Policy Focus	Child Protection and Safeguarding Policy
Lead Policy Holder	Jessica Hunter
Designated Governor	June Palmer
Policy Date	22.07.24
Policy Version	1.6
Governing Board Adoption Date (if applicable)	Governor approval October 2024
Review Date	September 2025

Preface – Our Intentions & Values

MTS is a place where self-development, awareness and well-being are at the core of what we do. Without these elements sitting at the forefront of our provision, long term academic achievement would not be an option for our young people as a result of their medical needs. The safety and wellness of our students is our greatest priority and nurture and removing barriers is central to our environment as a result.

We are a supportive stepping-stone for young people currently unable to attend mainstream or suitable alternative as a result of medical need, and our offer is one that facilitates them in successful future transitions and integration. Those transitions might be a return to mainstream, settling in at a suitable alternative, a move to Further Education, entry into the world of work, or a reestablishment of place in family or society.

MTS staff will follow the MTS policies and procures when working on the MTS site. Whilst they are offering Reach support, they will follow the policies and procures of the partner school.

Beyond Learning

- We recognise and value the potential in all of our students and only model 'can-do' attitudes

- We strive to develop the whole learner, beyond just their academic achievement

- Caring for and preparing our young people to lead and maintain healthy lifestyles and attitudes is at the forefront of what we do

- We go beyond learning, in order for all of our students to become confident with their place in the world of education; work; society; family; community and beyond - through a rigorous and bespoke learning and reintegration programme

- We welcome our learners into MTS with a carefully designed and supportive curriculum that will enable their academic achievement now, whilst simultaneously facilitating our young people in developing the life skills they will need to become independent, well rounded, happy, healthy and successful individuals in the future

At MTS we aim to create a collaborative working ethos which engenders the following core values:

Mutual Respect - We are **mind**ful of the barriers to learning and respect that we all learn in different ways.
Trust - Our **arm**s reach out so that we can facilitate reintegration.
Support - Heart and nurture are what drive us. Through those elements we make reintegration possible.

Glossary of Acronyms

MASH	Multi Agency Safeguarding Hub
LADO	Local Authority Designated Officer
MTS	Medical Tuition Service

Responding to a concern about a child

Where a young person alleges or appears to be the victim of abuse or neglect

- Listen to the child. Take their concerns seriously.
- Reassure the child that you will take action to keep them safe
- Do not promise to keep secrets.
- Make a written record of what the child tells you.
- Explain to the child what you are going to do next.
- Do not question the child further or attempt to question the alleged abuser.

Discuss concerns with the Designated/Deputy Safeguarding Lead (DSL/DDSL).

- The DSL at Medical Tuition Service is Jessica Hunter (Principal). The DDSL is Nikki Shuttleworth
- If the matter involves the DSL, it should be brought to the attention of June Palmer. *(Governor)*
- A written record of the concern will be kept in the Child Protection section of the child's fie. The record should include the rationale for any decision made.
- A member of staff should contact Children's Social Care directly only in exceptional circumstances and are asked to advise the DSL or Deputy DSL that they have done so.

The child is judged to be in real and immediate danger:

- Dial 999 and ask for Police assistance.

There is a safeguarding concern: the matter should be referred to Children's Social Care

- During Office Hours: contact the Multi Agency Safeguarding Hub (MASH) on 01803 208100

- Out of Hours: contact the Emergency Duty Team on 0300 456 4876

- Non-emergency police :101

There is not a safeguarding concern:

- The DSL will carefully consider if the child/family has any further needs which ought to be addressed.

- The DSL will consult with family and relevant agencies and undertake an Early Help Assessment if required.

- The member of staff who made the referral will be informed of the outcome.

Children's Social Care will:
- Acknowledge receipt of the referral
- Decide (within 24 hours) on next steps
- Inform the referrer of the course of action that has been decided
- Inform the referrer of the course of action that has been decided

Responding to an Online Safety Concern

Online Safety Incident

Illegal or Harmful Contact or Conduct

Inform the Designated Safeguarding Lead

Report to agencies, as appropriate and in line with child protection procedure

Illegal Content

Accidental Exposure

Deliberate

Child

Report to DSL

Member of Staff

Consult with Education Safeguarding Service

Report to Internet Watch Foundation IWF and/or CEOP /police/MASH as appropriate.

Unsure

Consult with Torbay Education Safeguarding Service

Report to Principal (or equivalent in line with policy)

Consult with LADO

If criminal or child protection investigation required

Possible Internal Actions
- Staff training
- Disciplinary action if deliberate – contact personnel provider
- Service support e.g., counselling
- Request support/advice from Torbay Education Safeguarding Service

Inappropriate Conduct or Content

Conduct

Content

Member of Staff

Child

Report to DSL

Report to Internet and/or Filtering Service Provider

Possible Internal Actions
- Sanctions (if deliberate)
- PSHE/citizenship
- Restorative justice
- Anti-bullying
- Parental work
- Service support e.g., counselling, peer mentoring
- Request support/advice from Torbay Education Safeguarding Service

Record incident and action taken. Review policies and procedures and implement changes

Key Local Contacts

Designated Safeguarding Lead(s):

Jessica Hunter – Principal
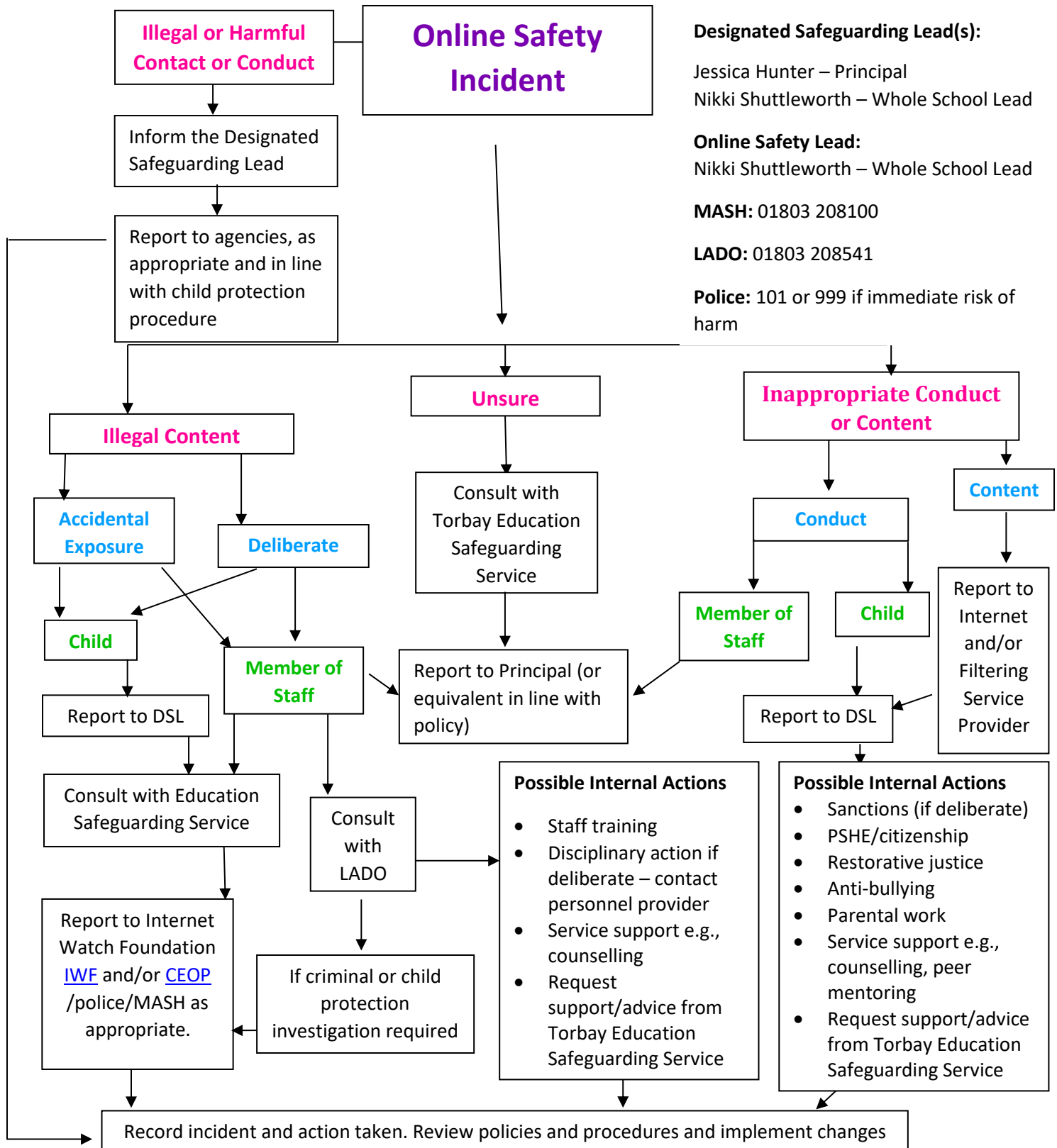Nikki Shuttleworth – Whole School Lead

Online Safety Lead:
Nikki Shuttleworth – Whole School Lead

MASH: 01803 208100

LADO: 01803 208541

Police: 101 or 999 if immediate risk of harm

Contents

1.   **Child Protection and Safeguarding Policy**

Safeguarding Governor: June Palmer

Designated Safeguarding Lead: Jessica Hunter

Status & Review Cycle: Statutory/Annual

Next Review Date: September 2025

2.   **Safeguarding and Wellbeing Statement**

2.1   Medical Tuition Service recognise our moral and statutory responsibility to safeguard and promote the welfare of all students. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and exploitation – including online - and follow our procedures to ensure that children receive effective support, protection, and justice. We do this first and foremost by listening to our children and remembering the principle of the Children's Act 1989 that the welfare of the child is paramount.

2.2   Child protection forms part of the service's safeguarding responsibilities. The Child Protection and Safeguarding policy underpins and guides Medical Tuition Service's procedures and protocols to ensure its students and staff are safe. All our staff understand it is everyone's responsibility to safeguard and protect children, and the way we try to do this is by developing trusting relationships with children and giving them time to talk to us.

2.3   As a service we aspire to a culture of zero tolerance against any sort of unacceptable behaviour. We will take seriously any reports of sexual harassment or child on child abuse or discrimination of any kind. As carers you know your children best. Please do not hesitate to contact the key personnel named below to ask for support or to discuss any worries you have for your children and be assured we will do all we can to help. We would also like to emphasise that our responsibilities still apply if your child cannot attend MTS for any reason so, please do not hesitate to contact us.

2.4   **Key Personnel**

Role	Name	Email	Telephone
Designated Safeguarding Lead (DSL)*	Jessica Hunter	jhunter@medicaltuitionservice.org.uk	01803 222208
Deputy DSL(s)* *Insert rows below for more DDSL details*	Nikki Shuttleworth	nshuttleworth@medicaltuitionservice.org.uk	01803 222208
Temporary additional DDSL	Vicky Banks	vbanks@medicaltuitionserice.org.uk	01803 222208
Principal *	Jessica Hunter	jhunter@medicaltuitionservice.org.uk	01803 222208
Chair of Governors*	June Palmer	jpalmer@medicaltuitionservice.org.uk	01803 222208

*Out of hours contact details will be made available to staff

3. Terminology

3.1   Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment, inside or outside the home, including online

- preventing impairment of children's mental and physical health or development

- ensuring that children grow up in circumstances consistent with the provision of safe and effective care

- providing help and support to meet the needs of children as soon as problems emerge; and

- taking action to enable all children to have the best outcomes

3.2   Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

3.3   Staff refers to all those working for or on behalf of MTS, full or part time, temporary or permanent, in either a paid or voluntary capacity.

3.4   Child includes everyone under the age of 18. This includes children who are on roll but educated off site.

3.5   Parents refers to birth parents and other adults who are in a parenting role, for example stepparents, foster carers and adoptive parents, and LA corporate parents.

3.6   Governors/Governing body: Governing body should be taken to mean the accountable body for MTS.

4. Introduction

4.1   The following safeguarding legislation and guidance has been considered when drafting this policy:

- Section 175 of the Education Act 2002 (maintained services only)

- Section 157 of the Education Act 2002 (Independent services only, including academies and CTCs)

- The Education (Independent Services Standards) (England) Regulations 2003 (Independent services only, including academies and CTCs)

- The Safeguarding Vulnerable Groups Act 2006

- The Teacher Standards 2012

- Working Together to Safeguarding Children 2023

- Keeping Children Safe in Education (KCSiE) 2024

- Education and Training (Welfare of Children) Act 2021 (Post 16 providers)

- Information Sharing 2018

- What to do if you're worried a child is being abused 2015

- The Equality Act 2010

- Filtering and Monitoring standards for services and colleges

▪ DfE Data Protection Guidance for Schools 2024

5. **Policy Principles**

5.1 The welfare of the child is paramount.

5.2 All children regardless of age, gender, culture, language, race, ability, sexual identity or religion have equal rights to protection, safeguarding and opportunities.

5.3 We recognise that all adults, including temporary staff[1], volunteers and governors, have a full and active part to play in protecting our students from harm and have an equal responsibility to act on any suspicion or concern that may suggest a child is at risk of harm.

5.4 All staff believe that our service should provide a caring, positive, safe, and stimulating environment that promotes the social, physical, mental wellbeing and moral development of the individual child.

5.5 Students and staff involved in child protection issues will receive appropriate support and supervision.

Policy Aims

5.6 Safeguarding incidents and/or behaviours can be associated with factors outside MTS and/or can occur between children outside MTS or college and can occur between children outside the service. All staff, but especially the designated safeguarding lead (or deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. These can also be considered as extra-familial contexts.

5.7 To demonstrate MTS' commitment with regard to safeguarding and child protection to students, parents, and other partners.

5.8 To support the child's development in ways that will foster security, confidence, and independence.

5.9 To provide an environment in which children and young people feel safe, secure, valued, and respected, and feel confident to, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.

5.10 To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.

5.11 To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, Medical Tuition Service, contribute to assessments of need and support packages for those children.

5.12 To emphasise the need for good levels of communication between all members of staff.

5.13 To develop a structured procedure within MTS which will be followed by all members of the service community in cases of suspected abuse.

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[1] Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self-employed staff, contractors, volunteers working with children etc and governors.

5.14   To develop and promote effective working relationships with other agencies, especially the Police and Multi agency safeguarding hub (MASH).

5.15   To ensure that all staff working within MTS who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance)[2], and a single central record is kept for audit.

6.   Values

6.1   Supporting Children.

6.2   We recognise that a child who is abused or is a witness to violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.

6.3   We recognise that MTS may provide the only stability in the lives of children who have been abused or who are at risk of harm.

6.4   We accept that 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 as well as exhibiting signs of mental health problems.

6.5   We understand the impact on a child's mental health, behaviour and education when experiencing difficulties, abuse and/or neglect.

6.6   MTS will support all children by providing help and support as soon as problems emerge and by:

- encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying

- promoting a caring, safe, and positive environment within the service

- responding sympathetically to any requests for time out to deal with distress and anxiety

- offering details of helplines, counselling, or other avenues of external support

- liaising and working together with all other settings, support services and those agencies involved in the safeguarding of children

- notifying Torbay Multi Agency Safeguarding Hub (MASH) as soon as there is a significant concern

- providing continuing support to a child about whom there have been concerns who leaves MTS by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring that MTS medical records are forwarded as a matter of priority

6.7   Children are taught to understand and manage risk through our personal, social, health and economic (PSHE) education and Relationship and Sex Education and through all aspects of life at MTS. This includes online safety; and by accessing and utilising the necessary resources, guidance, and toolkits to support the identification of children requiring mental health support, support services and assessments and the subsequent systems and processes.

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[2] DBS checks: detailed guidance - GOV.UK (www.gov.uk)

6.8   We recognise that MTS plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends, and an ethos of protection.

6.9   The MTS community will therefore:

- work to establish and maintain an ethos where children feel secure, are encouraged to talk, and are always listened to

- include regular consultation with children e.g., through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad lunchtimes/playtimes

- ensure that all children know there are adults at MTS whom they can approach if they are worried or in difficulty

- include safeguarding across the curriculum, including PSHE and opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help; this will include anti-bullying work, online-safety, road safety, pedestrian, and cycle training; provide focussed activities to prepare key year groups for transition to new settings and/or key stages e.g., more personal safety/independent travel; and

- ensure all staff, students and parent are aware of MTS guidance for their use of mobile technology and the safeguarding issues around the use of mobile technologies and their associated risks have been shared

7.   Safe Service, Safe Staff

7.1   We will ensure that:

- all staff and volunteers read and understand KCSiE 2024 as required and relevant to their role at MTS

- all staff receive information about the MTS' safeguarding arrangements, MTS' safeguarding statement, staff behaviour policy (code of conduct)[3], child protection and safeguarding policy, behaviour policy, the safeguarding response to children who go missing from education, the role and names of the Designated Safeguarding Lead and their deputy(ies), and sign to say they have read, understood, and will abide by it

- all staff receive safeguarding and child protection information (including online safety which, amongst other things, includes and understanding of the expectations, applicable roles and responsibilities in relation to filtering and monitoring)

- all staff receive safeguarding and child protection training, including online safety, in line with advice from Torbay Safeguarding Children Partnership (TSCP) which is regularly updated (for example, via email, e-bulletins and staff meetings), as required, but at least annually

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[3] The code of conduct should include acceptable use of technology, staff & student relationship boundaries and communications, including the use of social media.

- all members of staff are trained in and receive regular updates in online safety and reporting concerns

- all staff, governors and trustees receive appropriate child protection and safeguarding (including online) at induction. They should renew this annually, to maintain their understanding of the signs and indicators of abuse

- the Child Protection and Safeguarding policy is made available via the Torbay Council Service website or other means and that parents/carers are made aware of this policy and their entitlement to have a copy via MTS' handbook / newsletter / website. All parents/carers are made aware of the responsibilities of staff members regarding child protection procedures through the publication of the Child Protection and Safeguarding policy and reference to it in MTS' staff and student handbooks

- MTS provides a coordinated offer of Early Help when additional needs of children are identified and contributes to early help arrangements and inter-agency working and plans; assessments and plans are recorded on the Children's Services database

- our vetting's policy will seek to ensure the suitability of adults working with children at MTS at any time, for example, by having evidence of DBS checks having been undertaken

- any visits to MTS by professionals will be booked in advance and the DSL made aware

- community users organising activities for children are aware of the MTS' Child Protection and Safeguarding policy, guidelines, and procedures

- the name of the designated members of staff for child protection, the DSL/DDSL are clearly advertised at MTS with a statement explaining MTS' role in referring and monitoring cases of suspected abuse

8. Roles and Responsibilities

8.1 All members of The Governing Body understand and fulfil their responsibilities, namely, to ensure that there is an effective Child Protection and Safeguarding policy together with a staff behaviour policy (code of conduct).

8.2 Child protection, safeguarding, recruitment and managing allegations policies and procedures, including the staff behaviour policy (code of conduct), are consistent with TSCP guidance and statutory requirements, are reviewed annually and that the Child Protection and Safeguarding policy is publicly available on the Torbay Council MTS website, on request from office@medicaltuitionservice.org.uk or linked in the staff handbook

8.3 Ensures that all staff including temporary staff and volunteers are provided with MTS' child protection and safeguarding policy and staff Code of Conduct.

8.4 All staff have read the appropriate sections of KCSiE 2024, and mechanisms are in place to assist staff in understanding and discharging their roles and responsibilities as set out in the guidance.

8.5 MTS operates a safer recruitment procedure that includes statutory checks on staff suitability to work with children and disqualification by association regulations and by ensuring that there is at least one person on every recruitment panel who has completed safer recruitment training.

8.6   MTS has procedures for dealing with reports of abuse against staff (including the Principal), supply staff, volunteers and against other children and that a referral is made 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.

8.7   A member of the Governing Body/Board, usually the Chair, is nominated to liaise with the local authority (LA) on Child Protection issues and in the event of a report of abuse made against the Principal.

8.8   A member of the senior leadership (SLT) team has been appointed as the Designated Safeguarding Lead (DSL) by the Governing Body/Board who will take lead responsibility for safeguarding and child protection and that the role is explicit in the role holder's job description.

8.9   On appointment, the DSL and deputy(ies) undertake appropriate Level 3 identified training offered by TSCP or other provider every two years.

8.10   All professionals working consistently with vulnerable students should receive robust supervision and guidance.

8.11   All other staff have safeguarding training which is updated as appropriate; but at least annually.

8.12   At least one member of the governing body has completed safer recruitment training to be repeated every five years.

8.13   Children are taught about safeguarding (including online safety) as part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) and/or for maintained services through relationship and sex education (RSE).

8.14   Appropriate safeguarding responses are in place for children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse and exploitation and to help prevent the risks of their going missing in future.

8.15   Appropriate online filtering and monitoring systems are in place.[4]

8.16   Enhanced DBS checks (without barred list checks unless the governor is also a volunteer at MTS) are in place for all Governors.

8.17   Any weaknesses in Child Protection are remedied immediately.

8.18   The Principal will ensure that:

- the Child Protection and Safeguarding policy is effective, and procedures are implemented and followed by all staff

- sufficient time, training, support, resources, including cover arrangements where necessary, is allocated to the DSL and deputy(ies) DSL(s) to carry out their roles effectively, including the assessment of students and attendance at child protection and other necessary meetings

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[4] The appropriateness of any filtering and monitoring systems are a matter for individual services, schools and colleges and will be informed in part by the risk assessment required by the Prevent Duty. [Meeting digital and technology standards in services,schools and colleges - Filtering and monitoring standards for services,schools and colleges - Guidance - GOV.UK (www.gov.uk)](https://www.gov.uk)

- where there is a safeguarding concern that the child's wishes, and feelings are considered when determining what action to take and what services to provide

- systems are in place for children to express their views and give feedback which operate with the best interest of the child at heart

- all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures

- students are provided with opportunities throughout the curriculum to learn about safeguarding, including keeping themselves safe online

- they liaise with the Local Authority Designated Officer (LADO), before taking any action and on an ongoing basis, where an allegation is made against a member of staff, supply staff or volunteer; and

- anyone who has harmed or may pose a risk to a child is referred to the Disclosure and Barring Service

8.19   The Designated Safeguarding Lead (DSL)

- holds ultimate responsibility for safeguarding and child protection (including online safety which, amongst other things, includes an understanding of the expectations, applicable roles and responsibilities in relation to filtering and monitoring)

- will liaise with the principal to inform her of issues - especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations. This should include being aware of the requirement for children to have an Appropriate Adult – see Appendix 7

- will liaise with the principal to ensure MTS fully adheres to the DfE Searching, screening and confiscation guidance for services[5] paying particular attention to the requirements in respect of strip searching and the encouragement to involve parents in decision making

- acts as a source of support and expertise in carrying out safeguarding duties for the whole of the MTS community

- will have the necessary knowledge and understanding to recognise possible children at risk of contextual and/or extra familial abuse or exploitation.

- encourages a culture of listening to children and taking account of their wishes and feelings

- is appropriately trained with updates every two years and will refresh their knowledge and skills at regular intervals but at least annually

- will refer a child if there are concerns about possible abuse, to the MASH[6], and act as a focal point for staff to discuss concerns. Enquiries[7] must be followed up in writing, if referred by telephone

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[5] Searching, Screening and Confiscation (publishing.service.gov.uk)
[6] All new enquiries go to the MASH 01803 2018100. In an emergency out of hours referrals can be made to the Emergency Duty Team on 0300 456 4876 or Police.
[7] Online forms are available via Hub - Torbay Safeguarding Children Partnership

- will keep detailed, accurate records, either written or using appropriate online software, of all concerns about a child even if there is no need to make an immediate referral. The rationale for all decision making will be recorded alongside concerns

- will ensure that all such records are kept confidential, stored securely and are separate from student records, until the child's 25th birthday

- will ensure that an indication of the existence of the additional file is marked on the student records

- will ensure that when a student leaves MTS, relevant child protection information is passed to the new service, school or college (separately from the main student file) within 5 days for an in-year transfer or within the first 5 days of the start of a new term to allow the new service, school or college to have support in place for when the child arrives ensuring secure transit and that confirmation of receipt is obtained

- in addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the DSL of the new service, school or college in advance of a child leaving; for example, information that would allow the new service, school or college to continue supporting victims of abuse and have that support in place for when the child arrives. All transfers should be made securely

- will liaise with the LA, its safeguarding partners and work with other agencies and professionals in line with Working Together to Safeguard Children 2023

- has a working knowledge of TSCP procedures

- will ensure that either they, or another staff member, attend case conferences, core groups, or other multi-agency planning meetings; contribute to assessments, and provide a report where required which has been shared with the parents/carers

- will ensure that if a student has a child protection plan and is absent in the educational setting without explanation for two days their social worker will be alerted to the fact

- will ensure that all staff sign to say they have read, understood, and agree to work within MTS' child protection policy, behaviour policy, staff Code of conduct and KCSiE 2024 and ensure that the policies are used appropriately

- will organise child protection and safeguarding induction, regularly updated training, and provide a minimum of annual updates on (including online safety) for all MTS staff, keep a record of attendance and address any absences

- will contribute to and provide, with the Principal and Chair of Governors, the "Audit of Statutory Duties and Associated Responsibilities" (S175/157 audit) to be submitted annually to the TSCP

- understands locally agreed processes for providing early help assessments and intervention and will support members of staff where Early Help is appropriate, or completion of the exploitation tool is necessary; and

- will ensure that the name of the designated members of staff for Child Protection, the Designated Safeguarding Lead, and deputies, are clearly advertised at MTS, with a statement explaining MTS' role in referring and monitoring cases of suspected abuse

8.20   The Deputy Designated Safeguarding Lead(s) (DDSLs):

- is/ are trained to the same standard as the Designated Safeguarding Lead and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of students. In the event of the long-term absence of the DSL the deputy will assume all the functions above

8.21   All Service Staff:

- understand that it is everyone's responsibility to safeguard and promote the welfare of children and that they have a role to play in identifying concerns, sharing information, and taking prompt action

- consider, always, what is in the best interests of the child

- have a role to play in ensuring there is a whole service approach to safeguarding, including promoting a culture of zero tolerance towards any form of abuse, including child on child abuse

- will be aware of the indicators of abuse and neglect both familial and contextual; and recognise that contextual harm can take a variety of different forms

- know how to respond to a student who alleges or appears to be the victim of abuse through delivery of 'Working together to Safeguard Children', and 'What to do if you're worried a child is being abused'

- will refer any safeguarding or child protection concerns to the DSL or if necessary, where the child is at immediate risk to the police or MASH

- will be aware of the TSCP Professional Differences (Escalation) policy[8] or the duty to report concerns if the DSL fails to do so without reasonable cause

- are aware of the Early Help process and understand their role within it including identifying emerging problems for children who may benefit from an Early Help assessment, liaising with the DSL in the first instance and supporting other agencies and professionals in an early help assessment through information sharing. In some cases, staff may act as the Lead Professional in Early Help cases

- will provide a safe and nurturing environment in which children can learn

9.   Confidentiality

9.1   MTS recognises that to effectively meet a child's needs, safeguard their welfare, and protect them from harm MTS must contribute to inter-agency working in line with Working Together to Safeguard Children (2023) and share information between professionals and agencies where there are concerns.

9.2   All staff must be aware that they have a professional responsibility to share information with other agencies to safeguard children and that the Data Protection Act 2018[9] is not a barrier to sharing information where the failure to do so would place a child at risk of harm.

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[8] Link to professional differences policy
[9] Data protection - GOV.UK (www.gov.uk)

9.3 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

9.4 However, we also recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential, and the Head teacher or DSLs will only disclose information about a child to other members of staff on a need-to-know basis.

9.5 We will always undertake to share our intention to refer a child to MASH with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, we will seek advice from the MASH. Torbay Education Safeguarding Service (TESS) MTS can also consult with TESS safeguarding advisors.

10. Child Protection Procedures

10.1 Abuse and neglect and exploitation are forms 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 the family or in an institutional or community setting by those known to them or by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

10.2 Abuse, neglect and exploitation may also take place outside of the home, (contextual safeguarding) and this may include (but is not limited to), sexual exploitation, criminal exploitation, serious youth violence, radicalisation. Further information about the four categories of abuse; physical, emotional, sexual and neglect, and indicators that a child may be being abused can be found in the appendices.

10.3 Any child in any family in any setting could become a victim of abuse. Staff should always maintain an attitude of "It could happen here".

10.4 There are also several specific safeguarding concerns that we recognise our students may experience.

- child absent from education
- child missing from home or care
- child sexual exploitation (CSE)
- child criminal exploitation
- bullying including cyberbullying
- domestic abuse
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health

- private fostering

- radicalisation

- youth produced sexual imagery (sexting) and sextortion (financially motivated sexual extortion)

- teenage relationship abuse

- trafficking

- child on child abuse

- up skirting

- serious violence

10.5   Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger and that safeguarding issues can manifest themselves via child-on-child abuse. *See Appendix 1 for a more detailed description of MTS' procedures in respect of child-on-child abuse.*

10.6   We also recognise that abuse, neglect, and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases multiple issues will overlap one another. Staff also recognise that harm can occur when children witness the ill treatment of others, particularly when they see, hear or experience domestic abuse and its effects.

If staff are concerned about a child's welfare

10.7   If staff notice any indicators of abuse/neglect or signs that a child may be at risk of harm they should record these concerns on a Disclosure/Safeguarding recording and pass it to the DSL. **A CPOMS recording should also be made. If using an electronic alert, the sender should not assume the DSL will immediately receive this and any serious concerns should be reported immediately.** If concerns are discussed in person with the DSL details should also be recorded in writing.

10.8   There will be occasions when staff may suspect that a student may be at risk but have no 'real' evidence. The student's behaviour may have changed, their artwork could be bizarre, and they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed.

10.9   MTS recognise that the signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a relative is unwell, or an accident has occurred. However, they may also indicate a child is being abused or needs safeguarding.

10.10   In these circumstances staff will try to give the child the opportunity to talk. It is fine for staff to ask the student if they are OK or if they can help in any way. Following an initial conversation with the student, if the member of staff remains concerned, they should discuss their concerns with the DSL and put them in writing. If the student does begin to reveal that they are being harmed, staff should follow the advice below regarding a student making a report of abuse or displaying behaviours that suggest they may have been abused.

10.11   We recognise that it takes a lot of courage for a child to tell someone they are being abused. They may feel ashamed, guilty, or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.

10.12   A child who tells/shows that they have been abused may have to tell their story on several subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

10.13   During their conversation with the student staff will:

- listen to what the child has to say and allow them to speak freely

- remain calm and not overact or give any indication of being shocked or alarmed – the student may stop talking if they feel they are upsetting the listener

- reassure the child that it is not their fault and that they have done the right thing in telling someone

- not be afraid of silences – staff must remember how difficult it is for the student and allow them time to talk

- take what the child is telling them seriously

- avoid asking leading questions, where possible allow the child to take the lead

- limit questions to those necessary to try and obtain a context

- where sexual abuse has been alleged or a report of criminal abuse do not ask additional questions telephone the MASH for advice, however, do not stop the child talking

- avoid jumping to conclusions, speculation or make accusations

- not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused

- avoid admonishing the child for not telling them sooner. Saying things such as 'I do wish you had told me about it when it started' may be the staff member's way of being supportive but may be interpreted by the child to mean they have done something wrong; and

- tell the child what will happen next

10.14   If a student talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on – staff are not allowed to keep secrets.

10.15   The member of staff should write up their conversation as soon as possible on the Expression of Concern form in the child's own words. Staff should make this a matter of priority. The record should be signed and dated, the member of staff's name should be printed, and it should also detail where the report/statement was made and who else was present. The record should be handed to the DSL.

Notifying Parents

10.16   MTS will normally seek to discuss any concerns about a student with their parents. This must be handled sensitively and normally the DSL/DDSL will contact the parent in the event of a concern, suspicion, or report.

10.17   However, if MTS believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's MASH e.g., familial sexual abuse.

10.18   Where there are concerns about forced marriage or honour-based violence parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk. In some circumstances it would be appropriate to contact the police.

Making a referral

10.19   Concerns about a child having been abused should be immediately raised with the DSL who will help decide whether a referral to children's MASH or other support is appropriate in accordance with TSCP interactive threshold tool[10]

10.20   If a referral is needed, then the DSL should make this rapidly and there must be systems in place to enable this to happen. However, anyone can make a referral and if for any reason a staff member thinks a referral is appropriate and one hasn't been made, they can and should consider making a referral themselves.

10.21   The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

10.22   If after a referral the child's situation does not appear to be improving the DSL (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child's situation improves.

10.23   If a child is in immediate danger or is at risk of harm a referral should be made to children's MASH and/or the police immediately.

10.24   Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

Supporting our Staff

10.25   We recognise that staff working in MTS 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.

10.26   We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate.

10.27   All professionals working consistently with vulnerable students should receive supervision and guidance.

11.   Children who are particularly vulnerable

11.1   MTS recognises that some children are more vulnerable to abuse, neglect and exploitation and that additional barriers exist when recognising abuse for some children.

11.2   We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment, or circumstances.

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[10] Interactive Threshold Tool (torbaysafeguarding.org.uk) (this document is currently under review)

11.3   In some cases, possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs, or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

11.4   Some children may also find it harder to tell others about abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

11.5   Any child may benefit from early help, but all service staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs

- has special educational needs (regardless of whether they have a statutory education, health, and care plan)

- is a young carer

- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups

- is frequently missing/goes missing from care or from home

- has experienced multiple suspensions, is at risk of being permanently excluded from schools, colleges and is alternative provision or a pupil referral unit.

- is misusing drugs or alcohol themselves

- is at risk of modern slavery, trafficking, or exploitation

- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse

- has returned home to their family from care

- is showing early signs of abuse and/or neglect

- is at risk of being radicalised

- is a privately fostered child

- has an imprisoned parent or carer, or is affected by parental offending

- is experiencing mental health, wellbeing difficulties

12. Anti-Bullying/Cyberbullying

12.1   Our service 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. We keep a record of known bullying incidents which is shared with and analysed by the governing body. All staff are aware that children with SEND and / or differences/perceived differences are more vulnerable to being bullied / victims of child abuse.

12.2   If the bullying is particularly serious, or the anti-bullying procedures are seen to be ineffective, the Principal and the DSL will consider implementing child protection procedures and/or consider legislation regarding hate crimes[11]. The subject of bullying is addressed at regular intervals in PHSE education.

13.   Racist Incidents

13.1   A racist incident is 'any incident which is perceived to be racist by the victim or any other person'. (Recommendation 12 of the [Stephen Lawrence Inquiry](#)).

13.2   This includes refusal to co-operate with others on the basis of race, racist remarks or jokes, racial intimidation and name-calling or cyber bullying.

13.3   Racism, as with other forms of discrimination, can be considered a hate crime. As such it may be necessary to report this to the police. The behaviour policy will be considered for all incidents of racism.

13.4   All racist incidents will be recorded, and services are encouraged to send these to the local authority. The form can be downloaded from the TSCP website [Safeguarding in Education - Torbay Safeguarding Children Partnership.](#)

14.   Radicalisation and Extremism

14.1   The Prevent Duty for England and Wales (2015)[12] under section 26 of the Counter Terrorism and Security Act 2015 places a duty on education and other children's services to have due regard to the need to prevent people from being drawn into terrorism.

14.2   Extremism is defined as 'as '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.

14.3   Some children are at risk of being radicalised; adopting beliefs and engaging in activities which are harmful, criminal, or dangerous.

14.4   MTS is clear that exploitation of vulnerable children and radicalisation should be viewed as a safeguarding concern and follows the Department for Education guidance for services and childcare providers on preventing children and young people from being drawn into terrorism[12].

14.5   MTS seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

14.6   MTS staff receive training to help identify early signs of radicalisation and extremism. Indicators of susceptibility to radicalisation are in detailed in Appendix 6.

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[11] [Hate Crime (campaign.gov.uk)](#)
[12] [Revised Prevent duty guidance: for England and Wales - GOV.UK (www.gov.uk)](#)

14.7   Opportunities are provided in the curriculum to enable students to discuss issues of religion, ethnicity and culture and MTS follows the DfE advice Promoting Fundamental British Values as part of SMSC (spiritual, moral, social, and cultural education) in Services and Schools (2014)[13]

14.8   Medical Tuition Service governors, the Principal and the DSL will assess the level of risk within the service and put actions in place to reduce that risk. Risk assessment may include the use of service premises by external agencies, anti-bullying policy and other issues specific to the service's profile, community, and philosophy.

14.9   When any member of staff has concerns that a student may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL. They should then follow normal safeguarding procedures. If the matter is urgent then Devon & Cornwall Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline for staff and governors to raise concerns around Prevent (020 7340 7264).

15. Domestic Abuse

15.1   Domestic abuse represents at least one quarter of all violent crime. It is actual or threatened physical, emotional, psychological, financial, or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, and religion, mental or physical ability. Domestic abuse can also involve other types of abuse.

15.2   We use the term domestic abuse to reflect that abusive and controlling behaviours do not necessarily involve physical violence. Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse.

15.3   Living in a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of healthy, positive relationships. Children who witness domestic abuse are victims of abuse and have suffered or are at risk of significant harm. Staff are alert to the signs and symptoms of a child suffering or witnessing domestic abuse – See Appendix 5.

15.4   Government legislation enacted in 2021 recognises that a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse.

15.5   In addition, the age limit for criminal offences related to domestic abuse was lowered from 18 to 16, to recognise that young people can experience abuse in their relationships.

16. Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

16.1   Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. This power imbalance could be due to age, gender, sexual identity, cognitive ability, physical strength, status, and /or access to economic or other resources. The abuse could be linked to an exchange for something the victim perceives that they need or want and/or will be to the financial

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[13] [Promoting fundamental British values through SMSC - GOV.UK (www.gov.uk)](www.gov.uk)

benefit or other advantage (such as increase status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It may involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when the activity appears consensual, and it should be noted exploitation as well as being physical can be facilitated and/or take place online. More definitions and indicators are included in **Appendix 3** Any concerns that a child is being or is at risk of being sexually or criminally exploited should be passed without delay to the DSL. MTS is aware there is a clear link between regular service absence/truanting, CSE and CCE. Staff should consider a child to be at potential CSE/CCE risk in the case of regular service absence/truanting and make reasonable enquiries with the child and parents to assess this risk.

16.2   The DSL will use the TSCP Exploitation Toolkit[14] on all occasions when there is a concern that a child is being or is at risk of being sexually or criminally exploited or where indicators have been observed that are consistent with a child who is being or who is at risk of being sexually or criminally exploited. The Exploitation Toolkit will indicate to the DSL whether a MASH referral is necessary. If the DSL is in any doubt, they will contact TESS or the MASH.

16.3   If a child is in immediate danger the police should be called on 999.

16.4   MTS is aware that a child often is not able to recognise the coercive nature of the abuse and does not see themselves as a victim. Consequently, the child may resent what they perceive as interference by staff. However, staff must act on their concerns as they would for any other type of abuse.

16.5   MTS includes the risks of sexual and criminal exploitation in the PHSE and RSE curriculum. Students will be informed of the grooming process and how to protect themselves from people who may potentially be intent on causing harm. They will be supported in terms of recognising and assessing risk in relation to CSE/CCE, including online, and knowing how and where to get help.

17.   Female Genital Mutilation (FGM)

17.1   Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. A mandatory reporting duty requires teachers to report 'known' cases of FGM in under 18s, which are identified in the course of their professional work, to the police[15.]

17.2   The duty applies to all persons in MTS who are employed or engaged to carry out 'teaching work' in the service, whether or not they have qualified teacher status. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the DSL; however, the DSL should be informed.

17.3   If a teacher is informed by a girl under 18 that an act of FGM has been carried out on her or a teacher observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe the act was necessary for the girl's physical or

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[14] Link to Exploitation Toolkit

[15] Multi-agency statutory guidance on female genital mutilation - GOV.UK (www.gov.uk)

mental health or for purposes connected with labour or birth, the teacher should personally make a report to the police force in which the girl resides by calling 101. The report should be made by the close of the next working day.

17.4   MTS staff are trained to be aware of risk indicators of FGM which are set out in Appendix 4. Concerns about FGM outside of the mandatory reporting duty should be reported as per MTS' child protection procedures. Staff should be particularly alert to suspicions or concerns expressed by female students about going on a long holiday during the summer vacation period. There should also be consideration of potential risk to other girls in the family and practicing community.

17.5   Where there is a risk to life or likelihood of serious immediate harm the teacher should report the case immediately to the police, including dialling 999 if appropriate.

17.6   There are no circumstances in which a teacher or other member of staff should examine a girl.

18.   Forced Marriage

18.1   A forced marriage is a marriage in which one or both people do not (or in cases of people with learning disabilities cannot) consent to the marriage but are coerced into it. Coercion may include physical, psychological, financial, sexual, and emotional pressure. It may also involve physical or sexual violence and abuse.

18.2   Forced marriage is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse, and a serious abuse of human rights. Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

18.3   A forced marriage is not the same as an arranged marriage which is common in several cultures. The families of both spouses take a leading role in arranging the marriage but the choice of whether to accept the arrangement remains with the prospective spouses.

18.4   MTS staff should never attempt to intervene directly as a service or through a third party. Contact should be made with MASH/police.

18.5   Since 27 February 2023, it is an offence[16] to carry out any conduct for the purpose of causing a child to enter into a marriage before the child's eighteenth birthday (whether or not the conduct amounts to violence, threats, any other form of coercion or deception).

18.6   **Honour-based Abuse**

18.7   Honour based abuse (HBA) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

18.8   Honour based abuse might be committed against people who;

- become involved with a boyfriend or girlfriend from a different culture or religion

- want to get out of an arranged marriage

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[16] Multi-agency statutory guidance for dealing with forced marriage and multi-agency practice guidelines: Handling cases of forced marriage (accessible version) - GOV.UK (www.gov.uk)

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- want to get out of a forced marriage

- wear clothes or take part in activities that might not be considered traditional within a particular culture

18.9   It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no, and cannot be, honour or justification for abusing the human rights of others.

19. One Chance Rule

19.1   This term is used in the FGM Guidance for services produced by the national FGM centre July 2019 FGM services guidance. Multi agency statutory guidance dated July 20 FGM Statutory guidance July 20 does not appear to use the term, however, the expression is intended to convey the importance of acting promptly and recognise there may be "only one chance to speak to a student who is a potential victim and have just one chance to save a life.

19.2   MTS are aware that if the victim is not offered support following a report of abuse that the 'One Chance' opportunity may be lost. Therefore, all staff are aware of their responsibilities and obligations when they become aware of potential forced marriage, FGM and HBA cases.

20. Mental Health

20.1   Staff will be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Whilst MTS recognise that only appropriately trained professionals can diagnose mental health problems; staff are able to make day to day observations of children and identify such behaviour that may suggest they are experiencing a mental health problem or be at risk of developing one. MTS is also aware of the many studies evidencing the impact on the emotional wellbeing of Covid and lockdown and the many adverse experiences children and their families may have faced.

20.2   Adverse Childhood Experiences have been shown to impact on a child's mental health, behaviour, and education through to adolescence and adulthood will be covered in safeguarding awareness training and updates. If staff have a mental health concern about a child that is also a safeguarding concern, they will share this with the DSL or deputy. An informative video produced by NHS Wales can be seen here

21. Private Fostering Arrangements

21.1   A private fostering arrangement occurs when someone other than a parent or close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16 or 18 if the child is disabled. Children cared for by the local authority or who are placed in residential schools, children's homes or hospitals are not considered to be privately fostered. Private fostering occurs in all cultures, including British culture and children may be privately fostered at any age.

21.2   MTS recognise that most privately fostered children remain safe and well but are aware that safeguarding concerns have been raised in some cases. Therefore, all staff are alert to possible safeguarding issues, including the possibility that the child has been trafficked into the country.

21.3   By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible. However, where a member of staff

becomes aware that a student may be in a private fostering arrangement, they will raise this will the DSL and the DSL will notify MASH of the circumstances.

21.4 Students attending services and schools through schemes such as the Whitehouse Guardian Scheme may be defined as privately fostered and a referral to the MASH must be completed.

22. Cared for children and previously cared for children

22.1 The most common reason for children becoming cared for is because of abuse and neglect, although there may be other reasons, such as parental poor health. MTS ensures that staff have the necessary skills and understanding to keep cared for/previously cared for children safe. Appropriate staff have information about a child's cared for legal status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child and contact arrangements with birth parents or those with parental responsibility.

22.2 The designated teacher for cared for children and the DSL have details of the child's social worker and the name and contact details of the Torbay Council's virtual school head for children in care.

22.3 The designated teacher for cared for children works with the virtual school head to discuss how Pupil Premium Plus funding can be best used to support the progress of cared for children in the service and meet the needs in the child's personal education plan. The designated teacher will follow the statutory guidance 'Promoting the education of Cared for Children'.

23. Children Absent from Education

23.1 Children can be absent from education for a variety of reasons; however, it is important to closely monitor absence. Repeated and/or prolonged absence could be an indication of safeguarding concerns. It could also indicate mental health concerns.

23.2 Early intervention can be vital, and parents/carers will be contacted at the earliest opportunity. MTS will hold more than one emergency contact number for students when reasonably possible.

23.3 The DSL will monitor unauthorised absences and take appropriate action including notifying the local authority particularly where children go missing on repeat occasions and/or are missing for periods during the day in conjunction with 'Children Missing Education: Statutory Guidance for Local Authorities[17]. Staff must be alert to signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage.

24. Online Safety

24.1 Our students increasingly use electronic equipment daily to access the internet and share content and images via social media sites which are constantly emerging.

24.2 Unfortunately, some adults and other children use these technologies to harm children. The harm might range from sending hurtful or abusive texts or emails, to grooming and enticing children to engage in sexual behaviour such as webcam photography or face-to-face meetings. Students may

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[17] Children missing education - GOV.UK (www.gov.uk)

also be distressed or harmed by accessing inappropriate material such as pornographic websites or those which promote extremist behaviour, criminal activity, suicide or eating disorders.

24.3   MTS has an online safety policy which explains how we try to keep students safe at MTS and how we respond to online safety incidents (See flowchart at the beginning of this document.)

24.4   MTS will also provide advice to parents when students are being asked to learn online at home and consider how best to safeguard both students and staff.

24.5   Students are taught about online safety throughout the curriculum and all staff receive online safety training which is regularly updated. MTS' online safety co-ordinator is the DDSL.

24.6   MTS has a mobile phone policy that sets out the approved use of mobile phones by staff, students and visitors.

25.   Child on Child Sexual violence and sexual harassment

25.1   The DSL, Governing Body/Board and Principal will take due regard to Part 5, KCSiE 2024.

25.2   In most instances, students will behave towards each other in a respectful manner. Where they do not, this will be covered by our relational policy. However, some reports of abuse may be of such a serious nature that they may raise safeguarding concerns. MTS recognise that children can abuse their peers and that child-on-child abuse can happen in any setting. It will not be passed off as 'banter' or 'part of growing up'. The forms of child-on-child abuse are outlined below. Further detail is available in Appendix 1.

- Domestic abuse – an incident or pattern of actual or threatened acts of physical, sexual, financial and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner regardless of gender or sexuality

- Child Sexual Exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18

- Harmful Sexual Behaviour – Children and young people presenting with sexual behaviours that are outside of developmentally 'normative' parameters and harmful to themselves and others (For more information, please see Appendix 1)

- Up skirting – which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm

- Serious Youth Violence[18] – Any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19' i.e., murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way, but also includes assault with injury offences. All staff will receive training so that they are aware of indicators which may signal that child are at risk from or involved with serious violence and crime

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[18] Preventing youth violence and gang involvement - Practical advice for services, schools and colleges (publishing.service.gov.uk)

25.3   The term child on child abuse can refer to all these definitions and a child may experience one or multiple facets of abuse at any one time. We will adopt a whole service approach to addressing child on child abuse and the policy is detailed in Appendix 1

26.   Youth produced sexual imagery (sexting)

26.1   The practice of children sharing images and videos via text message, email, social media, or mobile messaging apps has become commonplace. However, this online technology has also given children the opportunity to produce and distribute sexual imagery in the form of photos and videos. Such imagery involving anyone under the age of 18 is illegal.

26.2   Youth produced sexual imagery refers to both images and videos where:

- A person under the age of 18 creates and shares sexual imagery of themselves with a child under the age of 18

- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a child under the age of 18 or an adult

- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18

26.3   All incidents of this nature should be treated as a safeguarding concern and in line with government guidance[19]

26.4   Cases where sexual imagery of people under 18 has been shared by adults and where sexual imagery of a person of any age has been shared by an adult to a child is child sexual abuse and should be responded to accordingly.

26.5   There has been an increasing trend in incidents of what has been termed "sextortion". Reports of young people and adults being forced to pay money or meet another financial demand to avoid the release of sexual/indecent images of them. This is called "Financially Motivated Sexual Extortion" or "Sextortion"

In April 2024 concern was sufficient for the National Crime Agency CEOP (Child Exploitation and Online Protection Command) to issue an alert to all education settings. The alert can be found here: www.ceopeducation.co.uk

26.6   If a member of staff becomes aware of an incident involving youth produced sexual imagery, they should follow the child protection procedures and refer to the DSL as soon as possible. The member of staff should confiscate the device involved and set it to flight mode or, if this is not possible, turn it off. Staff should not view, copy or print the youth produced sexual imagery.

26.7   The DSL should hold an initial review meeting with appropriate staff member and subsequent interviews with the children involved (if appropriate). Parents should be informed at an early stage and involved in the process unless there is reason to believe that involving parents would put the child at risk of harm. At any point in the process if there is concern a young person has been harmed or is at risk of harm a referral should be made to MASH or the Police as appropriate.

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[19] Sharing nudes and semi-nudes: advice for education settings working with children and young people - GOV.UK (www.gov.uk)

26.8   Immediate referral at the initial review stage should be made to MASH/Police if:

- The incident involves an adult

- There is good 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 education needs)

- What you know about the imagery suggests the content depicts sexual acts which are unusual for the child's development stage or are violent

- The imagery involves sexual acts

- The imagery involves anyone aged 12 or under

- There is reason to believe a child is at immediate risk of harm owing to the sharing of the imagery, for example the child is presenting as suicidal or self-harming

26.9   If none of the above apply then the DSL will use their professional judgement to assess the risk to students involved and may decide, with input from the Principal, to respond to the incident without escalation to MASH or the police. Such decisions will be recorded.

26.10   In applying judgement, the DSL will consider if;

- there is a significant age difference between the sender/receiver

- there is any coercion or encouragement beyond the sender/receiver

- the imagery was shared and received with the knowledge of the child in the imagery

- the child is more vulnerable than usual i.e., at risk

- there is a significant impact on the children involved

- the image is of a severe or extreme nature

- the child involved understands consent

- the situation is isolated or if the image been more widely distributed

- there other circumstances relating to either the sender or recipient that may add cause for concern i.e., difficult home circumstances

- the children have been involved in incidents relating to youth produced imagery before

26.11   If any of these circumstances are present the situation will be escalated according to our child protection procedures, including reporting to the police or MASH. Otherwise, the situation will be managed within the service.

26.12   The DSL will record all incidents of youth produced sexual imagery, including both the actions taken, actions not taken, reasons for doing so and the resolution in line with safeguarding recording procedures.

27.   **Allegations against staff**

27.1   All MTS staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

27.2   Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.

27.3   We understand that a student may make a report of abuse against a member of staff or staff may have concerns about another staff member. If such a report is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the report or made aware of the information, will immediately inform the Principal.

27.4   The Principal on all such occasions will discuss the report of abuse with the Local Authority Designated Officer (LADO) at the earliest opportunity and before taking any further action.

27.5   If the report made to a member of staff concerns the Principal, the person receiving the report of abuse will immediately inform the Chair of Governors who will consult the LADO as above, without notifying the Principal first.

27.6   MTS will follow the Torbay procedures for "Managing allegations against staff", procedures set out in KCSiE 2024 and MTS' Managing Allegations policy and procedures.

27.7   Suspension of the member of staff, excluding the Principal, against whom an allegation has been made, needs careful consideration, and the Principal will seek the advice of the LADO and an HR Consultant in making this decision. In the event of an allegation against the Principal, the decision to suspend will be made by the Chair of Governors with advice as above.

27.8   We have a procedure for managing the suspension of a contract for a community user in the event of an allegation arising in that context.

27.9   Staff, parents, and governors are reminded that publication of material that may lead to the identification of a teacher who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing including content placed on social media sites.

28. Whistleblowing

28.1   We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

28.2   All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in MTS' safeguarding arrangements. If it becomes necessary to consult outside the service, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

28.3   The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk

28.4   Whistleblowing re the Principal should be made to the Chair of the Governing Body whose contact details are readily available to staff (as pertinent to setting).

29. Physical Intervention

29.1   We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that it must always be the minimal force necessary to prevent injury to another person. Such events should be recorded and signed by a witness.

29.2   Staff who are likely to need to use physical intervention will be appropriately trained.

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

29.4   We recognise that touch is appropriate in the context or working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

30. Confidentiality, sharing information and GDPR

30.1   All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the student and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

30.2   Service staff should be proactive in sharing as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care.

30.3   Staff should only discuss concerns with the DSL, Headteacher/principal, or chair of governors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

30.4   Child protection information will be stored and handled in line with the Data Protection Act 2018[20] and government guidance for sharing information[21] Schools will also take into account DfE Data Protection guidance for schools.[22]

30.5   Information sharing is guided by the following principles:

■   necessary and proportionate

■   relevant

■   adequate

■   accurate

■   timely

■   secure

30.6   Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

31. Linked policies

This policy also links to our policies on:

■   Behaviour (Relational policy)

■   Staff Behaviour Policy / Code of Conduct

■   Whistleblowing

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[20] Data Protection Act 2018
[21] Information sharing: advice for practitioners (publishing.service.gov.uk)
[22] Data protection in schools - Guidance - GOV.UK (www.gov.uk)

Beyond Learning

- Anti-bullying
- Health & Safety
- Allegations against staff
- Parental concerns
- Attendance
- Curriculum
- PSHE
- Teaching and Learning
- Administration of medicines
- Drug Education
- Relationships and Sex Education
- Physical intervention
- E-Safety, including staff use of mobile phones
- Risk Assessment
- Recruitment and Selection
- Child Sexual / Criminal Exploitation
- Intimate Care
- Radicalisation and Extremism
- Data Protection/GDPR Guidance

Beyond Learning

32.   Appendix 1 Child on child abuse: Sexual Abuse and Sexual Harassment

32.1   The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. There should be a zero-tolerance attitude towards any form of derogatory behaviour. The determination of whether behaviour is developmental, inappropriate, or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. Staff should be vigilant to:

- bullying (including cyberbullying)

- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm

- sexual violence and sexual harassment

- sexting (also known as youth produced sexual imagery)

- initiation/hazing type violence and rituals

- up skirting

32.2   **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.

32.3   **Inappropriate Sexual Behaviour** Can be inappropriate socially, in appropriate 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.

32.4   **Abusive sexual behaviour** includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. To determine the nature of the incident the following factors should be given consideration.

32.5   **The presence of exploitation in terms of:**

32.6   **Equality:** consider differentials of physical, cognitive, and emotional development, power and control and authority, passive, and assertive tendencies.

32.7   **Informed consent:** In 2015 (recirculated in 2018) Thames Valley police produced a video on the topic of consent using the analogy of asking for a cup of tea. Consent is everything. The video is reproduced on the Devon and Cornwall website alongside a range of resources including a good consent guide [Consent - Dorset Police and Devon and Cornwall Police working in Partnership (devon-cornwall.police.uk)](devon-cornwall.police.uk)

They highlight the following: Sexual consent is where a person has the freedom to agree to sexual activity. It is vital the person instigating sex makes sure their partner is participating freely and readily.

For there to be informed consent the following must be present

- 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

32.8   **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.

32.9   In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Responding to Reports

32.10   **Responding to reports of sexual violence and sexual harassment.** All reports of child-on-child abuse will be made on a case-by-case basis with the designated safeguarding lead or their deputy taking a leading role using their professional judgement and supported by other agencies such as social care or the police as required. Where possible consider the [TSCP Harmful Sexual Behaviour policy](#) and AIM checklists.

32.11   **The immediate response to a report**

- MTS will take all reports seriously and will reassure the victim that they will be supported and kept safe

- All staff will be trained to manage a report. Reports should always include the rationale for any decisions made

- Staff will not promise confidentiality as the concern will need to be shared further (for example, with the designated safeguarding lead or social care) staff will however only share the report with those people who are necessary to progress it

- A written report will be made as soon after the interview as possible recording the facts as presented by the child. These may be used as part of a statutory assessment if the case is escalated later

- Where the report includes an online element MTS will follow advice on searching, screening, and confiscation. The staff will not view or forward images unless unavoidable and only if another member of staff (preferably the DSL) is present

- The DSL will be informed as soon as possible

Risk Assessment

32.12   When there has been a report of sexual violence, the DSL/DDSL will make an immediate risk and needs' assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis. The risk and needs' assessment should consider:

- The victim, especially their protection and support.

- The alleged perpetrator; and

- All the other children (and, if appropriate, adult students and staff) at MTS, especially any actions that are appropriate to protect them; Risk assessments will be recorded (written or electronic say where these are filed) and be kept under review. The DSL/DDSL will ensure they are engaging with MASH

Action following a report of sexual violence and/or sexual harassment

32.13   Following an incident, we will consider:

- The wishes of the victim in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment

- The nature of the alleged incident(s), including whether a crime may have been committed and consideration of harmful sexual behaviour

- The ages of the children involved

  The developmental stages of the children involved

- Any power imbalance between the children. For example, is the alleged perpetrator significantly older, more mature or more confident? Does the victim have a disability or learning difficulty?

  If the alleged incident is a one-off or a sustained pattern of abuse

- Are there ongoing risks to the victim, other children, adult students or service staff, and other related issues and wider context?

Follow up Actions

32.14   Whilst the service establishes the facts of the case and starts the process of liaising with children's social care and the police:

- The perpetrator will be removed from any classes they share with the victim

- We will consider how best to keep the victim and alleged perpetrator a reasonable distance apart on service premises and on transport to and from MTS. These actions are in the best interests of both children and should not be perceived to be a judgment on the guilt of the alleged perpetrator

Options to manage the report

32.15   **Manage internally**

   I.   In some cases of sexual harassment, for example, one-off incidents, we may decide that the children concerned are not in need of early help or statutory intervention and that it would be appropriate to handle the incident internally, perhaps through utilising the behaviour and bullying policies and by providing pastoral support. This decision will be made based on the

principle that sexual violence and sexual harassment is never acceptable and will not be tolerated. All decisions, and discussions around making these decisions will be recorded and stored (by whom, where).

II.   In line with (I) above, we may decide that the children involved do not require statutory interventions but may benefit from early help. 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. Early help can be particularly useful to address non-violent harmful sexual behaviour and may prevent escalation of sexual violence.

32.16   **Refer to MASH**

I.   Where a child has been harmed, is at risk of harm, or is in immediate danger, we will make a referral to the MASH. Where statutory assessments are appropriate, the DSL/DDSL will be working alongside, and cooperating with, the relevant lead social worker. Collaborative working will help ensure the best possible package of coordinated support is implemented for the victim and, where appropriate, the alleged perpetrator and any other children that require support.

32.17   **Reporting to the Police**

I.   Any report to the police will generally be made through the MASH as above. The DSL/DDSL will follow local processes for referrals. Where a report of rape, assault by penetration or sexual assault is made, the starting point is this will be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under ten, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice, approach. Where a report has been made to the police, the service will consult the police and agree what information can be disclosed to staff and others, the alleged perpetrator and their parents or carers. They will also discuss the best way to protect the victim and their anonymity. Where there is a criminal investigation, we will work closely with the relevant agencies to support all children involved (especially potential witnesses). Where required, advice from the police will be sought to help us.

II.   Whilst protecting children and/or taking any disciplinary measures against the alleged perpetrator, we will work closely with the police (and other agencies as required), to ensure any actions the service take do not jeopardise the police investigation.

32.18   **The end of the criminal process**

I.   If a child is convicted or receives a caution for a sexual offence, the service will update its risk assessment, ensure relevant protections are in place for all children. We will consider any suitable action following our relational policy. If the perpetrator remains at MTS we will be very clear as to our expectations regarding the perpetrator now they have been convicted or cautioned. This could include expectations regarding their behaviour and any restrictions we think are reasonable and proportionate about the perpetrator's timetable. Any conviction (even with legal anonymity reporting restrictions) is potentially going to generate interest among other students at MTS. We will ensure all children involved are protected, especially from any bullying or harassment (including online).

II. Where cases are classified as 'no further action' (NFA'd) by the police or Crown Prosecution Service, or where there is not guilty verdict, we will continue to offer support to the victim and the alleged perpetrator for as long as is necessary. A not guilty verdict or a decision not to progress the report does not necessarily mean that it was unfounded. We will continue to support all parties in this instance.

III. Whatever the response, it should be underpinned by the principle that there is a zero-tolerance approach to sexual violence and sexual harassment and it is never acceptable and will not be tolerated.

32.19 **Support for Children Affected by sexual assault**

I. Support for victims of sexual assault is available from a variety of agencies - see Appendix 8. We will support the victim of sexual assault to remain at MTS but if they are unable to do so we will enable them to continue their education elsewhere. This decision will be made only at the request of the child and their family. If they are moved, we will ensure the new service or school is aware of the ongoing support they may need. The DSL will support this move. Where there is a criminal investigation, the alleged perpetrator will be removed from any shared classes with the victim, and we will also consider how best to keep them a reasonable distance apart on the service premises or on service transport. This is in the best interest of the children concerned and should not be perceived to be a judgement of guilt before any legal proceedings.

II. We will work closely with the police. Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, we may take suitable action, if we have not already done so. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain at MTS would seriously harm the education or welfare of the victim (and potentially other students).

III. Where a criminal investigation into sexual assault leads to a conviction or caution, we may, if we have not already done so, consider any suitable sanctions using our relational policy, including consideration of permanent exclusion. Where the perpetrator is going to remain at MTS, the principle would be to continue keeping the victim and perpetrator in separate classes and continue to consider the most appropriate way to manage potential contact on service premises and transport. The nature of the conviction or caution and wishes of the victim will be especially important in determining how to proceed in such cases.

IV. Reports of sexual assault and sexual harassment will, in some cases, not lead to a report to the police (for a variety of reasons). In some cases, rape, assault by penetration, sexual assault or sexual harassment are reported to the police and the case is not progressed or are reported to the police and ultimately result in a not guilty verdict. None of this means the offence did not happen or that the victim lied. The process will have affected both victim and alleged perpetrator. Appropriate support will be provided to both as required and consideration given to sharing classes and potential contact as required on a case-by-case basis. All the above will be considered with the needs and wishes of the victim at the heart of the process (supported by parents and carers as required). Any arrangements should be kept under review.

32.20 **Physical Abuse**

I. While a clear focus of child-on-child abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from students to students can also be abusive. These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the police. The principles from the anti-bullying policy will be applied in these cases, with recognition that any police investigation will need to take priority. When dealing with other alleged behaviour which involves reports of, for example, emotional and/or physical abuse, staff can draw on aspects of Hackett's continuum (see above) to assess where the alleged behaviour falls on a spectrum and to decide how to respond. This could include, for example, whether it:

- is socially acceptable

- involves a single incident or has occurred over a period of time

- is problematic and concerning

- involves any overt elements of victimisation or discrimination e.g., related to race, gender, sexual orientation, physical, emotional, or intellectual vulnerability

- involves an element of coercion or pre-planning

- involves a power imbalance between the child/children allegedly responsible for the behaviour

- involves a misuse of power

32.21 **Online Behaviour**

I. Many forms of child-on-child abuse have an element of online behaviour including behaviours such as cyberbullying and sexting. Policies and procedures concerning this type of behaviour can be found in the anti- bullying policy and online safety policy.

32.22 **Prevention**

32.23 MTS actively seeks to raise awareness of and prevent all forms of child-on-child abuse by:

I. Educating all Governors, SLT, staff and volunteers, students, and parents about this issue.

II. This will include training all Governors, SLT, staff and volunteers on the nature, prevalence, and effect of child-on-child abuse, and how to prevent, identify and respond to it.

III. This includes: (a) Contextual Safeguarding/extra familial abuse; (b) The identification and classification of specific behaviours; and (c) The importance of taking seriously all forms of child-on-child abuse (no matter how low level they may appear) and ensuring that no form of child-on-child abuse is ever dismissed as horseplay or teasing.

IV. Educating children about the nature and prevalence of child-on-child abuse via PSHE and the wider curriculum.

V. Students are frequently told what to do if they witness or experience such abuse, the effect that it can have on those who experience it and the possible reasons for it, including vulnerability of those who inflict such abuse.

VI. They are regularly informed about the service's approach to such issues, including its zero-tolerance policy towards all forms of child-on-child abuse.

VII. Engaging parents on this issue by: (a)Talking about it with parents, both in groups and one to one; (b) Asking parents what they perceive to be the risks facing their child and how they would

like to see the service address those risks; (c) Involving parents in the review of service policies and lesson plans; and (d) Encouraging parents to hold the service to account on this issue.

VIII. Ensuring that all child-on-child abuse issues are fed back to the service's safeguarding team so that they can spot and address any concerning trends and identify students who maybe in need of additional support. [This is done by way of, for example, a weekly staff meeting at which all concerns about students (including child-on-child abuse issues) are discussed]

IX. Challenging the attitudes that underlie such abuse (both inside and outside the classroom).

X. Working with Governors, Academy Trusts, SLT, all staff and volunteers, students and parents to address equality issues, to promote positive values, and to encourage a culture of tolerance and respect amongst all members of the service community.

XI. Creating conditions in which our students can aspire to and realise safe and healthy relationships.

XII. Creating a culture in which our students feel able to share their concerns openly, in a non-judgmental environment, and have them listened to; and

XIII. Responding to cases of child-on-child abuse promptly and appropriately.

32.24 **Multi-agency working**

I. The service actively engages with its local partners in relation to child-on-child abuse, and works closely with: TSCP, MASH, Children's Social care, Early Help and/or other relevant agencies, other schools, and the community in general, including our young people and their families. The relationships the service has built with these partners are essential to ensuring that the service is able to prevent, identify early and appropriately handle cases of child-on-child abuse.

32.25 **They help the service:**

I. To develop a good awareness and understanding of the different referral pathways that operate in its local area, as well as the preventative and support services which exist.

II. To ensure that our students can access the range of services and support they need quickly.

III. To support and help inform our local community's response to child-on-child abuse.

IV. To increase our awareness and understanding of any concerning trends and emerging risks in our local area to enable us to take preventative action to minimise the risk of these being experienced by our students. The service actively refers concerns/reports of child-on-child abuse where necessary to MASH and other safeguarding partners. Children resident out of county but attending our service will be reported to their home Children's Services. In cases involving children who are subject to risk, harm, and abuse and who are cared for, the children's social worker will be informed and a coordinated approach to address any incidents or concerns will be required.

32.26 As well as having strategies for dealing with incidents we will consider what we can do to foster healthy and respectful relationships between all students including through RSE and PSHE education. The most effective preventative education programme will be through a whole service approach that prepares students for life. MTS has a clear set of values and standards, and these will be upheld and demonstrated throughout all aspects of MTS life. This will be underpinned by MTS' relational policy and pastoral support system, and by a planned programme of evidence-based content

delivered through the whole curriculum. Such a programme will be appropriate to the age and stage of development (especially when considering SEND children and their cognitive understanding), and may tackle such issues as:

- Healthy and respectful relationships

- What respectful behaviour looks like

- Consent

- Gender roles, stereotyping, and equality

- Body confidence and self-esteem

- Prejudiced behaviour

- That sexual violence and sexual harassment is always wrong; and

- Addressing cultures of sexual harassment

32.27 **Some useful definitions:**

32.28 Stop It Now offers a useful summary of definitions and consequences of sexual assault in addition to helpful resources. Definition of child sexual abuse - Stop It Now

32.29 All staff, but especially the DSL (or deputy) should be considering the context within which incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Additional considerations for services when considering harmful sexual behaviour, ages, and the stages of development of the children are critical factors to consider. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature. Services and colleges should ensure that their response to sexual violence and sexual harassment between children of the same sex is equally robust as it is for sexual violence and sexual harassment between children of the opposite sex.

33.   **Appendix 2 Recognising signs of child abuse**

33.1   **Categories of Abuse:**

- Physical Abuse

- Emotional Abuse (including Domestic Abuse)

- Sexual Abuse (including child sexual exploitation)

- Neglect

33.2   **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-needing behaviour

- Suspicious bruises with unsatisfactory explanations

- Lack of self-esteem

- Self-injury

- Depression and/or anxiousness

- Age-inappropriate sexual behaviour

- Child Sexual Exploitation

- Criminality

- Substance abuse

- Mental health problems

- Poor attendance

33.3   **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.

33.4   **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)

33.5   **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.

33.6   **Recognising Physical Abuse**

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury

- Several different explanations provided for an injury

- Unexplained delay in seeking treatment

- The 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

33.7   **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, handprints or a hairbrush

- 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

33.8 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.

33.9 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.

33.10 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

33.11 Scars

Many scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

33.12 Recognising Emotional Abuse

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

- Abnormal attachment between a child and parent/carer e.g., anxious, indiscriminate, or no attachment

- Indiscriminate attachment or failure to attach

- Aggressive behaviour towards others

- Scapegoated within the family

- Frozen watchfulness, particularly in pre-school children

- Low self-esteem and lack of confidence

- Withdrawn or seen as a "loner" – difficulty relating to others

33.13   Recognising Signs of Sexual Abuse

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 reports abuse 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:

- Inappropriate sexualised conduct

- Sexually explicit behaviour, play or conversation, inappropriate to the child's age

- Continual and inappropriate or excessive masturbation

- Self-harm (including eating disorder), self-mutilation and suicide attempts

- Involvement in prostitution or indiscriminate choice of sexual partners

- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

33.14   Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area

- Blood on underclothes

- Pregnancy in a younger girl where the father of the child is not identified

- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia, or clothing

It is rare for children to make false claims about sexual abuse and any reports should always be taken seriously.

33.15   Recognising Neglect

Evidence of neglect is built up over a period and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g., adequate food, clothes, warmth, hygiene and medical care

- A child seen to be listless, apathetic and irresponsive with no apparent medical cause

- ▪ Failure of child to grow within normal expected pattern, with accompanying weight loss
- ▪ Child thrives away from home environment
- ▪ Child frequently absent from service
- ▪ Child left with adults who are intoxicated or violent
- ▪ Child abandoned or left alone for excessive periods

33.16   Graded Care Profile 2

The Graded Care Profile 2[23] should be used to help assess neglect in addition to considering the Torbay Neglect Strategy.

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[23] [How the GCP2 assessment tool for neglect supports families and practitioners to achieve change | NSPCC Learning](#)

34. Appendix 3 Exploitation (including Child Sex Exploitation, Child Criminal Exploitation and County Lines)

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 or criminal exploitation.

34.1 **Signs include:**

- going missing from home or service
- regular absence/truanting
- 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
- online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images.
- 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 and 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 service, 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

34.2 **Consent**

Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'. Although the two terms are frequently used together and originate from the same legal case, there are distinct differences between them but often refer to children in relation to health issues [NSPCC Gillick Competent Frasier Guidelines](#)

34.3 In relation to children who are exploited consideration should be given to if a child is consenting but:

- the structure of grooming by their abuser means they do not understand the power differential, and they will often side with their abuser (coerced abused consent)

- they believe that their own and or families survival depends on them and therefore they are exploited for money, food, drugs and or accommodation (survival abused consent)

- normalising violent non – consenting sex (given access to pornography, sexting, music lyrics, gang culture, peer pressure) other young people sometimes groom others to get out of being abused or assaulted themselves. (abused normalised consent)

- professionals unconsciously normalise the abuse i.e. "all 14 year olds have sex" (professional condoned abused consent)

34.4 County lines is a term used to describe gangs and organised criminal networks involved in the exporting of illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of 'deal line.'

34.5 Exploitation is an integral part of the county lines offending model with children and vulnerable adults being exploited to move (and store) drugs and money. The same grooming models used to coerce, intimidate, and abuse individuals for sexual and criminal exploitation are also used for grooming vulnerable individuals for county lines.

34.6 For further information see http://www.torbaysafeguarding.org.uk/media/1608/tscp-child-exploitation-strategy-2021-2024-v4-march-2023.pdf

35. **Appendix 4 Female Genital Mutilation (FGM)**

35.1   It is essential that staff are aware of FGM practices and the need to look for signs, symptoms, and other indicators of FGM. If a member of staff, in the course of their work, discovers that an act of FGM appears to have been carried out, the member of staff must report this to the Police.

35.2   Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

35.3   Section 5B of the 2003 Act1 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

35.4   **What is FGM?**

35.5   It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

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.

35.6   **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

35.7   **Is FGM legal?**

35.8   FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK.

35.9 **Circumstances and occurrences that may point to FGM happening are:**

- Child talking about getting ready for a special ceremony

- Family taking a long trip abroad

- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)

- Knowledge that the child's sibling has undergone FGM

- Child talks about going abroad to be 'cut' or to prepare for marriage

35.10 **Signs that may indicate a child has undergone FGM:**

- Prolonged absence from service 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

- Report of abuse

35.11 **The 'One Chance' rule**

35.12 As with Forced Marriage there is the 'One Chance' rule. It is essential that settings/services/schools/colleges act **without delay** and make a referral to children's services.

36. **Appendix 5 Domestic Abuse (including Operation Encompass)**

36.1 **How does it affect children?**

36.2 Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to serious long lasting emotional and psychological impact on children. In some cases, children may blame themselves for the abuse or may have had to leave the family home as a result. Government legislation enacted in 2021 recognises that a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse.

36.3 In addition, the age limit for criminal offences related to domestic abuse was lowered from 18 to 16, to recognise that young people can experience abuse in their relationships.

36.4 **What are the signs to look out for?**

36.5 Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed, and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

36.6 **What should I do if I suspect a family is affected by domestic abuse?**

36.7 Contact: http://www.areyouok.co.uk/

36.8 **Torbay Domestic Abuse Service (TDAS)** provides support for men, women and children across Torbay who need advice and protection from domestic abuse. Through confidential advice, support, and crisis accommodation, we can help you to make informed decisions about your future, safety, health, housing and other concerns. TDAS 0800 2000 247

36.9 **National Domestic Abuse Helpline** Refuge runs the National Domestic Abuse Helpline, available 24hour a day 0808 2000 247 and its website offers guidance and support for potential victims. Refuge Against Domestic Violence - Help for women & children.

36.10 **Operation Encompass** helps police and services work together to provide emotional and practical help for children. Police will inform the 'key adult' within the service if they have been called to an incident of domestic abuse, where there are children in the household before registration the next day.

36.11 **National Operation Encompass Teachers' Helpline** Funded by the Home Office, the advice line is free, and calls are answered by trained Educational and Clinical Psychologists. You can call the helpline on 0204 513 9990 (Monday to Friday 8:00am – 1:00pm) Website: Operation Encompass

37. **Appendix 6 Indicators of susceptibility to radicalisation**

37.1 Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

37.2 Extremism is defined by the Government in the Prevent Strategy as:

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.

37.3 Extremism is defined by the Crown Prosecution Service as:
The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify, or glorify terrorist violence in furtherance of particular beliefs

- Seek to provoke others to terrorist acts

- Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or

- Foster hatred which might lead to inter-community violence in the UK

37.4 There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

37.5 Students may become vulnerable to radicalisation through a range of social, personal, and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that service staff can recognise those vulnerabilities.

37.6 **Indicators of susceptibility include:**

- Identity Challenges – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society

- Personal Challenges – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging

- Personal Circumstances – migration; local community tensions; and events affecting the student / student's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy

- Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life

- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration

    - Special Educational Need – students may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others

37.7   However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

37.8   **More critical risk factors could include:**

▪ Being in contact with extremist recruiters

▪ Accessing violent extremist websites, especially those with a social networking element

▪ Possessing or accessing violent extremist literature

▪ Using extremist narratives and a global ideology to explain personal disadvantage

▪ Justifying the use of violence to solve societal issues

▪ Joining or seeking to join extremist organisations; and

▪ Significant changes to appearance and / or behaviour

▪ Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis

37.9   The Prevent duty ensures services, schools and colleges have 'due regard' to the need to prevent people from being draw into terrorism.

37.10   Channel is the voluntary, confidential support programme which focuses on providing support at an early stage to individuals that have been identified as being susceptible to radicalisation. Prevent referrals may be passed to the multi-agency Channel panel to determine whether individuals require support.

▪ Revised Prevent duty guidance for England and Wales (service specific paras 57-76)

▪ The Prevent Duty, for Further Education Institutions

▪ Guidance on Channel https://www.gov.uk/government/publications/channel-guidance

▪ Further information can be obtained from the Home Office website

38. Appendix 7 Police and Criminal Evidence Act (1984) – Code C

38.1   The Designated Safeguarding Lead (and deputy) are aware of the requirement for children to have an appropriate adult when in contact with Police officers who suspect them of an offence.

38.2   PACE states that anyone who appears to be under 18, shall, in the absence of clear evidence that they are older, be treated as a child for the purposes of this Code and any other Code.

38.3   PACE also states that If at any time an officer has any reason to suspect that a person of any age may be vulnerable, then that person is entitled to be accompanied by an appropriate adult at any point.

38.4   The Designated Safeguarding (or deputy) will communicate any vulnerabilities known by the service to any police officer who wishes to speak to a student about an offence they may suspect. This communication will be recorded on CPOMS.

38.5   If having been informed of the vulnerabilities, the designated safeguarding lead (or deputy) does not feel that the officer is acting in accordance with PACE, they should ask to speak with a supervisor or contact 101 to escalate their concerns.

38.6   A person whom there are grounds to suspect of an offence must be cautioned[24] before questioned about an offence[25], or asked further questions if the answers they provide the grounds for suspicion, or when put to them the suspect's answers or silence, (i.e. failure or refusal to answer or answer satisfactorily) may be given in evidence to a court in a prosecution.

38.7   A Police Officer must not caution a juvenile or a vulnerable person unless the appropriate adult is present. If a child or a vulnerable person is cautioned in the absence of the appropriate adult, the caution must be repeated in the appropriate adult's presence.

38.8   **The appropriate adult' means, in the case of a child**:

   I.   the parent, guardian or, if the juvenile is in the care of a local authority or voluntary organisation, a person representing that authority or organisation

   II.   a social worker of a local authority

38.9   **Failing these, some other responsible adult aged 18 or over who is not:**

   I.   a police officer

   II.   employed by the police

   III.   under the direction or control of the chief officer of a police force; or

   IV.   a person who provides services under contractual arrangements (but without being employed by the chief officer of a police force), to assist that force in relation to the discharge of its chief officer's functions

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[24] The police caution is: *"You do not have to say anything. But it may harm your defence if you do not mention when questioned something which you later rely on in Court. Anything you do say may be given in evidence."*

[25] A person need not be cautioned if questions are for other necessary purposes, e.g.: (a) solely to establish their identity or ownership of any vehicle; to obtain information in accordance with any relevant statutory requirement; in furtherance of the proper and effective conduct of a search, e.g. to determine the need to search in the exercise of powers of stop and search or to seek co-operation while carrying out a search; or to seek verification of a written record.

38.10   Further information can be found in the Statutory guidance - PACE Code C 2019.

39. **Appendix 8 Resources**

39.1   Further advice on child protection is available from:

- NSPCC: http://www.nspcc.org.uk/

- Childline: http://www.childline.org.uk/pages/home.aspx

- SARC (Sexual Assault Referral Service): https://sarchelp.co.uk/paediatric-service/

- Anti-Bullying Alliance: http://anti-bullyingalliance.org.uk/

- Gender Questioning Children - non-statutory guidance (education.gov.uk)

- Childnet International http://www.childnet.com/

- Safer Internet Centre http://www.saferinternet.org.uk/

- Teaching online safety in schools - GOV.UK (www.gov.uk)

- https://www.gov.uk/government/publications/teaching-online-safety-in-schools

- Harmful online challenges and online hoaxes - GOV.UK (www.gov.uk)

- Meeting digital and technology standards in schools,services and colleges - Cyber security standards for schools,services and colleges - Guidance - GOV.UK (www.gov.uk)

- CEOP Education

40. **Appendix 9 Safeguarding contacts including the MASH**

- For early help queries: earlyhelp@torbay.gov.uk

- Guidance on early help assessments can be found here: Early help - Torbay Safeguarding Children Partnership

- Early Help assessments and MASH referrals can now be submitted via the Online Portal

  The online portal will provide the facility for partners, parents, young people and members of the public to make referrals into MASH and Early Help directly. It will also optimise performance by automating the referral process internally whilst also, for the first time, allowing Early Help to have its own front door. This represents a significant milestone for Torbay in the way it connects with its stakeholders.

  To use the **online portal** you will be required to set up an account which is a one off process.

- If you have any difficulties with this please use links to the referral forms on the page below, thank you.

- Hub - Torbay Safeguarding Children Partnership

- A recording of the of new **MASH Referral Process** can be viewed on iLearn.

- For MASH please contact: Telephone: 01803 208100 Email: MASH@torbay.gov.uk

- For the Emergency Duty Team out of working hours please contact: 0300 456 4876

- Police non-emergency: 101

- For all LADO enquiries Duty LADO 01803 208541 or email cpunit@torbay.gov.uk

Version control record from September 2022

Version Number	Date of change	Reviewed by	Brief reason for change
1.3	Nov 22	VBa	Put into MTS format 9.7 – CoG changed to TEL 9.12 Safer recruitment training update changed to every 3 years
1.4	Sept 23	ACa	Updated policy in line with KCSiE 2023 – put into MTS format
1.5	Oct 23	VBa	Updates in line with GB meeting 9.10.23

1.6	July 2024	VBa	Updated in line with TSCP model safeguarding policy for September 2024
			• Added that the record should include rationale for any decision. Pg 3
			• 2.1 added 'and exploitation- including online'
			• 2.4 Additional temporary DDSL V Banks
			• 3.1 added 'inside or outside the home, including online'
			• 3.1 added bullet point; providing help and support to meet the needs of children as soon as problems emerge; and
			• 4.1 – updated the year relevant for Working together to safeguard Children to 2023 and KCSiE to 2024. Added – DfE Datta Protection Guidance for Schools 2024
			• 5.6 added and/or can occur between children outside MTS or college and can occur between children outside the service.
			• 6.6 added' providing help and support as soon as problems emerge and by:'
			• 7.1 updated KCSiE to 2024
			• 7.1 edited to say 'Torbay Council' Service website
			• 7.1 added reference to Child Protection Policy is within the Staff and Student handbooks
			• 8.2 Available on the Torbay Council MTS website added
			• 8.4 KCSiE year updated
			• 8.6 & 8.7 headteacher changed to Principal
			• 8.11 added updated as appropriate; but at least annually
			• 8.19 added 'The rationale for all decision making will be recorded alongside concerns'
			• 8.19 amended Working together to safeguard children to 2023
			• 8.19 amended 'will ensure that if a student has a child protection plan and is absent in the educational setting without explanation for two days their social worker will be alerted to the fact
			• 9.1 updated Working together to safeguard children to 2023
			• 10.1, 10.2 and 11.1 – added 'and exploitation'

			▪ 10.4 added 'and sextortion (financially motivated sexual extortion)
			▪ 10.6 added 'Staff also recognise that harm can occur when children witness the ill treatment of others, particularly when they see, hear or experience domestic abuse and its effects.'
			▪ 10.7 added 'If using an electronic alert, the sender should not assume the DSL will immediately receive this and any serious concerns should be reported immediately.'
			▪ 11.5 added 'has experienced multiple suspensions, is at risk of being permanently excluded from schools, colleges and is alternative provision or a pupil referral unit.
			▪ 11.5 added has an imprisoned parent or carer, or is affected by parental offending
			▪ 24.1 remove such as Facebook, Twitter, Instagram, Snapchat, and many others and leave which are constantly emerging
			▪ 25.1 – update to KCSiE 2024
			▪ 25.2 changed behaviour to relational policy
			▪ Addition of 26.5 regarding "Sextortion"
			▪ 27.6 update to KCSiE 2024
			▪ 30.4 addition of 'Schools will also take into account DfE Data Protection guidance for schools.
			▪ 31 Relational policy linked with Behaviour policy
			▪ 32.1 '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.' Removed
			▪ Removal of 32.10 The TSCP offer guidance for responding to sexually harmful behaviour and encourage the use of the AIM checklists to assess the behaviour. The checklists can be found on iLearn

			32.11 addition of Reports should always include the rationale for any decisions made. 32.18 – behaviour changed to relational policy 32.19 III behaviour changed to relational policy 32.26 behaviour changed to relational policy 34.6 new point added 37.6 Identity and Personal Crisis changed to Challenges 39.1 updated resources list 40 – updated safeguarding contacts