process whereby any general concerns or issues about the person's ability or suitability will be addressed.

### 12.2 Safeguarding training

This training is for all staff and is updated every 3 years as a minimum to ensure staff understand their role in safeguarding. Any member of staff not present at this whole school session will receive this statutory training requirement on their return.

In addition, all staff members receive safeguarding and child protection updates (for example, via email usually from Andrew Hall, daily briefings/debriefings and staff meetings) as necessary and at least termly.

### 12.3 Advanced training

The DSL/DDSL have additional training which is updated every two years as a minimum. The D/DSL also attends multi-agency courses relevant to school needs. Their knowledge and skills are refreshed at least annually e.g. via e-bulletins or safeguarding networking events with other D/DSLs.

### 12.4 Safer Recruitment

At least one person on any appointment panel has undertaken Safer Recruitment Training. This training is updated every 3 years.

### 12.5 Preventing Radicalisation

All staff undertake Prevent training.

### 12.6 Keeping Children safe online

All staff undertake training in online safety and this is updated as necessary.

### 12.8 Governors

All TTAPA governors, except parent governors work in schools and have received statutory child protection training in their role. All governors undertake the school's induction programme. They may choose to complete face to face training for governors provided by Wigan Council. In addition, governors may choose to attend whole school safeguarding and child protection training.

## 13 Concerns about an adult (including a staff member, supply teacher or volunteer)

All adults – staff, supply staff, visitors/contractors, governors, volunteers - should take care not to place themselves in a vulnerable position with a child and TTAPA staff, including those on supply, are expected to be aware of safer working practice guidance. Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers, will be given at induction, alongside information on Safer Working Practices.

### 13.1 Procedure in the event of an allegation of abuse made against staff

We understand that:

- staff may have concerns about a member of staff (including a supply teacher or volunteer);
- staff may make an allegation about a member of staff (including a supply teacher or volunteer) posing a risk of harm to children;
- a learner may make an allegation against a member of staff.

If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher. The Head teacher on all such occasions, will discuss the content of the allegation with the Designated Officer (DO)<sup>8</sup> and notify the Trust's HR Manager.

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<sup>8</sup> DO process can be found on the WSCB website <http://www.wiganlscb.com/Professionals/LADO.aspx>

If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the CEO who will consult LADO, without notifying the Headteacher first.

The school will follow the Rowan Learning Trust's procedures for managing allegations against staff. We will not send a learner home pending such an investigation, unless this advice is given as a result of a consultation with the LADO.

Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the Trust's HR Manager in order to make that decision and informing the LADO at the earliest opportunity. In the event of an allegation against the Headteacher, the decision to suspend will be made by the CEO with advice as outlined above.

We have a procedure for managing the suspension of an SLA in the event of an allegation arising against one of our AP providers.

## **14 Disagreements, Escalations and Resolutions**

Effective working together depends on an open approach and honest relationships between colleagues and between agencies.

Staff must be confident and able to professionally disagree and challenge decision-making as an entirely legitimate activity; a part of our professional responsibility to promote the best safeguarding practice. Staff are encouraged to press for re-consideration if they believe a decision to act / not act in response to a concern raised about a child is wrong. In such cases the WSCB Case Resolution Protocol (formerly escalation policy) is used if necessary.<sup>9</sup> If Wigan LA staff are on the receiving end of a professional challenge, it is considered as an opportunity to reflect on their decision making.

## **15 Complaints and concerns about TTAPA Safeguarding procedures**

### **15.1 Complaints against staff**

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see Section 13).

### **15.2 Other complaints**

These will be handled under the TTAPA Complaints Procedures.

### **15.3 Whistleblowing**

All staff can raise concerns about poor or unsafe practice and potential failures in the education settings safeguarding regime. The Rowan Learning Trust Whistleblowing Policy is available on the website and the whistleblowing procedures are in place for such concerns to be raised.

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<sup>9</sup> <http://www.wiganlscb.com/Docs/PDF/Professional/Resolution-Policy.pdf>

If a staff member feels unable to raise an issue within school or the Trust or feels that their genuine concerns are not being addressed, other whistleblowing channels are open to them:

- NSPCC whistleblowing helpline - Staff can call: 0800 028 0285 from 08:00 to 20:00, Monday to Friday, or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

We recognise that children and young people cannot be expected to raise concerns in an environment where staff fails to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitudes or actions of colleagues. If it becomes necessary to consult outside the school, they can either speak to the CEO, the LADO or a representative of their professional association/union.

Whistleblowing regarding the Headteacher should be made to the CEO whose contact details are readily available to staff.

It is acknowledged that whistle-blowers have the right to remain anonymous, however identifying yourself may assist with any further investigations.

## **16 Physical Intervention & Use of Reasonable Force**

TTAPA recognises that touch is appropriate in the context of working with children and young people, and all staff are aware of the safer working practice guidance<sup>10</sup> to ensure they are clear about their professional boundary.

The term 'reasonable force' covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain a learner. "Reasonable" in these circumstances means using no more force than necessary.

All TTAPA are trained in Team Teach methods which is an accredited positive handling technique. TTAPA staff only use restrictive physical intervention as a last resort. All incidents requiring physical intervention are recorded on a serious incident form and signed by a witness.

We understand that physical intervention of a nature which causes injury or distress to a learner may be considered under child protection or disciplinary procedures.

## **17 Prevention**

A significant part in the prevention of harm to our learners is achieved by providing them with good lines of communication with trusted adults.

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<sup>10</sup> Available to view on the WSCB website

If early help is appropriate, the lead member of staff will contact the early help hub to ensure there is no current intervention and will generally lead on liaising with other agencies, setting up an inter-agency assessment as appropriate. Early help means providing support as soon as a problem emerges, at any point in a child's life. Providing early help is more effective in promoting the welfare of children than reacting later. Any such cases are kept under constant review and consideration given to a referral to children's social care for assessment for statutory services, if the learner's situation does not appear to be improving or is getting worse.

## 18 Specific Safeguarding Concerns

TTAPA will

- work to establish and maintain an ethos where learners feel secure and are encouraged to talk and are always listened to;
- include regular consultation with learners;
- ensure that all learners know there is a trusted adult whom they can approach if they are worried or in difficulty;
- include safeguarding across the curriculum;
- ensure all staff are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

### 18.1 Bullying

Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms, e.g. Cyber, racist, homophobic and gender related bullying.

All staff are aware that children with SEND and/or differences/perceived differences are more susceptible to being bullied/victims of child abuse.

We keep a record of known bullying incidents including racist incidents.

### 18.2 Exploitation including CSE, Criminal, Human Trafficking, Modern Day Slavery & County Lines

Our safeguarding and pastoral teams are trained in spotting the possible signs of exploitation including county lines, CSE, Human trafficking and modern-day slavery.

#### 18.2.1 Child sexual exploitation

CSE is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. It may, or may not, be accompanied by violence or threats of violence.



The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- having an older boyfriend or girlfriend;
- suffering from sexually transmitted infections or becoming pregnant.

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate. (Appendix 3)

### 18.2.2 Child criminal exploitation/county lines

CCE is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- suffering from changes in emotional wellbeing;
- misusing drugs and alcohol;
- going missing for periods of time or regularly coming home late;
- regularly missing school or education;

- not taking part in education.

If a member of staff suspects CCE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate. (Appendix 4)

### 18.3 Domestic Abuse

Children can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have to leave the family home as a result. Older children may also experience domestic abuse and/or violence in their own personal relationships.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children.

If police are called to an incident of domestic abuse and/or violence and any children in the household have experienced/witnessed the incident, the police will inform the key adult in school (who is also a DSL). This partnership is called Operation Encompass, a nationwide system which facilitates the sharing of information relating to domestic incidents where children live or frequent.

We are notified of any incidents of domestic violence involving our learners reported to the police so we can effectively support the learner.

### 18.4 Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The Pastoral Managers will be aware of contact details and referral routes in to the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.

### 18.5 Peer on Peer Abuse

All children have a right to attend school and learn in a safe environment. All peer on peer abuse is unacceptable and will be taken seriously.

Staff recognise that while both boys and girls can abuse their peers, it is more likely that girls will be victims and boys the perpetrators of such abuse. Peer on peer abuse is not tolerated, passed off as "banter" or seen as "part of growing up". It is likely to include, but not limited to:

- bullying (including cyber bullying);
- gender based violence / sexual assaults;
- sexting;

- initiation / hazing type violence and rituals.

Consequently, peer on peer abuse is dealt with as a safeguarding concern, recorded as such and not managed through the systems set out in the school behaviour policy.

Victims, perpetrators and any other child affected by peer on peer abuse will be supported through the school's pastoral system and the support will be regularly reviewed.

We minimise the risk of peer on peer abuse by providing

- a relevant curriculum, that helps children to develop their understanding of acceptable behaviours, healthy relationships and keeping themselves safe;
- established / publicised systems for learners to raise concerns with staff, knowing they will be listened to, supported and valued, and that the issues they raise will be taken seriously.

The DSL liaises with other professionals to develop robust risk assessments and appropriate specialist targeted work for children that are identified as posing a potential risk to other children.

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up".

We also recognise the gendered nature of peer-on-peer abuse (i.e. that it is more likely that girls will be victims and boys the perpetrators). However, all peer-on-peer abuse is unacceptable and will be taken seriously.

Most cases of learners hurting other learners will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- is serious, and potentially a criminal offence;
- could put learners in the school at risk;
- is violent;
- involves learners being forced to use drugs or alcohol;
- involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting).

**18.6.1** If a learner makes an allegation of abuse against another learner:

- you must record the allegation and tell the DSL, but do not investigate it;
- the DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence;
- the DSL will put a risk assessment and support plan into place for all children involved (including the target(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed;
- the DSL will contact the children and adolescent mental health services (CAMHS), if appropriate

We will minimise the risk of peer-on-peer abuse by:

- challenging any form of derogatory or sexualised language or behaviour, including requesting or sending sexual images;
- being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female learners, and initiation or hazing type violence with respect to boys;
- ensuring our curriculum helps to educate learners about appropriate behaviour and consent;
- ensuring learners know they can talk to staff confidentially;
- ensuring staff are trained to understand that a learner harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy.

### 18.6 Sexual Violence & Sexual Harassment including Peer on Peer

We recognise that allegations of sexual violence and sexual harassment are likely to be complex and require difficult professional decisions to be made. Decisions will be made on a case by case basis with the DSL taking a leading role, supported by other agencies such as Children’s Social Care and the Police as required<sup>11</sup>. (Appendix 5)

### 18.7 Sexting

If you are made aware of an incident involving sexting (also known as ‘youth produced sexual imagery’), you must report it to the DSL immediately.

You must **not**:

- view, download or share the imagery yourself, or ask a learner to share or download it. If you have already viewed the imagery by accident, you must report this to the DSL;
- delete the imagery or ask the learner to delete it;
- ask the learner(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL’s responsibility);
- share information about the incident with other members of staff, the learner(s) it involves or their, or other, parents and/or carers;
- say or do anything to blame or shame any young people involved.

You should explain that you need to report the incident, and reassure the learner(s) that they will receive support and help from the DSL.

#### 18.7.1 Initial review meeting

Following a report of an incident, the DSL will hold an initial review meeting with appropriate school staff. This meeting will consider the initial evidence and aim to determine:

- whether there is an immediate risk to learner(s);
- if a referral needs to be made to the police and/or children’s social care;
- if it is necessary to view the imagery in order to safeguard the learner (in most cases, imagery should not be viewed);
- what further information is required to decide on the best response;

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<sup>11</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/719902/Sexual\\_violence\\_and\\_sexual\\_harassment\\_between\\_children\\_in\\_schools\\_and\\_colleges.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/719902/Sexual_violence_and_sexual_harassment_between_children_in_schools_and_colleges.pdf)

- whether the imagery has been shared widely and via what services and/or platforms (this may be unknown);
- whether immediate action should be taken to delete or remove images from devices or online services;
- any relevant facts about the learners involved which would influence risk assessment;
- if there is a need to contact another school, college, setting or individual;
- whether to contact parents or carers of the learners involved (in most cases parents should be involved).

The DSL will make an immediate referral to police and/or children's social care if:

- the incident involves an adult;
- there is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs);
- what the DSL knows about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent;
- the imagery involves sexual acts and any child in the imagery is under 13;
- the DSL has reason to believe a learner/other child is at immediate risk of harm owing to the sharing of the imagery (for example, the young person is presenting as suicidal or self-harming).

If none of the above apply then the DSL, in consultation with the headteacher and other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care.

### 18.7.2 Further review by the DSL

If at the initial review stage, a decision has been made not to refer to police and/or children's social care, the DSL will conduct a further review. They will hold interviews with the learner(s) involved (if appropriate) to establish the facts and assess the risks. If at any point in the process there is a concern that a learner/other child has been harmed or is at risk of harm, a referral will be made to children's social care and/or the police immediately.

### 18.7.3 Informing parents & police

The DSL will inform parents at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the learner at risk of harm. If it is necessary, the DSL will refer an incident to the police

### 18.7.4 Curriculum coverage

Learners are taught about the issues surrounding sexting as part of our PSHE education and e-Safety programmes. Teaching covers the following in relation to sexting:

- what it is;
- how it is most likely to be encountered;
- the consequences of requesting, forwarding or providing such images, including when it is and is not abusive;
- issues of legality;

- the risk of damage to people's feelings and reputation.

Learners also learn the strategies and skills needed to manage:

- specific requests or pressure to provide (or forward) such images;
- the receipt of such images.

Learners are also made aware of the processes the school will follow in the event of an incident.

### 18.8 Preventing Radicalisation

Protecting children from the risk of radicalisation is part of TTAPA's wider safeguarding duties.

**Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

**Extremism** is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

**Terrorism** is an action that:

- endangers or causes serious violence to a person/people;
- causes serious damage to property; or
- seriously interferes or disrupts an electronic system.

The use of terrorism must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Schools have a duty to prevent children from being drawn into terrorism. The DSL undertake Prevent awareness training and make sure that staff have access to appropriate training to equip them to identify children at risk.

When necessary, TTAPA will assess the risk of children in our school being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding partners and local police force.

We ensure that suitable internet filtering is in place, and equip our pupils to stay safe online at school and at home.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period. As with managing other safeguarding risks, staff are alert to changes in learner's behaviour that could indicate that they are in need of protection.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a child is being radicalised can include:

- refusal to engage with, or becoming abusive to, peers who are different from themselves;
- becoming susceptible to conspiracy theories and feelings of persecution;
- changes in friendship groups and appearance;

- rejecting activities they used to enjoy;
- converting to a new religion;
- isolating themselves from family and friends;
- talking as if from a scripted speech;
- an unwillingness or inability to discuss their views;
- a sudden disrespectful attitude towards others;
- increased levels of anger;
- increased secretiveness, especially around internet use;
- expressions of sympathy for extremist ideologies and groups, or justification of their actions;
- accessing extremist material online, including on Facebook or Twitter
- possessing extremist literature;
- being in contact with extremist recruiters and joining, or seeking to join, extremist organisations.

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour. Staff use their professional judgement in identifying learners who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Our policy is aligned with and reflect the processes described in the Wigan's Prevent Policy and Procedure and has been written to comply with the schools duty under Section 26 of the Counter Terrorism and Security Act 2015 in accordance with the Department of Education advice for schools specific guidance for schools  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/439598/prev  
ent-duty-departmental-advice-v6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf)

**18.8.1** If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above).

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

The Department for Education also has a dedicated telephone helpline, 020 7340 7264, which school staff and governors can call to raise concerns about extremism with respect to a learner. You can also email [counter.extremism@education.gov.uk](mailto:counter.extremism@education.gov.uk). Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- think someone is in immediate danger;
- think someone may be planning to travel to join an extremist group;
- see or hear something that may be terrorist-related.

### 18.9 Honour-based violence including Forced Marriage

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including forced marriage and practices such as breast ironing. Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBA are abuse and will be handled and escalated as such. All staff will be alert to the possibility of a child being at risk of HBA or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

#### 18.9.1 Forced Marriage

This is an entirely separate issue from arranged marriage. Forcing a person into marriage is a crime: it is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

Key staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them. If a member of staff suspects that a pupil is being forced into marriage, they will speak to the pupil about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- speak to the pupil about the concerns in a secure and private place;
- activate the local safeguarding procedures and refer the case to the local authority's designated officer;
- seek advice from the Forced Marriage Unit on 020 7008 0151 or [fm@fco.gov.uk](mailto:fm@fco.gov.uk);
- refer the pupil to an education welfare officer, pastoral tutor, learning mentor, or school counsellor, as appropriate.

### 18.10 Female Genital Mutilation (FGM)

The Female Genital Mutilation Act 2003 was amended by the Serious Crime Act 2015 where the law was extended to:

- a non-UK national who is 'habitually resident' in the UK and commits such an offence abroad can now face a maximum penalty of 14 years imprisonment. It is also an



offence to assist a non-UK resident to carry out FGM overseas on a girl who is habitually, rather than pertinently, resident in the UK. This follows a number of cases where victims were unable to get justice as FGM was committed by those not permanently residing in the UK;

- a new offence is created of failing to protect a girl from the risk of FGM. Anyone convicted can face imprisonment for up to seven years and / or and unlimited fine;
- anonymity for the victims of FGM. Anyone identifying a victim can be subject to an unlimited fine.

TTAPA recognises and adheres to its mandatory duty to report any suspected or known cases of FGM about a female under 18 years old to the police.

Our safeguarding and pastoral teams will maintain up to date knowledge of the Greater Manchester Safeguarding Partnership Protocol to Female Genital Mutilation.

### 18.10.1 If you discover FGM has taken place or a learner is at risk of FGM

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in [appendix 6](#).

**Any member of staff** who suspects a pupil is *at risk* of FGM or suspects that FGM has been carried out must speak to the DSL and follow our local safeguarding procedures.

**Any member of staff** who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must speak to the DSL and follow our local safeguarding procedures.

**Any teacher** who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a **pupil under 18** must immediately report this to the police, personally. This is a statutory duty, and teacher will face disciplinary sanctions for failing to meet it. Unless they have been specifically told not to disclose, they should also discuss the case with the DSL and involve children's social care as appropriate.

The duty for teachers mentioned above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.

## 19 Children Missing Education (CME)

A child going missing from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or

exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.

There are many circumstances where a child may become missing from education, but some children are particularly at risk. These include children who:

- are at risk of harm or neglect;
- cease to attend a school;
- go missing or run away from home or care;
- are at risk of forced marriage or FGM;
- are supervised by the youth justice system;
- come from the families of service personnel;
- come from Gypsy, Roma, or Traveller families;
- come from new migrant families.

We will follow our procedures for unauthorised absence and for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves the school without a new school being named, and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points.

Staff are trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is suffering or likely to suffer from harm, or in immediate danger.

TTAPA follows Wigan Council's Procedures for CME.

## Monitoring & Evaluation

Our policy and procedures will be monitored regularly, amended as required and reviewed at least annually, in line with statutory guidance. Monitoring will include:

- CLT drop ins and discussions with children, young people and staff
- Consideration of feedback from learners, parents & staff
- Governing Body visits to the education setting
- Reviewing logs of bullying / racist / behaviour incidents
- Scrutiny of exclusion and attendance data

This policy should be read in alongside the following documents relevant to the safety and welfare of our learners:

- Anti-Bullying Procedures

- Attendance Policy
- Complaints Policy (RLT policy)
- CCTV Policy
- Health and Safety Policy
- Positive Discipline Policy
- Privacy Notices (various)
- Relationships & Sex Education Policy
- SEND Report
- Single Equality Scheme
- Whistleblowing policy (RLT policy)

## Appendix 1: Glossary

A Child	A person who has not yet reached their 18 <sup>th</sup> birthday.
Abuse	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 who know 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.
Bullying & Cyberbullying	Behaviour that is: <ul style="list-style-type: none"> <li>➤ repeated;</li> <li>➤ intended to hurt someone either physically or emotionally;</li> <li>➤ often aimed at certain groups, for example because of race, religion, gender or sexual orientation.</li> </ul>
Child Protection	Activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Child sexual exploitation (CSE)	Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
Children with Special Educational Needs and/or disabilities	SEN - a child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. Disability - a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities.
County Lines	Criminal exploitation is also known as 'county lines' and is when gangs and organised crime networks exploit children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs
Contextual Safeguarding	Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.
Criminal Exploitation	Involves young people under the age of 18 in exploitative situations, relationships or contexts, where they may be manipulated or coerced into committing crime on behalf of an individual or gang in return for gifts, these may include: friendship or peer acceptance, but also cigarettes, drugs, alcohol or even food and accommodation.

Domestic Abuse	<p>any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:</p> <ul style="list-style-type: none"> <li>➤ emotional;</li> <li>➤ financial;</li> <li>➤ physical;</li> <li>➤ psychological;</li> <li>➤ sexual.</li> </ul>
Early Help (EH)	<p>Intervening early and as soon as possible to tackle problems emerging for children, young people and families with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person's life.</p>
Emotional Abuse	<p>The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve</p> <ul style="list-style-type: none"> <li>➤ conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;</li> <li>➤ seeing or hearing the ill-treatment of another;</li> <li>➤ serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</li> <li>➤</li> </ul> <p>It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.</p> <p>It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.</p>
Female Genital Mutilation (FGM)	<p>Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.</p>
Gangs & Youth Violence	<p>Defining a gang is difficult. They tend to fall into three categories; peer groups, street gangs and organised crime groups. It can be common for groups of children and young people to gather together in public places to socialise, and although some peer group gatherings can lead to increased antisocial behaviour and low-level youth offending, these activities should not be confused with the serious violence of a Street Gang.</p>

	<p>A Street Gang can be described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity.</p> <p>An organised criminal group is a group of individuals normally led by adults for whom involvement in crime is for personal gain (financial or otherwise).</p>
Hate	<p>Hostility or prejudice based on one of the following things:</p> <ul style="list-style-type: none"> <li>➤ disability;</li> <li>➤ race;</li> <li>➤ religion;</li> <li>➤ sexual orientation;</li> <li>➤ transgender identity.</li> </ul>
Honour-based violence	<p>Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.</p>
Neglect	<p>Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>➤ protect a child from physical and emotional harm or danger;</li> <li>➤ ensure adequate supervision (including the use of inadequate care-givers);</li> <li>➤ ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
Peer on Peer Abuse	<p>Peer on peer abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18.</p>
Physical Abuse	<p>A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>
Private Fostering	<p>A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. (Close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.)</p>

Radicalisation & Extremism	<p>Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.</p> <p>Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.</p>
Relationship Abuse	<p>Teen relationship abuse consists of the same patterns of coercive and controlling behaviour as domestic abuse. These patterns might include some or all of the following: sexual abuse, physical abuse, financial abuse, emotional abuse and psychological abuse.</p>
Safeguarding and promoting the welfare of children	<ul style="list-style-type: none"> <li>➤ protecting children from maltreatment;</li> <li>➤ preventing impairment of children’s health or development;</li> <li>➤ ensuring that children grow up in circumstances consistent with the provision of safe and effective care;</li> <li>➤ taking action to enable all children to have the best outcomes.</li> </ul>
Sexting	<p>Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages.</p> <p>They can be sent using mobiles, tablets, smartphones, and laptops - any device that allows you to share media and messages.</p>
Sexual Abuse	<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children</p>
Trafficking	<p>Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control of another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.</p>

## Appendix 2: Recognising signs of child abuse

*NB: This guidance is provided as a useful reminder of the types and indicators of abuse*

When making difficult judgements around possible signs/symptoms of abuse and neglect it is crucial that we consider the available information and presenting injuries/behaviours in context. (We should also consider sources of other information which may be important but to which we do not have immediate access). **It will be the Designated Senior Lead(s) who make judgements about referrals, speaking to parents/carers and what, if any, action is to be taken in respect of concerns.**

What follows must not be considered to be a comprehensive or definitive “checklist”; children may behave strangely or appear unhappy/distressed for a number of reasons as they move through the stages of development, and as their family circumstances and experiences change. Neither does the presence of one or more of the following ‘prove’ that a child has been or is being abused. We need to be absolutely clear that our role is not to investigate or prove abuse but to observe, gather, record and share/report information where we have concerns. Professionals should remember that all children regardless of age, gender, ethnicity, disability, race or culture are entitled to the same level of protection (*Working Together to Safeguard Children 1999, paras 7.24-7.26*)

### Signs of Abuse in Children:

The following *non-specific signs* may indicate something is wrong:

- significant change in behaviour;
- extreme anger or sadness;
- aggressive and attention-seeking behaviour;
- suspicious bruises with unsatisfactory explanations;
- lack of self-esteem;
- self-injury;
- depression;
- age inappropriate sexual behaviour;
- Child Sexual Exploitation (CSE).

### Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- must be regarded as indicators of the possibility of significant harm;
- justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague);
- may require consultation with and / or referral to Children’s Services.

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- appear frightened of the parent/s;



- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

- persistently avoid child health promotion services and treatment of the child's episodic illnesses;
- have unrealistic expectations of the child;
- frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment);
- be absent or misusing substances;
- persistently refuse to allow access on home visits;
- be involved in domestic abuse.

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

### Recognising Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent/carer failing to provide adequate food, shelter or clothing, and failing to protect the child from physical harm or danger, or failure to ensure access to appropriate medical care/treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Possible indicators include:

- child's basic needs are not by parents/carers e.g. adequate food, clothes, warmth, hygiene and medical care;
- child is seen to be listless, apathetic and irresponsible with no apparent medical cause;
- child does not grow within normal expected pattern, with accompanying weight loss;
- child thrives away from home environment;
- constant hunger / tiredness;
- compulsive stealing and/or scavenging/scrounging;
- emaciation;
- poor personal hygiene / inappropriate clothing;
- frequent lateness or non-attendance at school;
- low self-esteem & poor social relationships/skills;
- neurotic behaviour;
- non-organic failure to thrive;
- destructive tendencies;
- untreated medical problems / failure to attend appointments;
- child left with supervision e.g. adults/carers who are intoxicated or violent;
- child abandoned or left alone for excessive periods;

- running away;
- excessive care/responsibility for caring for siblings.

### Recognising Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed upon children; causing children frequently to feel frightened or in danger; or the exploitation/corruption of children.

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- developmental delay;
- continual self-deprecation;
- desperate attention seeking behaviour;
- inappropriate emotional response to 'painful' situations;
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment;
- air of detachment and 'don't care' attitude;
- aggressive behaviour towards others;
- scapegoated within the family;
- frozen watchfulness, particularly in pre-school children;
- low self-esteem and lack of confidence;
- fear of new situations/people, social isolation – doesn't join in;
- drug/solvent abuse;
- eating problems (loss of appetite);
- self-harm, mutilation;
- depression;
- withdrawn or seen as a "loner" – difficulty relating to others.

### Recognising Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning/scalding, drowning or suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent/carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after (formerly known as Munchausen's Syndrome by Proxy and more recently Fabricated or Induced Illness [Dept. of Health 2003])

The following are often regarded as indicators of concern:

- unexplained injuries bruises, bites and/or burns (often recurrent);
- inconsistent explanation / several different explanations provided for an injury;

- improbable excuses to explain injuries;
- refusal to discuss injuries;
- untreated/ Lingering injuries/illnesses;
- unexplained delay in seeking treatment;
- parents / carers are uninterested or undisturbed by an accident or injury;
- parents are absent without good reason when their child is presented for treatment;
- repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury);
- family use of different doctors and A&E departments;
- reluctance to give information or mention previous injuries;
- fear of medical help;
- admission of punishment which is excessive;
- fear of returning home or parents being contacted;
- running away;
- aggression towards others;
- self-destructive tendencies;
- arms and legs covered, even in hot weather;
- bald patches;
- shrinking from physical contact;
- unexplained patterns of absence which may serve to hide injuries;
- overly-compliant behaviour or watchfulness.

### Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- any bruising to a pre-crawling or pre-walking baby;
- bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
- variation in colour possibly indicating injuries caused at different times;
- the outline of an object used e.g. belt marks, hand prints or a hair brush;
- bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- bruising around the face;
- grasp marks on small children;
- bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

### Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

## Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
- linear burns from hot metal rods or electrical fire elements;
- burns of uniform depth over a large area;
- scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks);
- old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation;
- scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

## Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type
- there are associated old fractures;
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- there is an unexplained fracture in the first year of life.

## Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

## Recognising Signs of Sexual Abuse

Sexual abuse involves enticing or forcing a child/young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve non-contact activities such as involving children in looking at, or in the production of pornographic material, watching sexual activities and encouraging children to behave in sexually inappropriate ways. The activities may involve physical contact, including penetrative and non-penetrative acts.

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed.

There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- sudden changes in behaviour and/or school performance;
- inappropriate displays of affection in a sexual way inappropriate to age;
- tendency to cling or need reassurance;

- regression to younger behaviour e.g. thumb sucking, acting like a baby;
- sexualised/sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- continual and inappropriate or excessive masturbation;
- depression and withdrawal;
- sleep disturbances, nightmares;
- phobias and panic attacks;
- self-harm (including eating disorder), self-mutilation and suicide attempts;
- involvement in prostitution or indiscriminate choice of sexual partners;
- distrust of a familiar adult or anxiety about being left with a relative, babysitter, older person or lodger;
- unexplained gifts or money;
- apparent secrecy;
- fear of undressing e.g. for sports (not related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- scratches, abrasions or signs of restraint;
- complaints of genital and/or anal itching, bleeding and/or pain;
- blood on underclothes;
- bedwetting, daytime wetting and/or soiling;
- difficulty/pain in passing urine/faeces;
- unexplained pregnancy especially if father is undisclosed (in a younger girl);
- chronic illness e.g. throat infections, water infections, STDs;
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs;
- presence of semen on vagina, anus, external genitalia or clothing.

## Appendix 3 Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. It may, or may not, be accompanied by violence or threats of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- having an older boyfriend or girlfriend;
- suffering from sexually transmitted infections or becoming pregnant.

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

### Signs include:

- underage sexual activity;
- inappropriate sexual or sexualised behaviour;
- sexually risky behaviour, 'swapping' sex;
- repeat sexually transmitted infections;
- in girls, repeat pregnancy, abortions, miscarriage;
- receiving unexplained gifts or gifts from unknown sources;
- having multiple mobile phones and worrying about losing contact via mobile;
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs);

- changes in the way they dress;
- going to hotels or other unusual locations to meet friends;
- seen at known places of concern;
- moving around the country, appearing in new towns or cities, not knowing where they are;
- getting in/out of different cars driven by unknown adults;
- having older boyfriends or girlfriends;
- contact with known perpetrators;
- involved in abusive relationships, intimidated/fearful of certain people or situations;
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers;
- associating with other young people involved in sexual exploitation;
- recruiting other young people to exploitative situations;
- truancy, exclusion, disengagement with school, opting out of education altogether;
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual);
- mood swings, volatile behaviour, emotional distress;
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders;
- drug or alcohol misuse;
- getting involved in crime;
- police involvement, police records;
- involved in gangs, gang fights, gang membership;
- injuries from physical assault, physical restraint, sexual assault.

## Appendix 4: Criminal Exploitation / County Lines

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- suffering from changes in emotional wellbeing;
- misusing drugs and alcohol;
- going missing for periods of time or regularly coming home late;
- regularly missing school or education;
- not taking part in education.

If a member of staff suspects CCE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of Criminal Exploitation / County Lines:

- returning home late, staying out all night or going missing;
- being found in areas away from home;
- increasing drug use, or being found to have large amounts of drugs on them;
- being secretive about who they are talking to and where they are going;
- unexplained absences from school, college, training or work;
- unexplained money, phone(s), clothes or jewellery;
- increasingly disruptive or aggressive behaviour;
- using sexual, drug-related or violent language you wouldn't expect them to know;
- coming home with injuries or looking particularly disheveled;
- having hotel cards or keys to unknown places.



## Appendix 5: Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

**Developmental Sexual Activity** encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

**Inappropriate Sexual Behaviour** can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

**Abusive sexual activity** included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

### Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
  - understanding that is proposed based on age, maturity, development level, functioning and experience;
  - knowledge of society’s standards for what is being proposed;
  - awareness of potential consequences and alternatives;
  - assumption that agreements or disagreements will be respected equally;
  - voluntary decision;
  - mental competence.
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. All safeguarding concerns or allegations made against another child/young person should be reported to the Designated Safeguarding Lead(s).

## Appendix 6: Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. It is also known as female circumcision, but this is incorrect as circumcision means 'to cut' and 'around' (Latin), and it is quite dissimilar to the male procedure. It can also be known as female genital cutting. The Somali term is 'Gudnin' and in Sudanese is 'Tahur'.

FGM is not like male circumcision – it is very harmful and can cause long-term medical and physical suffering, menstrual and sexual problems, difficulty in giving birth, infertility and even death. The average age for FGM to be carried out is about 14 years old, however it can vary from soon after birth, up until adulthood.

### 4 types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris;
- Type 2 Excision – partial/total removal of clitoris and labia minora;
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia;
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

### Why is it carried out?

Belief that FGM:

- brings status/respect to the girl – social acceptance for marriage;
- preserves a girl's virginity;
- part of being a woman / rite of passage;
- upholds family honour;
- cleanses and purifies the girl;
- gives a sense of belonging to the community;
- fulfils a religious requirement;
- perpetuates a custom/tradition;
- helps girls be clean / hygienic;
- is cosmetically desirable;
- mistakenly believed to make childbirth easier.

Circumstances and occurrences that may point to FGM happening include:

- knowledge that the girl/young woman's sibling has undergone FGM;
- child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan) especially if there are elderly women present in the extended family;
- family request an extended absence from school;
- child refers to FGM in conversation either in relation to themselves or another female friend/relative;

- child expressing anxiety or talking about getting ready for a special ceremony which may include discussion of a holiday to their country of origin/visiting relatives;
- child talks about going abroad to be 'cut' or to prepare for marriage;
- child requests help to prevent it happening.

Signs that may indicate a child has undergone FGM:

- prolonged absence from school and other activities;
- behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued;
- bladder or menstrual problems;
- finding it difficult to sit still and looking uncomfortable;
- complaining about pain between the legs;
- mentioning something somebody did to them that they are not allowed to talk about;
- secretive behaviour, including isolating themselves from the group;
- reluctance to take part in physical activity;
- repeated urinal tract infection;
- disclosure;
- midwives/GPs/obstetricians may become aware the FGM has taken place when treating a pregnant (young) woman.

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

To : All Schools and Academies

**Our reference:** HRESC  
**Your reference:**  
**Please ask for:** HR Employment Service Centre  
**Extension:** 2333  
**Direct line:** 01942 827333  
**Date:** 8<sup>th</sup> May 2017

Dear Colleague

### **DBS Checks for School Visitors**

I have been asked to confirm the situation regarding schools asking visitors to provide copies of their DBS certificate or DBS number. It is unlikely that visitors will carry their certificate with them and in many cases it will not be necessary for them to do so.

I can confirm that any visitor who is employed by Wigan Council will have had their post assessed for eligibility for a DBS Check, including an assessment of the work they do in schools. They would not have been employed without an acceptable clearance being received. Therefore, if your visitor is a current Wigan Council employee, you can be assured that they have received satisfactory clearance and you do not need to see it. You should of course check their Wigan Council badge to confirm their identity.

Further guidance on DBS checks for other visitors to school will follow.

I hope you find this advice useful. If you have any questions or wish to clarify any areas, please contact me. As lead counter signatory, I am available to provide advice on any DBS issue you may have.

Yours sincerely

Claire O'Sullivan  
Lead Counter Signatory

**Human Resources**

Bevan House  
Beecham Court  
Smithy Brook Road  
Wigan  
WN3 6PR

Wigan Borough Head Teachers  
9<sup>th</sup> February 2017

Tel: 01942 482965

Dear Head Teacher

**RE: DBS Checks**

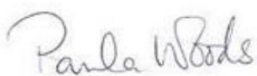
Bridgewater Community Healthcare NHS Foundation Trust operates a Disclosure and Barring Service (DBS) Policy based on the requirements of the Police Act 1997 and the mandatory pre-employment checking procedure requirements of the Department of Health. The Policy ensures that enhanced DBS checks are mandatory for every staff member who has access to children or vulnerable adults as part of their normal duties or standard DBS checks for staff who have access to health care records. New staff are not allowed to start in post until their DBS and all other relevant pre-employment checks have been completed. Such checks must be satisfactory and in line with national NHS safe recruitment standards.

In line with the requirements of this Policy, all staff working with children or vulnerable adults are subject to enhanced DBS checks prior to being offered a contract of employment.

All Trust staff are required to display their identification badges on their person at all times to confirm to Schools and other providers that they are subject to this safeguarding process. Where a DBS disclosure provides information about allegations and/or convictions relating to children or an allegation is made about an existing member of staff, the nominated Senior Officer will share that information with the Local Authority Designated Officer in accordance with the requirements of Safeguarding Vulnerable Groups Act 2006.

If you have any further queries, please do not hesitate to contact the Trust's Human Resources Department via the contact details detailed at the top of this letter. We are more than happy to work with you and members of your Team to confirm/validate our staff members' identification when they present at your premises.

Yours sincerely



**Paula Woods**  
**Assistant Director Workforce**