

# Leominster Primary School Child Protection and Safeguarding Policy

Staff Responsible: Head Teacher

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# **Contents Page**

- 1. Introduction
- 2. Legal Framework
- 3. Induction and Training
- 4. Monitoring and Review
- 5. Roles and Responsibilities
- 6. Pupil Support
- 7. Recording of Safeguarding Information
- 8. Inter-Agency Working
- 9. Abuse and Neglect
- 10. Types of Abuse and Neglect
- 11. Child Sexual Exploitation
- 12. Criminal Exploitation
- 13. County Lines
- 14. Sexual Violence and Harassment between Children (Peer-on-Peer Abuse)
- 15. Upskirting
- 16. Sexting
- 17. Dealing with Allegations of Abuse against Staff and Professionals
- 18. Homelessness
- 19. Serious Violence
- 20. Pupils with Family Members in Prison
- 21. Pupils required to give Evidence in Court
- 22. Honour Based Violence
- 23. Female Genital Mutilation
- 24. Forced Marriage
- 25. Preventing Radicalisation
- 26. Contextualised Safeguarding
- 27. Domestic Abuse
- 28. A Child Missing from Education
- 29. Fabricated or Inducted Illness
- 30. Private Fostering
- 31. Young Carers
- 32. Pupils with Special Education Needs and Disabilities
- 33. Reporting Concerns about a Pupil
- 34. Transferring Files
- 35. Communication, Confidentiality and Sharing Information
- 36. ICT Security
- 37. Online Safety
- 38. Mobile Phones, Photographs, Camera and DVDs
- 39. Safer Recruitment
- 40. Single Central Record

- Appendix1. Child Sexual Exploitation Pre Checklist2. Exploitation Intelligence Report Form
  - Exploitation Practice Flowchart
     Multi Agency Referral Form
     Prevent Referral

  - 6. Record of Session

  - 7. Body Map8. Safeguarding Reporting Process

# 1. Introduction

Leominster Primary School is committed to safeguarding and promoting the welfare of children. This includes:

- Protecting children from maltreatment.
- Preventing the impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

A child includes everyone under 18 years of age.

Leominster Primary School implement a whole school preventative approach to managing safeguarding concerns, ensuring that the wellbeing of pupils is at the forefront of all action taken. Safeguarding is everyone's responsibility and everyone has a role to play in identifying concerns, sharing information, taking prompt action, and providing a safe environment in which children can learn.

This policy aims to ensure prevention through the teaching and pastoral support offered to pupils and the creation and maintenance of a whole school preventative ethos.

Leominster Primary School recognises that high self-esteem, confidence, supportive friends and good communication with a trusted adult help to prevent children becoming victims of abuse. Leominster Primary School recognise that because of the day to day contact with children, school staff are well placed and have a very important role to play in identifying concerns early and observing the outward signs of abuse and neglect. All staff maintain an attitude of 'it could happen here' and always act in the best interests of pupils where there are safeguarding concerns.

#### The school will therefore work:

- To support each child's development in ways that will foster security, confidence and independence.
- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried
- To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and their responsibilities in identifying and reporting possible signs of abuse.
- To emphasise the need for good levels of communication between all members of staff.
- To ensure that all staff are aware of the Prevent Strategy and able to protect children who are vulnerable or at risk of being radicalized.
- Include opportunities in the Personal, Social and Health Education (PSHE) for children to develop the skills that they need to recognise and stay safe from abuse.
- Ensure parents are aware of our duty of care and safeguarding procedures through the school
  website and the prospectus. Ensure they know that if there is perceived need, referrals to other
  agencies may be made and we encourage these to be seen as a constructive measure.

This policy sets out a clear and consistent framework for delivering this promise, in line with safeguarding legislation and statutory guidance. The Head Teacher will ensure that this policy is followed by all staff.

#### It will be achieved by:

- Identifying and making provision for any pupil that has been subject to abuse.
- Teaching pupils how to keep safe and recognise behaviour that is unacceptable.
- Creating a culture of safer recruitment by adopting procedures that help deter, reject or identify people who might pose a risk to children.
- Ensuring that the Head Teacher, new staff members and volunteers are only appointed when all the appropriate checks have been satisfactorily completed.
- Ensuring that members of the governing board, the Head Teacher and staff members
  understand their responsibilities under safeguarding legislation and statutory guidance, are
  aware of the signs and indicators of child abuse and know to refer concerns to the Designated
  Safeguarding Lead (DSL), Deputy Safeguarding Leads (DDSLs) and Local Authority.

The DSL for Child Protection and Safeguarding is Mr Tim Mamak, Head Teacher. The Deputy DDSLs for Child Protection and Safeguarding are Miss Lucy Jones, Safeguarding Manager, Mrs Helen Lynch, Deputy Head, and Mrs Hannah Smith-Hughes, Student and Family Support Worker. The ultimate lead responsibility for safeguarding is held by the DSL however activities of the DSL can be delegated to DDSLs.

All staff members are made aware of the identity of the DSL and DDSLs during their induction and any changes are updated to staff immediately. There are posters around the school containing this information to remind all staff frequently.

The Designated Teacher for Looked-After Children (LAC) and Previously Looked-After Children is Helen Lynch, Deputy Head. The designated teacher has a responsibility for promoting the educational achievement of LAC and previously LAC, and for children who have left care through adoption, special guardianship or child arrangement orders or who were adopted from state care outside England and Wales. The designated teacher works closely with the Virtual School Head, Hilary Jones, who works to support LAC and previously LAC do as well as they possibly can in their education.

The Prevent Leader is Mrs Helen Lynch, Deputy Head.

The following members of staff have been trained in Safer Recruitment: Mr Tim Mamak, Head Teacher, Mrs Helen Rees, Deputy Head, Mrs H Lynch, Deputy Head, and Mrs Beaumont – Pike, School Business Manager.

Mrs Rebecca Morris is the Governor responsible for child protection.

Safeguarding Training is accessed via: https://scb.herefordshirecpd.co.uk/cpd/default.asp?ssid=&pagefrom=

#### 2. Legal framework

This policy has been created with due regard to all relevant legislation including, but not limited to, the following:

#### Legislation

- Children Act 1989
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- The Education (School Teachers' Appraisal) (England) Regulations 2012 (as amended)
- Sexual Offences Act 2003
- The General Data Protection Regulation (GDPR)
- Data Protection Act 2018
- Voyeurism (Offences) Act 2019

#### Statutory guidance

- HM Government (2013) 'Multi-agency practice guidelines: Handling cases of Forced Marriage'
- DfE (2018) 'Working Together to Safeguard Children'
- DfE (2015) 'The Prevent duty'
- DfE (2019) 'Keeping children safe in education'
- DfE (2018) 'Disqualification under the Childcare Act 2006'
- DfE (2018) 'The designated teacher for looked-after and previously looked after children'

#### Non-statutory guidance

- DfE (2015) 'What to do if you're worried a child is being abused'
- DfE (2018) 'Information sharing'
- DfE (2017) 'Child sexual exploitation'
- DfE (2018) 'Sexual violence and sexual harassment between children in schools and colleges'
- Herefordshire Safeguarding Children Board Website

# 3. Induction and Training

All new members of staff will take part in an induction completed by the DSL or DDSLs before their job commences.

#### The induction training will cover:

- The Child Protection and Safeguarding Policy
- The Behavioural Policy
- The Staff Code of Conduct
- Keeping Children Safe in Education 2019
- Herefordshire Levels of Need Document
- The safeguarding response to children who go missing from education
- The identity and role of the DSL and DDSLs

New staff are directed to the induction folder.

All staff are responsible for familiarising themselves with the Child Protection Safeguarding procedures and have a basic knowledge of what constitutes abuse, how to recognise abuse and what to do when abuse is reported or witnessed.

All members of staff, including Governors, will have access to whole school universal safeguarding training annually in line with local safeguarding arrangements and are sent emails when required regarding any safeguarding updates. All members of staff complete online

training in respect of Prevent Awareness and Child Sexual Exploitation every three years or when they start as a new member of staff as part of their induction.

Our DSL and DDSL's have been trained to specialist level in child safeguarding. They attend regular training events held by Herefordshire Council and Children's Social Care which updates their awareness and understanding of the impact of the wider agenda of safeguarding issues. This supports both the DSL and DDSLs to be able to better undertake their role and support the school in ensuring our safeguarding arrangements are robust and achieving better outcomes for the pupils in our school. The DSL and DDSs have completed online training on Prevent Awareness, Prevent Referrals and Channel Awareness. Miss Lucy Jones and Mrs Hannah Smith-Hughes are trained and have the license to complete the Graded Care Profile 2.

# 4. Monitoring and Review

Our safeguarding arrangements are reported on a termly basis to our Governing Body and our Child Protection and Safeguarding Policy is reviewed annually by the DSL or DDSLs, in order to keep it updated in line with local and national guidance/legislation. Any changes made to this policy are communicated to all members of staff. All members of staff are required to familiarise themselves with all processes and procedures outlined in this policy as part of their induction programme. Staff will receive opportunities to contribute towards and inform the safeguarding arrangements in the school.

The next scheduled review date for this policy is October 2020. The person responsible for reviewing the policy is Mr T Mamak and Miss L Jones.

# 5. Roles and Responsibilities

#### The Governing Board has a duty to:

- Ensure that the school complies with its duties under the above child protection and safeguarding legislation.
- Guarantee that the policies, procedures and training opportunities in the school are effective and comply with the law at all times.
- Guarantee that the school contributes to inter-agency working in line with the statutory guidance 'Working Together to Safeguard Children'.
- Confirm that the school's safeguarding arrangements take into account the procedures and practices of the Local Authority as part of the inter-agency safeguarding procedures.
- Understand the local criteria for action and the local protocol for assessment, and ensure these
  are reflected in the school's policies and procedures.
- Comply with its obligations under section 14B of the Children Act 2004 to supply the local safeguarding arrangements with information to fulfil its functions.
- Ensure that staff members have due regard to relevant data protection principles which allow them to share personal information.
- Ensure that a member of the governing board is nominated to liaise with the Local Authority and/or partner agencies on issues of child protection and in the event of allegations of abuse made against the Head Teacher or another Governor.
- Guarantee that there are effective child protection policies and procedures in place together with a Staff Code of Conduct.
- Ensure that there is a senior board level lead responsible for safeguarding arrangements.

- Appoint a member of staff from the Senior Leadership Team to the role of DSL as an explicit part of the role-holder's job description.
- Appoint one or more DDSL to provide support to the DSL and ensure that they are trained to the same standard as the DSL and that the role is explicit in their job description(s).
- Ensure all relevant persons are aware of the school's local safeguarding arrangements, including the governing board itself, the Senior Leadership Team and DSL.
- Make sure that pupils are taught about safeguarding, including protection against dangers online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.
- Adhere to statutory responsibilities by conducting pre-employment checks on staff who work
  with children, taking proportionate decisions on whether to ask for any checks beyond what is
  required.
- Ensure that staff members are appropriately trained to support pupils to be themselves at school.
- Guarantee that volunteers are appropriately supervised.
- Make sure that at least one person on any appointment panel has undertaken safer recruitment training.
- Ensure that all staff members receive safeguarding and child protection training updates, such as e-bulletins, emails and staff meetings, as required, but at least annually.
- Certify that there are procedures in place to handle allegations against members of staff or volunteers.
- Confirm that there are procedures in place to make a referral to the DBS and the Teaching Regulation Agency (TRA), where appropriate, if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.
- Guarantee that there are procedures in place to handle pupils' allegations against other pupils.
- Ensure that appropriate disciplinary procedures are in place, as well as policies pertaining to the behaviour of pupils and staff.
- Ensure that procedures are in place to eliminate unlawful discrimination, harassment and victimisation, including those in relation to peer-on-peer abuse.
- Make sure that pupils' wishes and feelings are taken into account when determining what action to take and what services to provide to protect individual pupils.
- Guarantee that there are systems in place for pupils to express their views and give feedback.
- Establish an early help procedure and ensure all staff understand the procedure and their role in it.
- Appoint a designated teacher to promote the educational achievement of LAC and ensure that this person has undergone appropriate training.
- Ensure that the designated teacher works with the virtual school head to discuss how the pupil premium funding can best be used to support LAC.
- Introduce mechanisms to assist staff in understanding and discharging their roles and responsibilities.
- Make sure that staff members have the skills, knowledge and understanding necessary to keep LAC safe, particularly with regards to the pupil's legal status, contact details and care arrangements.
- Put in place appropriate safeguarding responses for pupils who go missing from school, particularly on repeat occasions, to help identify any risk of abuse and neglect, including sexual abuse or exploitation, and prevent the risk of their disappearance in future.
- Ensure that all members of the governing board have been subject to an enhanced DBS check.
- Create a culture where staff are confident to challenge senior leaders over any safeguarding concerns.

#### The Head Teacher has a duty to:

- Safeguard pupils' wellbeing and maintain public trust in the teaching profession.
- Ensure that the policies and procedures adopted by the governing board, particularly concerning referrals of cases of suspected abuse and neglect, are followed by staff members.
- Provide staff, upon induction, with the Child Protection and Safeguarding Policy, Staff Code of Conduct, part one of the 'Keeping children safe in education' (KCSIE) guidance, Behavioural Policy, the Children Missing from Education Policy, online safety training, and the identity of the DSL and any deputies.

#### The DSL and DDSLs has a duty to:

- Understand and keep up-to-date with local safeguarding arrangements.
- Act as the main point of contact with the three safeguarding partners.
- Make the necessary child protection referrals to appropriate agencies.
- Liaise with the Head Teacher to inform them of safeguarding issues and ongoing enquiries.
- Act as a source of support, advice and expertise to staff members on matters of safeguarding by liaising with relevant agencies.
- Understand the assessment process for providing early help and intervention.
- Support staff members in liaising with other agencies and setting up inter-agency assessment where early help is deemed appropriate.
- Keep cases of early help under constant review and refer them to the CSCS if the situation does not appear to be improving.
- Have a working knowledge of how LAs conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the school's Child Protection and Safeguarding Policy and procedures this will be discussed during the staff induction process.
- Be alert to the specific requirements of children in need, including those with SEND and young carers.
- Keep detailed, accurate and secure records of concerns and referrals.
- Secure access to resources and attend any relevant training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings.
- Work with the governing board to ensure the school's Child Protection and Safeguarding Policy is reviewed annually and the procedures are updated regularly.
- Ensure the school's Child Protection and Safeguarding Policy is available publicly, and parents are aware that the school may make referrals for suspected cases of abuse or neglect, as well as the role the school plays in these referrals.
- Link with local safeguarding arrangements to make sure that staff members are aware of the training opportunities available and the latest local policies on safeguarding.
- Ensure that a pupil's child protection file is copied when transferring to a new school.
- Be available at all times during school hours to discuss any safeguarding concerns. NB. The school will determine what "available" means, e.g. it may be appropriate to be accessible by electronic means such as phone or Skype.
- Hold the details of the LA personal advisor and liaise with them as necessary.
   The designated teacher has a responsibility for promoting the educational achievement of LAC and previously LAC, and for children who have left care through adoption, special guardianship or child arrangement orders or who were adopted from state care outside England and Wales.

#### Other staff members have a responsibility to:

- Safeguard pupils' wellbeing and maintain public trust in the teaching profession as part of their professional duties.
- Provide a safe environment in which pupils can learn.
- Act in accordance with school procedures with the aim of eliminating unlawful discrimination, harassment and victimisation, including those in relation to peer-on-peer abuse.
- Maintain an attitude of 'it could happen here' where safeguarding is concerned.
- Be aware of the signs of abuse and neglect.
- Be aware of the early help process and understand their role in it.
- Act as the lead professional in undertaking an early help assessment, where necessary.
- Be aware of, and understand, the process for making referrals to Children's Social Care, as well
  as for making statutory assessments under the Children Act 1989 and their role in these
  assessments.
- Be confident of the processing conditions under relevant data protection legislation, including information which is sensitive and personal, and information that should be treated as special category data.
- Make a referral to Children's Services and/or the Police immediately, if at any point there is a risk of immediate serious harm to a child.
- Be aware of and understand the procedure to follow in the event that a child confides they are being abused or neglected.
- Support Social Workers in making decisions about individual children, in collaboration with the DSL.
- Maintain appropriate levels of confidentiality when dealing with individual cases, and always act in the best interest of the child.
- Follow the school's procedure for, and approach to, preventing radicalisation as outlined in the Extremism and Anti-Radicalisation Policy.
- Challenge senior leaders over any safeguarding concerns, where necessary.

# 6. Pupil Support

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

#### The school will endeavour to support the student through:

- The contents of the curriculum.
- The school ethos and values system which promotes a positive, supportive and secure environment, giving pupils a sense of being valued.
- Liaise with other agencies that support the pupil such as Children's Social Care, Child and Adolescent Mental Health Service (CAHMS), Child Development Centre (CDC), GP, School Nurse, Dental Access Services, Education Welfare Service, Police Community Support Officers (PCSOs), Police, Woman's Aid, Parents with Prospects, Educational Psychology Service and Behaviour Support Team.
- The School Behaviour Policy, which among other things, aims to support vulnerable children in the school. The school will ensure that the children know that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.

# 7. Recording of Safeguarding Information

The DSL, DDSLs and Senior Leadership Team are the only members of staff who have access to the safeguarding files due to the sensitivity of the information. Safeguarding files are kept securely away from the main pupil file in a locked/secure place. All safeguarding concerns, discussions and decisions made, as well as the reasons for making those decisions, will be recorded in writing.

# 8. Inter-Agency Working

The school contributes to inter-agency working in line with the statutory guidance 'Working Together to Safeguard Children.' The school is aware of and will follow the local safeguarding arrangements. The school will work with Children's Social Care, Police, health services and other services to protect the welfare of children, through the Early Help process and by contributing to inter-agency plans to provide additional support.

Where a need for Early Help is identified, the school will allow access for Children's Social Care from the host Local Authority and, where appropriate, a placing Local Authority, for that Local Authority to conduct (or consider whether to conduct) a Section 17 or 47 assessment.

The school recognises the importance of proactive information sharing between professionals and local agencies in order to effectively meet children's' needs and identify any need for Early Help.

Staff members are aware that whilst the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 place a duty on schools to process personal information fairly and lawfully, they also allow for information to be stored and shared for safeguarding purposes. Data protection regulations do not act as a barrier to sharing information where failure to do so would result in the child being placed at risk of harm. Staff members will ensure that fear of sharing information does not stand in the way of their responsibility to promote the welfare and safety of children. If staff members are in doubt about sharing information, they will speak to the DSL or DDSLs.

Links to Working Together to Safeguard Children 2019: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Links to Data Protection Act 2018: http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted

# 9. Abuse and Neglect

All members of staff will be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be given a specific label and multiple issues often overlap one another. All staff members will be aware of the indicators of abuse and neglect and the appropriate action to take following a child being identified as at potential risk of abuse or neglect.

# 10. Types of Abuse and Neglect

Abuse is a form of maltreatment of a child which involves inflicting harm or failing to act to prevent harm. Children may be abused in a family, institutional or community setting by those known to them or, more rarely, by others, e.g. via the internet.

#### Physical abuse:

A form of abuse which may involve actions such as hitting, throwing, burning, drowning and poisoning, or otherwise causing physical harm to a child. Physical abuse can also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.

#### Signs of physical abuse may include:

- Bruises
- Broken or fractured bones
- Burns or scalds
- Bite marks
- Scarring
- Effects of poisoning, such as vomiting, drowsiness or seizures
- Breathing problems from drowning, suffocation or poisoning
- Head injuries

Links to further information and support regarding physical abuse: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/physical-abuse/

#### **Emotional abuse**

A form of abuse which involves the emotional maltreatment of a child to cause severe and adverse effects on the child's emotional development. This may involve telling a child they are worthless, unloved, inadequate, not giving them the opportunities to express their views, deliberately silencing them, or often making them feel as though they are in danger.

#### Signs of emotional abuse may include:

- Seem unconfident or lack self-esteem
- Struggle to control their emotions
- Have difficulty making or maintaining relationships
- Act in a way that's inappropriate for their age

Links to further information and support regarding emotional abuse: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/emotional-abuse/#signs

#### Sexual abuse

A form of abuse which involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, and whether or not the child is aware of what is happening. This may involve physical assault, such as penetrative assault and touching, or non-penetrative actions, such as looking at sexual images or encouraging children to behave in inappropriate ways.

#### Signs of sexual abuse may include:

- Avoiding being alone with or frightened of people or a person they know
- Language or sexual behaviour you wouldn't expect them to know
- Having nightmares or bed-wetting
- Alcohol or drug misuse
- Self-harm

- Changes in eating habits or developing an eating problem
- Bruises
- Bleeding, discharge, pains or soreness in their genital or anal area
- Sexually transmitted infections
- Pregnancy

#### If a child is being or has been sexually abused online, they might:

- Spend a lot more or a lot less time than usual online, texting, gaming or using social media
- Seem distant, upset or angry after using the internet or texting
- Be secretive about who they're talking to and what they're doing online or on their mobile phone
- Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet

Links to further information and support regarding sexual abuse: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/

#### **Neglect:**

A form of abuse which involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of a child's health or development. This may involve providing inadequate food, clothing or shelter, or the inability to protect a child from physical or emotional harm or ensure access to appropriate medical treatment.

#### Signs of neglect may include:

- Being smelly or dirty
- Being hungry, taking the food of others or not given money for food
- Having unwashed clothes
- Having the wrong clothing, such as no warm clothes in winter
- Having frequent and untreated nappy rash in infants
- Anaemia
- Medical or dental issues
- Missed medical appointments, such as for vaccinations
- Not given the correct medicines
- Repeated accidental injuries, often caused by lack of supervision
- Skin issues, such as sores, nits, rashes, flea bites, scabies or ringworm
- Regular illness or infections
- Poor language or social skills
- Untreated injuries
- Tiredness
- Weight or growth issues.
- Living in an unsuitable home environment, such as having no heating
- Being left alone for a long time
- Taking on the role of carer for other family members.
- Being withdrawn, depressed or anxious
- Missing school
- Finding it hard to concentrate or take part in activities

If neglect is suspected the Graded Care Profile 2 (GCP2) will be completed by a licenced and trained member of staff. This is an assessment tool that supports practitioners to make a professional judgement about whether or not parental care is neglectful. The tool helps

practitioners to measure the quality of care given to a child, and make it easier for professionals to spot when sub-optimal parenting is putting a child at risk of harm.

Links to further information and support regarding neglect: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/ https://herefordshiresafeguardingboards.org.uk/news/neglect-and-gcp2-training/

Staff will be vigilant to the signs of abuse and neglect and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures.

# 11. Child Sexual Exploitation

A form of sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity, for either, or both, of the following reasons:

- In exchange for something the victim needs or wants
- For the financial advantage or increased status of the perpetrator or facilitator

Child Sexual Exploitation (CSE) does not always involve physical contact, as it can also occur online. It is also important to note that a child can be sexually exploited even if the sexual activity appears consensual.

#### Signs of Child Sexual Exploitation:

- Going missing for periods of time or regularly going home late
- Regularly missing lessons
- Appearing with unexplained gifts and new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Undergoing mood swings or drastic changes in emotional wellbeing
- Displaying inappropriate sexualised behaviour
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying changes in emotional wellbeing
- Misusing drugs or alcohol

Staff will be vigilant to the signs of CSE and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures. Where incidences of CSE are suspected the DSL or DDSLs will complete the Exploitation Risk Assessment (Appendix 1) to enable professionals to assess a child's level of risk in a quick and consistent manner. The assessment can be applied to all children, male and female, under the age of 18 years. CSE Risk Management Meeting may be convened by Children's Social Care and the DSL or DDSLs would attend this meeting to contribute to the development of a safeguarding and diversion plan. If professionals have soft intelligence which is described as observations, information of witnessed or heard events or even hearsay the Exploitation Intelligence Report Form (Appendix 2) must be completed. The Exploitation Practice Flowchart can be seen in Appendix 3.

Links to further information and support regarding child sexual exploitation:

https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/http://www.stop-cse.org/

https://www.westmercia.police.uk/advice/advice-and-information/caa/child-abuse/child-sexual-exploitation/

https://paceuk.info/training/keep-them-safe/

# 12. Criminal Exploitation

Criminal Exploitation is a form of modern slavery that sees victims being forced to work under the control of highly organised criminals in activities such as forced begging, shoplifting and pickpocketing, cannabis cultivation, drug dealing and financial exploitation

#### **Signs of Criminal Exploitation:**

- Returning home late, staying out all night or going missing
- Being found in areas away from home
- Increasing drug use, or being found to have large amounts of drugs on them
- Being secretive about who they are talking to and where they are going
- Unexplained absences from school, college, training or work
- Self harming
- Appearing with unexplained gifts and new possessions
- Receiving much more calls or texts than usual
- Carrying weapons or know people that have access to weapons
- Having older boyfriends or girlfriends
- Increasingly disruptive or aggressive behaviour
- Using sexual, drug-related or violent language you wouldn't expect them to know
- Coming home with injuries or looking particularly dishevelled
- Having hotel cards or keys to unknown places

Staff will be vigilant to the signs of Criminal Exploitation and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures.

Links to further information and support regarding criminal exploitation: https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines

# 13. County Lines

"County lines criminal activity" refers to drug networks or gangs grooming and exploiting children to carry drugs and money from urban areas to suburban areas, rural areas and market and seaside towns.

Staff will be made aware of pupils with missing episodes who may have been trafficked for the purpose of transporting drugs.

#### **Signs of County Lines:**

- Persistently going missing or being found out of their usual area
- Unexplained acquisition of money, clothes or mobile phones
- Excessive receipt of texts or phone calls

- Relationships with controlling or older individuals or groups
- Leaving home without explanation
- Evidence of physical injury or assault that cannot be explained
- Carrying weapons
- Sudden decline in school results and attendance
- Becoming isolated from peers or social networks
- Self-harm or significant changes in mental state
- Parental reports of concern

Staff will be vigilant to the signs of County Lines and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures. The DSL or DDSLs will consider referral to the National Referral Mechanism (NRM) on a case-by-case basis.

Links to further information and support regarding county lines:

https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines https://www.ecpat.org.uk/national-referral-mechanism

# 14. Sexual Violence and Sexual Harassment between Children (Peer-on-Peer Abuse)

Peer-on-Peer Abuse is a form of abuse that occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in Peer-on-Peer Abuse is under the age of 18.

Staff will be vigilant to the signs of Peer-on-Peer Abuse and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures. The DSL and DDSLs will use the Sexual Behaviours Traffic Light Tool in order to assess the level of need and risk.

See separate Sexual Violence and Sexual Harassment between Children (Peer-on-Peer Abuse) Policy.

Links to further information and support regarding peer on peer abuse:

https://westmidlands.procedures.org.uk/pkoso/regional-safeguarding-guidance/children-who-abuse-others

Sexual Behaviours Traffic Light Tool

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/719902/Sexual\_violence\_and\_sexual\_harassment\_between\_children\_in\_schools\_and\_colleges.pdf

# 15. Upskirting

Under the Voyeurism (Offences) Act 2019, it is an offence to operate equipment and to record an image beneath a person's clothing without consent and with the intention of observing, or enabling another person to observe, the victim's genitals or buttocks (whether exposed or covered with underwear), in circumstances where their genitals, buttocks or underwear would not otherwise be visible, for a specified purpose.

A "specified purpose" is namely:

- Obtaining sexual gratification (either for themselves or for the person they are enabling to view the victim's genitals, buttocks or underwear).
- To humiliate, distress or alarm the victim.

"Operating equipment" includes enabling, or securing, activation by another person without that person's knowledge, e.g. a motion activated camera.

Upskirting will not be tolerated by the school.

Staff will be vigilant to the signs of upskirting and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures. The DSL or DDSLs will then decide on the next steps to take, which may include Police involvement.

# 16. Sexting

Sexting is the taking and sending, or receiving, of sexually explicit images or messages. Sending or sharing an indecent image of anyone under the age of 18 is a criminal offence, even if the child appears to consent or sends it themselves. The risks associated with sexting don't stop with the law. Shared images are known to be passed on, and what may have started off as a private picture swap with a boyfriend/girlfriend can end up with those images being shared on social media, via messaging services, or any other medium. Having an intimate photo shared around school and beyond is devastating for children; not just because of the resulting shame and embarrassment, but also as a result of the betrayal itself.

#### How to investigate a sexting incident:

- Try to avoid looking at the image, video or message
- If the item is on a school device, isolate it immediately so that nobody else can access it
- The format of the sexting (is it an image, video or message)
- The pupil's feelings towards the incident
- Whether any adults were involved
- What device it has been shared on
- How widely the image may have been shared and who it may have been shared with

Staff will be vigilant to the signs of abuse and neglect and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures. The DSL or DDSLs will contact Police and Children's Social Care if:

- The child is in immediate danger.
- Anyone over the age of 18 or under the age of 13 is involved.
- Images show violence.
- The incident was intended to cause physical or emotional harm
- The child has been blackmailed, coerced or groomed.

Links to further information and support regarding Sexting https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting/https://www.gov.uk/government/publications/sexting-in-schools-and-colleges

# 17. Dealing with Allegations of Abuse against Staff or Professionals

Organisations that work or come into contact with children and young people need to be aware of the possibility that allegations of abuse will be made against members of their staff or

volunteers. Allegations will usually be that some kind of abuse has taken place. They can be made by children and young people and they can be made by concerned adults.

All allegations should be brought to the notice of the Head Teacher, Mr T Mamak, or in his absence Deputy Head, Mrs Helen Lynch, or, Chair of Governors, Mr Tim Stiles, immediately. In cases where the allegation is made against these members of staff, the complainant should approach Mr Tim Stiles, Chair of Governors.

#### If a complaint is made:

- Make sure that the child in question is safe and removed from the person alleged to have abused the child.
- Contact Herefordshire Council's Local Authority Designated Officer (LADO) Terry Pilliner 01432 261739

07792881859

tpilliner@herefordshire.gov.uk

lado@herefordshire.gcsx.gov.uk

- Contact the Multi Agency Safeguarding Hub (MASH) and Police
- Contact the Parents/ Carers of the child if advised to do so by the Children's Social Care and Police.

See Allegations of Abuse against Staff Policy.

#### 18. **Homelessness**

The DSL and DDSLs will be aware of the contact details and referral routes into the Local Housing Authority so that concerns over homelessness can be raised as early as possible.

#### Signs of homelessness:

- Household debt
- Use of food banks
- Rent arrears
- Domestic abuse
- Anti-social behaviour
- Substance misuse
- Any mention of a family moving home because "they have to"

Referrals to the Local Housing Authority do not replace referrals to Children's Social Care where a child is being harmed or at risk of harm, this would also need to be completed.

For 16- and 17-year-olds, homelessness may not be family-based and referrals to Children's Social Care will be made as necessary where concerns are raised.

Staff will be vigilant to the signs of homelessness and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures.

Links to further information and support regarding homelessness https://www.herefordshire.gov.uk/info/200207/family\_support/332/housing\_in\_herefordshire

#### 19. Serious Violence

All staff will be made aware of the indicators which may signal a child is at risk from, or is involved with, serious violent crime.

#### Signs of Serious Violence:

- Increased absence from school
- A change in friendships
- New relationships with older individuals or groups
- A significant decline in academic performance
- Signs of self-harm
- · A significant change in wellbeing
- Signs of assault
- Unexplained injuries
- Unexplained gifts or new possessions

Staff are aware of some of the most significant risk factors that could increase a child's vulnerability to becoming involved in serious violent crime.

#### These risk factors include, but are not limited to, the following:

- A history of committing offences
- Substance abuse
- Anti-social behaviour
- Truancy
- Peers involved in crime and/or anti-social behaviour.

Staff will be vigilant to the signs of Serious Violence and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures.

# 20. Pupils with Family Members in Prison

If members of staff become aware a family member is in prison they will inform the DSL or DDSLs. Pupils with a family member in prison will be offered pastoral support as necessary. They will receive a copy of 'are you a young person with a family member in prison' from Action for Prisoners' Families where appropriate and allowed the opportunity to discuss questions and concerns.

Links to further information and support regarding family member in prison: https://www.nicco.org.uk/directory-of-resources/category/children#results

# 21. Pupils required to give Evidence in Court

If members of staff becomes aware a child is going to give evidence in court they will inform the DSL or DDSLs. Children required to give evidence in criminal courts, either for crimes committed against them or crimes they have witnessed, will be offered appropriate pastoral support. Children will also be provided with the booklet "Going to Court" from HM Courts and Tribunals Service where appropriate and allowed the opportunity to discuss questions and concerns.

Links to further information and support regarding Pupils required to give evidence in court: https://www.gov.uk/government/publications/young-witness-booklet-for-5-to-11-year-olds

#### 22. Honour Based Violence

Honour Based Violence encompasses incident or crime which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation, forced marriage and practices such as breast ironing.

Links to further information and support regarding honour based violence: https://cms.westmercia.police.uk/article/8921/Honour-based-violence

#### 23. Female Genital Mutilation

Female Genital Mutilation (FGM) is defined as the partial or total removal of the external female genitalia, or any other injury to the female genital organs. FGM is considered a form of abuse in the United Kingdom (UK) and is illegal. There are no health benefits of FGM.

#### There are four types of procedures:

Type 1: Clitoridectomy – removing part or all of the clitoris

Type 2: Excision – removing part or all of the clitoris and the inner labia

Type 3: Infibulation – narrowing the vaginal opening by creating a seal, formed by cutting and repositioning the labia

Type 4: All other procedures including pricking, piercing, cutting, scraping or burning the area

Victims of FGM are most likely to come from communities that are known to adopt this practice. It is important to note that the child may not yet be aware of the practice or that it may be conducted on them.

# Indicators that may show a heightened risk of FGM include the following:

- Girls who were born in the UK or are resident here but whose families originate from an FGM practising communities (Egypt, Eritrea, Ethiopia, Gambia, Guinea, Indonesia, Ivory Coast, Kenya, Liberia, Malaysia, Mali, Nigeria, Sierra Leone, Somalia, Sudan, Yemen)
- The socio-economic position of the family and their level of integration into UK society
- Any girl with a mother or sister who has been subjected to FGM
- Any girl withdrawn from personal, social, health and economic (PSHE)

#### Indicators that may show FGM could take place soon include the following:

- When a female family elder is visiting from a country of origin
- A girl may confide that she is to have a 'special procedure' or a ceremony to 'become a woman'
- A girl may request help from a teacher if she is aware or suspects that she is at immediate risk
- A girl, or her family member, may talk about a long holiday to her country of origin or another country where the practice is prevalent

#### Indicators that FGM may have already taken place include the following:

- Difficulty walking, sitting or standing
- Spending longer than normal in the bathroom or toilet
- Spending long periods of time away from a classroom during the day with bladder or menstrual problems

- Prolonged or repeated absences from school followed by withdrawal or depression
- Reluctance to undergo normal medical examinations
- Asking for help, but not being explicit about the problem due to embarrassment or fear
- Behaviour changes on return from a holiday abroad
- Repeated urinary tract infections
- Mentioning something that somebody did to them but they are not allowed to talk about it
- Disclosure

Staff will be vigilant to the signs that FGM may take place or has already taken place and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures.

Section 5B of the Genital Mutilation Act 2003 places a statutory and personal duty on teachers to report to the Police where they discover that an act of FGM appears to have been carried out on a child or young person whether through disclosure by the victim or visual evidence. Staff failing to report such cases will face disciplinary action. Help can then be offered, enquiries can then be made to protect others, and criminal investigations can begin.

Links to further information and support regarding Female Genital Mutilation: https://www.nhs.uk/conditions/female-genital-mutilation-fgm/

# 24. Forced Marriage

Forced Marriage is entered into without the full and free consent of one or both parties, and where violence, threats or any other form of coercion is used to cause a person to enter into the marriage. Forced Marriage is classed as a crime in the UK.

#### **Signs of Forced Marriage:**

- Becoming anxious, depressed and emotionally withdrawn with low self-esteem
- Showing signs of mental health disorders and behaviours such as self-harm or anorexia
- Displaying a sudden decline in their educational performance, aspirations or motivation
- Regularly being absent from school
- Decline in punctuality
- An obvious family history of older siblings leaving education early and marrying early

If staff members have any concerns regarding a child who may have undergone, is currently undergoing, or is at risk of, Forced Marriage, they will speak to the DSL or DDSLs, this could include referral to Children's Social Care, the Police or the Forced Marriage Unit (FMU). The FMU is a joint Foreign and Commonwealth Office and Home Office unit which leads on the government's forced marriage policy, outreach and casework. It operates both inside the UK (where support is provided to any individual) and overseas (where consular assistance is provided to British nationals, including dual nationals).

Links to further information and support regarding Forced Marriage: https://www.gov.uk/stop-forced-marriage

# 25. Preventing Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies. Protecting children from the risk of radicalisation is part of the school's wider safeguarding duties.

The school will ensure that they engage with parents and families, as they are in a key position to spot signs of radicalisation. In doing so, the school will assist and advise family members who raise concerns and provide information for support mechanisms. Any concerns over radicalisation will be discussed with a child's parents, unless the school has reason to believe that the child would be placed at risk as a result.

#### Indicators of an identity crisis include the following:

- Distancing themselves from their cultural/religious heritage
- Uncomfortable with their place in society

#### Indicators of a personal crisis include the following:

- Family tensions
- A sense of isolation
- Low self-esteem
- Disassociation from existing friendship groups
- Searching for answers to questions about identity, faith and belonging

#### Indicators of vulnerability through personal circumstances includes the following:

- Migration
- Local community tensions
- Events affecting their country or region of origin
- Alienation from UK values
- A sense of grievance triggered by personal experience of racism or discrimination

#### Indicators of vulnerability through unmet aspirations include the following:

- Perceptions of injustice
- Feelings of failure
- Rejection of civic life

#### Indicators of vulnerability through criminality:

- Experiences of dealing with the police
- Involvement with criminal groups

#### When making a judgement, staff will ask themselves the following questions:

- Does the pupil have access to extremist influences?
- Does the pupil access the internet for the purposes of extremist activities (e.g. using closed network groups, accessing or distributing extremist material, contacting such groups covertly using Skype)?
- Is there a reason to believe that the pupil has been, or is likely to be, involved with extremist organisations?
- Is the pupil known to have possessed, or be actively seeking, extremist literature/other media likely to incite racial or religious hatred?
- Does the pupil sympathise with or support illegal/illicit groups?
- Does the pupil support groups with links to extremist activity?
- Has the pupil encountered peer, social, family or faith group rejection?

- Is there evidence of extremist ideological, political or religious influence on the pupil?
- Have international events in areas of conflict and civil unrest had a noticeable impact on the pupil?
- Has there been a significant shift in the pupil's outward appearance that suggests a new social, political or religious influence?
- Has the pupil come into conflict with family over religious beliefs, lifestyle or dress choices?
- Does the pupil vocally support terrorist attacks, either verbally or in their written work?
- Has the pupil witnessed or been the victim of racial or religious hate crimes?
- Is there a pattern of regular or extended travel within the UK?
- Has the pupil travelled for extended periods of time to international locations?
- Has the pupil employed any methods to disguise their identity?
- Does the pupil have experience of poverty, disadvantage, discrimination or social exclusion?
- Does the pupil display a lack of affinity or understanding for others?
- Is the pupil the victim of social isolation?
- Does the pupil demonstrate a simplistic or flawed understanding of religion or politics?
- Is the pupil a foreign national or refugee, or awaiting a decision on their/their family's immigration status?
- Does the pupil have insecure, conflicted or absent family relationships?
- Has the pupil experienced any trauma in their lives, particularly trauma associated with war or sectarian conflict?
- Is there evidence that a significant adult or other person in the pupil's life has extremist views or sympathies?

#### Critical indicators include where the pupil is:

- In contact with extremist recruiters.
- Articulating support for extremist causes or leaders.
- Accessing extremist websites.
- Possessing extremist literature.
- Using extremist narratives and a global ideology to explain personal disadvantage.
- Justifying the use of violence to solve societal issues.
- Joining extremist organisations.
- Making significant changes to their appearance and/or behaviour.

Any member of staff who identifies such concerns, because of observed behaviour or reports of conversations, will report these to the DSL or DDSLs. In cases where the school believes a child is potentially at serious risk of being radicalised, the DSL or DDSLs will make a Prevent referral (Appendix 5) and referral Children's Social Care.

See Preventing Radicalisation and Extremism Policy.

Links to further information and support regarding Prevent and Radicalisation:
Prevent Awareness - http://www.elearning.prevent.homeoffice.gov.uk
Prevent Referrals - https://www.elearning.prevent.homeoffice.gov.uk/preventreferrals
Channel Awareness - https://www.elearning.prevent.homeoffice.gov.uk/channelawareness
The Educate Against Hate - https://educateagainsthate.com/

# 26. Contextual safeguarding

Safeguarding incidents can occur outside of school and can be associated with outside factors. Contextual Safeguarding seeks to understand child protection risks from beyond the family. This becomes of increasing important for adolescents who naturally begin to spend more time out of their home and under the influence of their peers. Contextual Safeguarding theory considers the dynamic interplay between the child, family, peers, school and neighbourhood. The Contextual Safeguarding system aims to disrupt or limit harmful extra familiar context to reduce risk of harm.

#### Leominster Primary School have worked to ensure effective contextual safeguarding by:

- Installing extra street lighting on the exit routes from school and the outside car park
- Cutting back bushes on the public alleyway used by the public to come to and from school
- Working with the bus company to address risk on public transport
- Pupils and families working with the police on risk faced outside of school
- Sharing community concerns at Multi Agency Network Meetings
- PSHE curriculum that develops positive values about peer relationships.
- A drop in service for families at school once per month from the Police Community Support Officer
- Having a school crossing patrol person

#### In Leominster particular public spaces pose potential safeguarding risks:

- The Skate Park
- The Grange
- The Dingle
- Various Alleyways

The DSL and DDSLs will always consider the context of incidents, this is known as Contextual Safeguarding. An assessment of children's behaviour will consider whether there are wider environmental factors that are a threat to their safety and/or welfare. The school will provide as much contextual information as possible when making referrals to Children's Social Care.

Links to further information and support regarding contextualise safeguarding: https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding

#### 27. Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse can happen inside and outside the home, can happen over the phone, on the internet and on social networking sites, can happen in any relationship and can continue even after the relationship has ended and both men and women can be abused or abusers.

#### Domestic abuse can include, but is not limited to, the following:

Physical Abuse: Can include pushing, hitting, punching, kicking, choking and using weapons.

**Verbal Abuse:** The use of harsh or insulting language directed at a person.

**Emotional Abuse:** The act of repeatedly making someone feel bad, intimidated or scared. This can include threatening or controlling behaviour, blackmailing, constantly criticising or checking up on someone, or playing mind games.

**Coercive Control:** Is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

**Mental or Psychological Abuse**: When someone is subjected or exposed to a situation that can result in psychological trauma, including anxiety, depression or post-traumatic stress disorder.

**Sexual Abuse:** When you're forced or pressured to have sex without your consent, unwanted sexual activity, touching, groping or being made to watch pornography.

**Financial Abuse**: Using or misusing money which limits and controls their partner's current and future actions and their freedom of choice. It can include using credit cards without permission, putting contractual obligations in their partner's name, and gambling with family assets.

#### Signs that a child may have witnessed domestic abuse include the following:

- Aggression or bullying
- Anti-social behaviour
- Anxiety, depression or suicidal thoughts
- Attention seeking
- Bed-wetting, nightmares or insomnia
- Constant or regular sickness, like colds, headaches and mouth ulcers
- Drug or alcohol use
- Eating disorders
- Problems in school or trouble learning
- Tantrums
- Withdrawal

Staff will be vigilant to the signs of domestic abuse and will consult with the DSL or DDSLs if they have concerns who will activate local safeguarding procedures. A Domestic Abuse Stalking and Harassment Risk Indicator Checklist will be completed by the DSL or DDSLs to enable professionals to assess a child's level of risk in a quick and consistent manner. The DSL and DDSLs will also consider whether a referral to the Multi Agency Risk Assessment Conference (MARAC) is required.

Links to further information and support regarding domestic abuse:

http://www.westmerciawomensaid.org/

https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse

https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/financial-abuse/

https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/

https://www.dashriskchecklist.co.uk/

# 28. A Child Missing from Education

A child going missing from school is a potential indicator of abuse or neglect and, as such, these children are increasingly at risk of being victims of harm, exploitation or radicalisation.

All staff will monitor pupils that go missing from the school, particularly on repeat occasions, and report them to the DSL and DDSLs in accordance with the Children Missing Education Policy. The school will inform the Education Welfare Service of any pupil who fails to attend regularly or has been absent without the school's permission for a continuous period of 10 school days or more.

Two emergency contact details will be held for each pupil where possible.

See Children Missing Education Policy.

Links to further information and support regarding children missing from education https://www.herefordshire.gov.uk/info/200227/support\_for\_schools\_and\_settings/458/children\_missing\_education\_herefordshire

#### 29. Fabricated or Induced Illness

Fabricated or induced illness (FII) by parents/carers can cause significant harm to children. FII involves a child who is well-presented by their parent/carer as ill or with disabilities, or a child who is ill or with disabilities, being presented with a more significant problem than they have in reality, and suffering as a consequence.

#### Signs that a pupil may be suffering from FFI:

- Frequent/unexplained absences
- Regular absences for health appointments and no reasons have been given
- Refusing permission for school-based health checks
- Repeated claims of symptoms which are vague, difficult to diagnose, and may not have been noticed by staff
- Inconsistent illnesses, treatments or ailments
- Complaints from the child regarding abuse by parents/carers or the frequency of their doctor's visits
- The child's symptoms are only mentioned when the parent/carer is present
- The parent/carer has an unusually high level of medical knowledge
- Documents state that the parent/carer has changed doctors/hospitals frequently for their child's treatment

#### **Effects of Fabricated or Induced Illness on children:**

- The child suffers repeated investigations, procedures and treatments
- The child's health and life is threatened if illness is induced
- The child is deprived of a full education
- The child is using aids such as wheelchairs
- The child becomes socially isolated
- The child may be anxious about her/his own state of health
- The child may be confused about her/his true state of health
- The child may develop a false self-view of being sick and vulnerable
- The child may collude with illness behaviour
- The child may become silently trapped in falsification of illness

If a member of staff believes a child to be subjected to FII they will report this to the DSL or DDSLs, who in turn, are responsible for making a referral to Children's Social Care making it clear they have concerns about FII. The school will alert the Police as early as possible in any

instances of FII. The DSL or DDSLs will keep a chronology of any reported absences, alongside discussions with the child and parents/carers of what has been said. The chronology will be presented alongside the referral to Children's Social Care.

Links to further information and support regarding Fabricated or Induced Illness https://www.nhs.uk/conditions/fabricated-or-induced-illness/https://westmidlands.procedures.org.uk/pkphp/regional-safeguarding-guidance/fabricated-or-induced-illness

# 30. Private Fostering

Private Fostering is when a child under the age of 16 (or under the age of 18 if disabled) is cared for by someone who is not their parent or a close relative. This is a private arrangement made between parent and a carer(s), for 28 days or more. Where the school becomes aware of a pupil being privately fostered, they will notify Children's Social Care as soon as possible so they can conduct any necessary checks and/or assessments. This is a mandatory duty.

Links to further information and support regarding Private Fostering https://www.herefordshire.gov.uk/info/200147/social\_care\_and\_support/178 /private\_fostering

# 31. Young Carers

A Young Carer is someone aged 18 or under who helps look after a relative who is ill or has a disability, a mental health problem or a drug and/or alcohol problem. Young Carers often take responsibility for things normally undertaken by an adult and may do extra jobs in and around the home such as cooking, cleaning, or helping someone to get dressed and move around.

When a Young Carer is identified school will offer the child additional support to manage their school work and will offer to make a referral to young carers.

Staff will be vigilant to the signs of a child being a Young Carer and will consult with the DSL or DDSLs who will make contact with the professionals below:

Donna Smith - Phone: 01432 383074, or mobile: 07792 881 722 or email: Donna.Smith@herefordshire.gov.uk

Tim Williams - Phone: 01432 383 529 or mobile: 07792 881 512 or email: Timothy.Williams@herefordshire.gov.uk

# 32. Pupils with Special Educational Needs and Disabilities

The school recognises that pupils with Special Educational Needs and Disabilities (SEND) can face additional safeguarding challenges and understands that further barriers may exist when determining abuse and neglect in this group of pupils.

#### Staff will be aware of the following:

Certain indicators of abuse, such as behaviour, mood and injury, may relate to the
pupil's disability without further exploration; however, it should never be assumed that a
child's indicators relate only to their disability

- Pupils with SEND can be disproportionally impacted by things like bullying, without outwardly showing any signs
- Communication barriers may exist, as well as difficulties in overcoming these barriers

When reporting concerns or making referrals for pupils with SEND, the above factors will always be taken into consideration. When managing a safeguarding issue relating to a pupil with SEND, the DSL or DSLs will liaise with the school's SENCO, as well as the pupil's family where appropriate, to ensure that the pupil's needs are effectively met.

# 33. Reporting Concerns about a pupil

Every member of staff at Leominster Primary School has a duty to promote the protection and the wellbeing of the children in our care. With this in mind, all staff have read Keeping Children Safe in Education 2019 and have copies of Working Together to Safeguard Children 2018 and What to do if you are worried a child is being abused? Advice for Practitioners 2015.

For children with severe learning difficulties or mental health disorders it can be particularly difficult to ascertain whether the signs and indicators of abuse outlined within this policy are due to developmental delay, phobias or lack of communication or inability to tolerate others in their space.

If a member of staff has any concern about a child's welfare, they will act on them immediately by speaking to the DSL or a DDSLs. If in exceptional circumstances the DSL or DDSLs are not available, this should not delay appropriate action being taken and will speak to a member of the Senior Leadership Team (SLT). Staff will not assume that another member of staff will take action in relation to a concern.

All staff members are aware of the procedure for referring concerns to Children's Social Care, have access to Children's Social Care Multi Agency Referral Form (Appendix 4) and understand their responsibilities in relation to confidentiality and information sharing. All staff members are aware that they need to contact the Children's Social Care and Police if they have concerns of immediate and serious harm or if there are concerns that a criminal offence has been committed.

Any staff member to whom allegation of child abuse is made or observed must:

**Listen** to a child that is telling or indicating that something abusive has happened to him/her or someone else.

**Allow** the child to tell you as much as they want to <u>without</u> interrupting. Remember you will need to record this.

**Limit** any questions to clarify what happened and <u>strictly avoid</u> leading the child by making suggestions or introducing your own ideas in the questions. Do not try to investigate further.

**Tell** the informing child that you will make sure that the right people will follow up what they have said.

**Reassure** the child that a person of their choice will support them if at all possible.

**Ask** them if there is anything that they immediately need to make them feel safe and assure them that staff will try as far as practicable to follow their wishes.

**Refer** the matter immediately, with all relevant details, to the Designated Teacher for Child Protection/Safeguarding.

**Record in writing** as soon as possible what you have been told/observed, using the exact words by the informant and yourself including any questions and answers on the school's 'Record of Session' (Appendix 6) and completed a Body Map (Appendix 7) if relevant.

**Confidentiality** should not be promised to a child as there may be a disclosure of alleged abuse and it will be necessary to share that information as part of the Child Protection/Safeguarding process. The school cannot protect the child; only social services and the police have the power necessary to carry out enquiries.

**Support** will be offered to the child making an allegation and will involve allocating an appropriate member of staff, as far as possible, a person chosen by the child.

On receiving details of the concerns for a child welfare the DSL or DDSLs will first of all take any necessary steps needed to protect any child from risk of immediate harm. The DSL or DDSL will make a decision on a child's level of need/risk and what action is required by referring to Herefordshire's Level of Need Document and if required discuss the concerns with the Multi Agency Safeguarding Hub who have responsibility for advising and support schools on the most appropriate course of action.

If the school has a concern about a child we will share these concerns with parents/carers. However, if sharing these concerns puts the child at risk of significant, further harm or a criminal offence is suspected we will seek advice from Multi Agency Safeguarding Hub.

Herefordshire Levels of Need:

#### Level 1

Level of Vulnerability: Children making good overall progress in all areas of their development, broadly receiving appropriate universal services such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services. No additional support beyond that which is universally available.

#### Level 2

Level of Vulnerability: Children and young people with emerging vulnerabilities whose needs require targeted support.

Threshold to consider Early Help Assessment: Relevant Agency Intervention Required

#### **Potential Indicators:**

- Children whose parents have difficulties managing their behaviour
- Children in families where there is poor hygiene (including dental hygiene)
- Children identified by school as requiring additional educational support
- Children with additional health needs that require extra support
- Children involved in criminal activity or anti-social behaviour Advice to Schools and Colleges on Gangs

- Children in households where difficulties in adult relationships have the potential to impact on the child if early help and support is not offered
- Children who require support to access appropriate leisure and community activities in order to promote their development and enable them to reach their potential
- Children where there are behaviour/mood changes which could indicate a change in their mental health and wellbeing
- Children with unhealthy/poor diet and/or concerning weight gain/weight loss
- Children starting to have unauthorised absences from school
- Children involved in substance misuse drugs
- Children of families seeking asylum
- Children involved in unhealthy relationships (potentially risky sexual behaviours)

#### Level 3

Level of Vulnerability: Children or young people with identified vulnerabilities and needs that require a multi-agency co-ordinated approach.

Threshold to initiate Early Help Assessment. Multiple Agency Intervention Required

Early Help means providing support as soon as a problem emerges, at any point in a child's life. Any family may benefit from Early Help.

All staff are aware of the local Early Help process and are able to identify children who may benefit from this level for support. All staff in the first instance discussion Early Help requirements with the DSL or DDSLs. The DSL, DDSL and Emmy Newton, Link Family Support Worker from Early Help Team, will take the lead where Early Help is appropriate.

#### **Potential Indicators:**

- Children with a significant emotional and/or behavioural disorder
- Children persistently absent and/or excluded from school Children missing from Education/School
- Children beyond parental control
- Children in families without permanent accommodation
- Children with an acute or chronic health condition (including morbid obesity) where there is
  nonattendance for appointments or poor engagement with treatment compliance, where this will
  have a significant impact on the child's health
- · Children involved in escalating criminal activity or anti-social behaviour
- Children involved in substance misuse
- Children in households where parenting is compromised as a consequence of: mental health issues, substance misuse, domestic abuse, learning difficulties, poverty, prolific offending/in custody or physical disability
- Unaccompanied asylum seekers
- Young Carers

Links to further information and support regarding early help: https://www.herefordshire.gov.uk/info/200227/support\_for\_schools\_and\_settings/615/behaviour\_and\_support/2

#### Level 4

Level of Vulnerability: Children or young people with very complex needs or there is an extreme concern for their safety based on evidence of abuse or neglect or disclosure by the child. The child's health and development is being adversely affected. Where a child is suffering, or is

likely to suffer from harm, it is important that a referral to Children's Social Care, and if appropriate the police, is made immediately.

Threshold to refer to Children's Social Care: Immediate intervention or assessment required from Multi Agency Safeguarding Hub.

See Appendix 8 for the safeguarding reporting process.

#### **Potential Indicators:**

- Children where physical, sexual or emotional abuse or neglect is suspected.
- Children where the following is suspected: fabricated illness, allegations of harm by a person in a position of trust, female genital mutilation, honour based violence, forced marriage, sexual exploitation and trafficking.
- Children whose parents are unable to provide care, for whatever reason.
- Children who disappear or are missing from home or care regularly or for long periods.
- Children who are in contact with persons who have been assessed as Posing a Risk to Children.
- Children whose health and development are adversely impacted because parenting is compromised as a consequence of: mental health issues, substance misuse, domestic abuse, learning difficulties, poverty , prolific offending/in custody, physical disability or severe/ complex medical conditions.
- Children whose behaviour is so extreme they are at risk of removal from home e.g. control issues, risk taking, dangerous behaviour.
- Children who are experiencing extreme forms of bullying that adversely impact upon their health and development.
- Children aged 16 and 17 who present as homeless Government guidance for young people who are homeless.
- Children whose health and development is being adversely impacted through non-engagement with services.
- Where a pre-birth assessment has identified an unborn child's health or development is being adversely impacted.
- Children with Disabilities.
- Children who are young carers and wish to exercise their right to an assessment.

Within one working day of a referral to Children's Social Worker being made, a Local Authority Social Worker should acknowledge receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:

- The child requires immediate protection and urgent action is required
- The child is in need and should be assessed under section 17 of the Children Act 1989.
- There is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989.
- Any services are required by the child and family and what type of services
- Further specialist assessments are required to help the local authority to decide what further action to take.

Staff are required to monitor a referral if they do not receive information from the Local Authority regarding what action is necessary for the child. If Social Workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment. If, after a referral,

the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

Many cases are resolved with advice and support to parents/carers; other cases however may require much longer involvement through support via a Child in Need Plan or Child Protection Plan.

A Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local Authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, a Strategy Discussion/Meeting will be called. The DSL or DDSLs should attend. If a school representative is unable to attend, documents will be sent to the meeting and an educational representative from the Multi Agency Safeguarding Hub would represent the school.

Children's Social Care may recommend that an Initial Child Protection Conference (ICPC) should be convened if their assessment substantiates that a child is suffering, or is likely to suffer significant harm. The conference is an opportunity for all professionals with the family to consult about how the child may best be protected and in particular, decide whether the child should be subject to a Child Protection Plan. The DSL or DDSLs will attend the conference and share appropriate information to inform decision making. The first Review Child Protection Safeguarding Conference will be called within three months and typically reconvened every six months.

If a child is subject to a Child Protection Plan the child will have an allocated Social Worker and a core group of professionals to support the family will be identified. The DSL or DDSLs will typically always been a member of the core group. An outline Child Protection Safeguarding Plan will be drawn up and the core group will be responsible for meeting regularly to implement it.

When a child is subject to a Child Protection, the DSL and DDSLs must decide who needs to be told. This should be done on a 'need to know' basis, but should include personnel who monitor attendance, who have day-to-day responsibility for their education and any pastoral staff who may be working with the child.

The DSL and DDSLs will notify Children's Social Care if there is an unexplained absence of more than two days of a pupil who is on a Child Protection Plan or a Child in Need Plan.

Links to further information and support regarding referring to the Multi Agency Safeguarding Hub

http://westmidlands.procedures.org.uk/local-content/zgjN/multi-agency-referral-reporting-concerns-marf

https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-board/report-concerns-about-a-child/

Links to further information and support regarding early help:

https://www.herefordshire.gov.uk/info/200227/support\_for\_schools\_and\_settings/615/behaviour\_and\_support/

Links to further information and support regarding the escalating and professional disagreement:

Resolution of Professional Disagreement about a Safeguarding Children Response Policy.

Links to further information and support regarding Herefordshire Levels of Need <a href="https://herefordshiresafeguardingboards.org.uk/media/1011/hscb\_levels\_of\_need\_full\_guide\_no\_v\_2014.pdf">https://herefordshiresafeguardingboards.org.uk/media/1011/hscb\_levels\_of\_need\_full\_guide\_no\_v\_2014.pdf</a>

# 34. Transferring Files

When a child transfers schools their safeguarding file is transferred to their new school. A phone call to the new school takes place within 24 hours of the child moving schools and safeguarding files are transferred within 5 working days. The DSL or DDSLs will ensure the files are transferred securely and confirmation of receipt will be obtained from the new school. The safeguarding file will be transferred separately from the main pupil file.

# 35. Communication, Confidentiality and Sharing Information

All child protection and safeguarding concerns will be treated in the strictest of confidence in accordance with school data protection policies. Concerns will only be reported to those necessary for its progression and reports will only be shared amongst staff members and with external agencies on a need-to-know basis.

The General Data Protection Regulation (GDPR) and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. Depending on the nature of a concern, the DSL or DDSLs will discuss the concern with the parents/carer of the children involved. Discussions with parents/carers will not take place where they could potentially put a child at risk of harm.

Where it is in the public interest, and protects a child from harm, information can be lawfully shared without the victim's consent, e.g. if doing so would assist the prevention, detection or prosecution of a serious crime. Information can be shared legally without consent if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.

Where practitioners need to share special category personal data they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individual at risk' as a condition that allows practitioners to share information without consent.

Where there is an allegation or incident of sexual abuse or violence, the victim is entitled to anonymity by law; therefore, the school will consult its policy and agree what information will be disclosed to staff and others, in particular the alleged perpetrator and their parents.

Where a report of sexual violence or sexual harassment is progressing through the criminal justice system, the school will do all it can to protect the anonymity of the pupils involved in the case.

Where confidentiality or anonymity has been breached, the school will implement the appropriate disciplinary procedures as necessary and will analyse how damage can be minimised and future breaches be prevented.

Discussion with the victim's parents will relate to the arrangements being put in place to safeguard the victim, with the aim of understanding their wishes in terms of support arrangements and the progression of the report. Discussion with the alleged perpetrator's parents will have regards to the arrangements that will impact their child, such as moving classes, with the reasons behind decisions being explained and the available support discussed. External agencies will be invited to these discussions where necessary.

Where a pupil is leaving the school, the DSL will consider whether it is appropriate to share any information with the pupil's new provider, in addition to the child protection file, that will allow the new provider to support the pupil and arrange appropriate support for their arrival.

Links to further information and support regarding Information Sharin https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/721581/Information\_sharing\_advice\_practitioners\_safeguarding\_services.pdf

# 36. ICT Security

The filtering of internet content provides an important means of preventing users from accessing material that is illegal or is inappropriate in an educational context. The filtering system cannot, however, provide a 100% guarantee that it will do so. It is therefore important that the school has a filtering policy to manage the associated risks and to provide preventative measures which are relevant to the situation in this school.

As a school buying broadband services from Herefordshire ICT Services we automatically receive the benefits of a managed filtering service, with some flexibility for changes at local level.

We use Fortigate url web filtering as part of a Fortigate next generation firewall which also actively scans for Malware and malicious software. Additionally the school has DNA software. This enables the DSL to monitor what children and staff are accessing through the system. The software detects inappropriate sites and words that have been searched for.

See Computing Policy and E - Safety Policy.

# 37. Online Safety

Children should be encouraged to use the internet as much as is possible, but at all times in a safe way. Parents/Carers are asked if they agree to their child using the internet whilst in school, and are requested to send in written confirmation. Children must never be left unattended whilst online and Class Teachers should ensure that this does not happen. If Class Teachers know of misuse, either by a staff member or child the issue should be reported to the DSL or DDSLs without delay.

As part of a broad and balanced curriculum, all pupils will be made aware of online risks and taught how to stay safe online. The school undertakes awareness training on how to keep safe using social media. This is to raise consideration of what is happening nationally and enables children to take increased responsibility of their actions using social media. With the increase of sexting nationally, children should be aware of what is right and wrong on social media, particularly with regard to images of their body. Age appropriate messages are shared with the children to promote safety using social media.

The Department for Education suggests that teacher should not become online friends with pupils, or add them to contact lists, since this could give pupils access to personal information about staff. Teachers are advised to learn how to restrict access to their pages, so that only specific people can see them. This is particularly relevant for staff who have parents or children as relatives. Teachers are not discouraged from using social networking sites for use in class, but are warned to be careful about which sites they use and how they use them. All staff should, when publishing information, personal contact details, video or images, ask themselves if they would feel comfortable about a current or prospective employer, colleague, pupil or parent, viewing their content.

Links to further information and support regarding online safety:
UK Safer Internet Centre
https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/online-safety/
https://nationalonlinesafety.com/?gclid=EAlalQobChMI0ceMjOCl5QIVB-h3Ch0cgQevEAAYASAAEgL7ffD\_BwE

# 38. Mobile Phones, Photographs, Cameras and DVDs

Staff members will not use personal electronic devices, for example, mobile phones, cameras, laptops, when children are present, in the classroom or in the toilets. Staff members must not use their electrical devices to store information regarding children or other staff in any circumstances, for example photographs or videos. Staff may use mobile phones on school premises outside of working hours when no pupils are present. Staff may use mobile phones in the staffroom during breaks and non-contact time. Mobile phones will be safely stored and in silent mode whilst children are present. Staff will use their professional judgement in emergency situations. Staff may take mobile phones on trips, but they must only be used in emergencies and should not be used when children are present. The sending of inappropriate messages or images from mobile devices is strictly prohibited. Staff who do not adhere to this policy will face disciplinary action.

Children are not allowed to take mobiles phones into their classrooms and are not allowed to keep mobiles phones on them. Pupils in Year 5 and Year 6, whom parents/carers have given consent for their child to walk home to/from school independently, are allowed to bring a mobile phone into school however this must be handed into the school office at the start of the day, collected at the end of the school day and is not allowed to be accessed during the school day.

Children must not use their mobile phone to take photographs or videos whilst they are on school grounds. Any mobile phone that is handed into reception will be stored away in a locked cupboard. Any pupil handing in a mobile phone does this at their own risk. Leominster Primary School do not accept responsibility if a child's phone is lost or stolen.

The use of the school camera is allowed for photographing children. The content on the school camera will be deleted after printing or copying. Members of staff have responsibility for managing the safe use of school camera, including if a school camera is taken off site. Photographs and videos of pupils will be carefully planned before any activity with particular regard to consent and adhering to the school. Parents/carers consent to the school taking and using photographs of children by signing a permission slip. A list of children who may not be photographed, have their photograph on the website, be photographed by a student or put on a DVD is compiled and kept in the front office. Photography and the use of DVDs are not permitted if this affects the children identified on the list and contravenes the parent/carers wishes. The DSL will, in known cases of a pupil who is a LAC or who has been adopted, liaise with the child's Social Worker, carers or adoptive parents to assess the needs and risks associated with the child.

The school answer machine is used outside the school day to take any messages from parents/carers. The school answer machine is used during the school day when no one is available to answer the phone. The answer phone is checked regularly by Office Staff.

All staff in school should be aware of mobile phone misuse and if you suspect an electrical device is being misuse is occurring you should inform the DLS or DDLSs immediately. Staff members are responsible for their own behaviour regarding the use of mobile phones and should avoid putting themselves into compromising situations, which could be misinterpreted and lead to potential allegations.

#### 39. Safer Recruitment

The application of rigorous procedures for the recruitment of any staff or volunteers who come into contact with children, both directly and indirectly, can reduce the likelihood of allegations of abuse being made that are founded. As an absolute minimum, the following standards should be followed.

See Safer Recruitment Policy.

# 40. Single Central Record (SCR)

A single Central Record (SCR) is kept in the office for all staff, volunteers, Governors and providers who are DBS cleared. The SCR also outlines when DBS searches need renewing. The school Business Manager will advise personnel of this. It is our policy that everyone who is in contact with children in our school, is DBS cleared.

See Single Central Record Policy. See DBS Policy.

# 41. Additional Policies to support the Child Protection and Safeguarding Policy

Allegation of Abuse against Staff Policy

Anti-Bullying Policy

Attendance and Punctuality Policy

Behaviour and Discipline Policy

Children Missing from Education Policy

**Complaints Policy** 

Confidentiality Policy

**DBS Policy** 

E-Safety Policy

First Aid Policy

Health and Safety Policy

**Induction Policy** 

Looked After and Previous Looked After Children Policy

Physical Restraint Reasonable force Policy

Preventing Radicalisation and Extremism Policy

Safer Recruitment Policy

SEN and Inclusion Policy

Sexual Violence and Sexual Harassment between Children (Peer on Peer Abuse)

Single Central Record Policy

Staff Code of Conduct

## **Exploitation Risk Assessment**

## **Guidance for practitioners**

Any professional working with children, young people or care leavers where they are concerned about exploitation, should complete this tool. Exploitation includes: sexual, criminal, financial, modern slavery and radicalisation. This tool should be completed with reference to Herefordshire's multi-agency safeguarding procedures. If the level of risk is assessed as EMERGING, consider Early Help. If MODERATE or above, make a referral to MASH and include the completed risk assessment.

It is always best practice to complete the tool with the young person you are worried about, however if they do not wish to complete it, you should still complete all information to the best of your knowledge if you are concerned that the young person is at risk of, or is being, exploited. You can ask other professionals working with the young person to contribute to the assessment.

Name and role of person completing assessment				Agency of person completing assessment			
Date				YOS Involvement (Yes / No / Previous)			
Child or young person's	Child or young person's name				Known to Police (No / Victim / Offender / Both)		
Gender	Gender				CAMHS (Yes / No / Previous)		
Ethnicity				Education Placement (Name of School)			
Date of birth		Age		Part time timetable	Yes / No	PRU	Yes / No
Mosaic ID	Mosaic ID			Current Attendance (%)			
Status (i.e. Early Help, S17, S47, CP Plan, looked after, care leaver)				Special Educational Needs / Disability (If yes, what?)			
Home Address (Address / Postcode)				Alcohol Misuse (Yes/No, Suspected)			

Accommodation Type (i.e. Family home, Residential, Foster Care, Kinship Care,, Supported Lodgings)	Substance Misuse (Yes/No, Suspected) (List any known drugs used)	
Engaging with sexual health services (Not required, yes, no)	Engaging with substance misuse services (Not required, yes, no)	

<b>EXPLOITATION RISK CAT</b>	EGORIES		
	EMERGING	Regularly coming home late / absent without permission / returning late to care home / absent from school / whereabouts often unknown	
	MODERATE	Frequently staying out overnight without permission / episodes of running away, missing from placement / looking uncharacteristically well cared for / regular breakdowns of placement due to behavioural problems	
	SIGNIFICANT	Persistently running away, going missing / pattern of street homelessness / whereabouts often unknown or of significant concern / talks about and/or known to travel to different areas or cities	
1.Running Away / Going Missing	Evidence and prof	essional judgement <b>OR</b> state if information NOT KNOWN or NOT A CURRENT CONCERN	
	EMERGING	Recent change in peer group / reduced contact with family or friends / late night phone / internet / social media contact	
	MODERATE	Secretive about having a mobile phone or more than one / extensive use of mobile phone / internet / social media / limited contact with family or friends	
	SIGNIFICANT	Secretive about having a mobile phone or more than one / disclosure of or police intelligence regarding physical or sexual assault followed by withdrawn allegation or reluctant to report / no contact with family or previous friends / disappear from professional / disclosure of or police intelligence relating to county lines / gang activity involvement or links / talks about having drug debts and / or an urgent need for money / family or carers report hostile acquaintances coming to the door or telephoning / messaging frequently and / or making threats	
2.Coercion / Control	Evidence and prof	essional judgement <b>OR</b> state if information NOT KNOWN or NOT A CURRENT CONCERN	
2 Cantact with Abusive	EMERGING	Some association with unknown adults and / or other sexually exploited children and / or missing children / some association with manipulative peers / some association with gang and county lines involved adults or peers	
3.Contact with Abusive Persons and / or Risky Environments	MODERATE	Associating with unknown adults and / or other sexually exploited children / young people and / or missing children / information or police intelligence suggesting involvement in sexual exploitation / spending time in areas where CSE and / or street sex work is known to have taken place / associating with possible county lines or gang members / getting into cars with unknown adults or suspected perpetrators of CSE / new or expensive possessions which cannot be accounted for / access to cash / money / spending time in areas where drug activity is known to take place / fearful of going to certain areas	

	SIGNIFICANT	Identifying as a county lines or gang member / found in areas / properties known for CSE / street sex work / drug activity / evidence or						
		police intelligence to suggest being moved around for sexual activity / abducted and forced imprisonment (described by young person as "locked in")						
	Evidence and prof	essional judgement <b>OR</b> state if information NOT KNOWN or NOT A CURRENT CONCERN						
	EMERGING	Experimenting with alcohol / cannabis / associating with young people known to use substances regularly						
	MODERATE	Regular use of or recent increase in use of substances / use of drugs in addition to alcohol / cannabis (e.g. MDMA, cocaine) / concerns for drug dependency / associating with known drug dealers / seen in known areas for selling drugs / seen associating with young people who are known to be running and involved in drug lines						
	SIGNIFICANT	Evidence of dependency on alcohol / drugs / using opiates (e.g. heroin, codeine, methadone) / injecting of any substance / dealing of substances / found in areas / properties known for drug activity / supply of substances to others / CSE activity for paying off debts e.g. drug debt / known to be actively involved in networks that run drug lines						
4.Substance Misuse	Evidence and prof	essional judgement <b>OR</b> state if information NOT KNOWN or NOT A CURRENT CONCERN						
	EMERGING	Mainly engaged in education, employment or training / some attendance / behaviour issues / poor educational achievement						
	EMERGING MODERATE	Irregular / poor attendance / truanting from school / losing interest in education / periods of exclusion(s) / whereabouts during school						
		Irregular / poor attendance / truanting from school / losing interest in education / periods of exclusion(s) / whereabouts during school hours unknown / poor educational achievement  Not in education, training or employment / regular breakdown of school placements due to behavioural problems / whereabouts during						
	MODERATE SIGNIFICANT	Irregular / poor attendance / truanting from school / losing interest in education / periods of exclusion(s) / whereabouts during school hours unknown / poor educational achievement						
5.Education	MODERATE SIGNIFICANT	Irregular / poor attendance / truanting from school / losing interest in education / periods of exclusion(s) / whereabouts during school hours unknown / poor educational achievement  Not in education, training or employment / regular breakdown of school placements due to behavioural problems / whereabouts during school hours unknown and information suggesting links to CSE / county lines or gangs/ poor educational achievement						
5.Education	MODERATE SIGNIFICANT	Irregular / poor attendance / truanting from school / losing interest in education / periods of exclusion(s) / whereabouts during school hours unknown / poor educational achievement  Not in education, training or employment / regular breakdown of school placements due to behavioural problems / whereabouts during school hours unknown and information suggesting links to CSE / county lines or gangs/ poor educational achievement						
5.Education	MODERATE SIGNIFICANT	Irregular / poor attendance / truanting from school / losing interest in education / periods of exclusion(s) / whereabouts during school hours unknown / poor educational achievement  Not in education, training or employment / regular breakdown of school placements due to behavioural problems / whereabouts during school hours unknown and information suggesting links to CSE / county lines or gangs/ poor educational achievement						
5.Education	MODERATE SIGNIFICANT	Irregular / poor attendance / truanting from school / losing interest in education / periods of exclusion(s) / whereabouts during school hours unknown / poor educational achievement  Not in education, training or employment / regular breakdown of school placements due to behavioural problems / whereabouts during school hours unknown and information suggesting links to CSE / county lines or gangs/ poor educational achievement						
5.Education  6.Use of Social Media / Technology	MODERATE SIGNIFICANT	Irregular / poor attendance / truanting from school / losing interest in education / periods of exclusion(s) / whereabouts during school hours unknown / poor educational achievement  Not in education, training or employment / regular breakdown of school placements due to behavioural problems / whereabouts during school hours unknown and information suggesting links to CSE / county lines or gangs/ poor educational achievement						

	SIGNIFICANT	Use of internet to regularly meet in person unknown adults or peers for sexual activity / evidence of sexual bullying through social media / internet / evidence of sexual material being shared online without young person's consent							
	Evidence and profe	Evidence and professional judgement <b>OR</b> state if information NOT KNOWN or NOT A CURRENT CONCERN							
	EMERGING	Sexually transmitted infections (STI's) / access to and engagement with sexual health services							
	MODERATE	Multiple or untreated sexually transmitted infections (STI's) / concerning sexual activity with peers or adults / information from peers and / or community highlighting concerning sexual activity / frequent use of emergency contraception							
	SIGNIFICANT	Repeated pregnancy and /or miscarriages and/or terminations / very concerning exploitative sexual activity with peers and / or adults / disclosure of sexual activity with boyfriend's / girlfriend's peers / having knowledge that sex can be exchanged for money and / or goods /							
7.Sexual Health /		relationship with suspected / known CSE perpetrators							
Concerning Sexual	Evidence and profe	essional judgement <b>OR</b> state if information NOT KNOWN or NOT A CURRENT CONCERN							
Activity									
	EMERGING	Low self-esteem / some or reduced concerns of self-harm and / or eating disorders / difficulty in making or maintaining friendships with peers							
	EMERGING MODERATE	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts /							
		peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young							
	MODERATE	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence,							
		peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E /							
8.Emotional and Physical	MODERATE SIGNIFICANT	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E / physical symptoms suggestive of sexual physical assault							
8.Emotional and Physical Health	MODERATE SIGNIFICANT	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E /							
	MODERATE SIGNIFICANT	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E / physical symptoms suggestive of sexual physical assault							
	MODERATE SIGNIFICANT	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E / physical symptoms suggestive of sexual physical assault							
	MODERATE SIGNIFICANT	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E / physical symptoms suggestive of sexual physical assault							
	MODERATE SIGNIFICANT	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E / physical symptoms suggestive of sexual physical assault							
	MODERATE SIGNIFICANT	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E / physical symptoms suggestive of sexual physical assault							
	MODERATE SIGNIFICANT	peers  Low self-esteem impacting upon young person's mental health / increased concerns of self-harm / violent or emotional outbursts / bullying or threatening behaviour / offending behaviour / difficulty in making or maintaining friendships with peers / concerns young person may be exposed to violence  Chronic low self-esteem / changes or extremes in mental health / suicidal ideation / evidence of emotional abuse from domestic violence, as witness or victim / evidence of self-harm, eating disorders, previous suicide attempts or overdoses / frequent attendance at A&E / physical symptoms suggestive of sexual physical assault							

9. Accommodation and Family Relationships	MODERATE	Overcrowding / living with other young people who are considered to be at risk of CSE / evidence of decline in relationship and / or communication with family, parents, carers / known peers and / or older siblings who are suspected to have county lines debts / lack of parental supervision or interest in the young person				
	SIGNIFICANT	Homeless or sofa surfing / young person often stays elsewhere / Lack of a trusting relationship / family, friends or peers are known or suspected perpetrators of CSE / parent is unavailable to them physically or emotionally				
	Evidence and profe	essional judgement <b>OR</b> state if information NOT KNOWN or NOT A CURRENT CONCERN				
	EMERGING	Coming to the attention of the police / concerns about being involved with offending peers or associates / being in possession of cannabis / talked about or considered carrying a weapon				
10. Offending / Weapons/	MODERATE	Known to be involved in drug related offending / police intelligence indicating or arrested, investigated or charged for offences of possession of offensive weapon, possession of drugs or theft / known to be connected with drug distribution networks and lines				
Criminal Activity	SIGNIFICANT Significant intelligence indicating or charged or convicted of robbery / use of offensive weapon / possession of large quantities of drugs / known to be active with drug distribution networks and lines / recruiting others to run drug lines and to organised crime / witness withdrawing statements and suspected intimidation					
11. Community/Social	EMERGING	Experiencing low levels of social isolation that may be exacerbated by deprivation (including a perceived inability or reluctance to access more mainstream support) / ethnic and / or cultural background dissonance / being a looked after child or care leaver / identifying as Lesbian, Bisexual, Gay or Transgender / Special Educational Needs / poor educational attainment any other factors / some protective community factors present and support evident				
Isolation Factors	MODERATE	Experiencing moderate levels of social isolation that may be exacerbated by deprivation / ethnic and / or cultural background dissonance / being a looked after child or care leaver / identifying as Lesbian, Bisexual, Gay or Transgender / Special Educational Needs / poor educational attainment any other factors / some community protective factors are present but the young person is reluctant to access them / starting to socialise with or take an interest in offending peer or community activity / aspires to be part of a local gang or anti-social group				
	SIGNIFICANT	Experiencing high levels of social isolation that may be exacerbated by deprivation (including being part of an inward-looking community) / ethnic and / or cultural background dissonance / being a looked after child or care leaver / identifying as Lesbian, Bisexual, Gay or Transgender / Special Educational Needs / poor educational attainment any other factors / being targeted by groups or individuals due to their vulnerability / seeking inclusion or recognition from offending peers or communities / lack of community protective factors or disengagement by young person / known to be an active participant in a local gang or anti-social group				
	Evidence and profe	essional judgement <b>OR</b> state if information NOT KNOWN or NOT A CURRENT CONCERN				

Any other information to support the Risk Assessment	
Assessment	

## **Summary and Overall Risk Assessment** - complete the table below with the responses to each risk category above.

Risk categories	Level of risk (emerging, moderate, significant, not known, not a concern)
Running Away / Going Missing	
Coercion / Control*	
Contact with Abusive Persons and / or Risky Environments*	
Substance Misuse	
Education	
Use of Social Media / Technology*	
Sexual Health / Concerning Sexual Activity*	
Emotional and Physical Health	
Accommodation and Family Relationships	
Offending / Weapons / Criminal Activity*	
Community / Social Isolation Factors	

Taking into account the summary risk assessment, the likely relative weight of influence, the significance, severity and likelihood, use your professional judgment to determine the overall risk. If any of the risk categories marked with \* above are assessed as SIGNIFICANT risk, the overall level of risk should be considered at least SIGNIFICANT. If evidence indicates ACTUAL exploitation, state this below.

	Sexual Exploitation Risk	Criminal Exploitation Risk
EMERGING There is some evidence that the young person is at risk of exploitation. There are some concerns that the young person is at risk of being targeted or groomed, but there are positive protective factors in their life which contribute to the overall risk being lower.		
MODERATE  A young person who is vulnerable to being exploited but there are not immediate or urgent safeguarding concerns. There is evidence the young person may experience protective factors, but circumstances and / or behaviours place them at risk of exploitation.		
SIGNIFICANT  A young person who may be targeted for opportunistic abuse through exchange of sex for drugs, alcohol, accommodation or goods.  A young person who is at significant risk of being sexually exploited.  A young person who is significantly threatened or physically harmed or is coerced into causing physical harm / threats to others as a result of drug debts.		
ACTUAL EXPLOITATION  A young person who is already being sexually exploited. Sexual exploitation may be frequent and self-denied and coercion and control is implicit.  A young person who is being exploited by gang members or other risky adults and is being coerced into moving and / or selling drugs.  A young person who is significantly threatened or physically harmed or is coerced into causing physical harm / threats to others as a result of drug debts.		

#### **Exploitation Intelligence Report Form**

This Exploitation intelligence reporting form has been developed for use by multi-agency partners, voluntary organisations and carers.

Soft Intelligence is described as observations, information of witnessed or heard events or even hearsay.

Please note: This is not a referral form to use if you are worried or have concerns that a child is at risk of significant harm.

If the child is in immediate danger contact the police on 999 (in an emergency)
If the child is not in immediate danger but you have a safeguarding concern then contact
Herefordshire's MASH Team to report your concerns on 01432 260800.
If the child is not in immediate danger but you believe a crime may have been committed then
call the Police on 101

#### What to collect?

Information on child exploitation includes details on;

- Suspects names, nicknames, addresses, dates if birth and descriptions of suspects of child exploitation
- Vehicles registration numbers, partial registration numbers, make and model, colour and distinguishing features or marks of vehicles used by suspects
- Telephones details of phone numbers and mobile phones used by suspects and details of any text messages of phone calls made by them or to them
- Addresses or locations details of locations where offences have taken place or suspects/victims frequent
- Offences details of criminal offences that have not been recorded by the police either because the victim has not been identified or the victim denies them or refuses to cooperate with the police
- Date and times that incidents occurred or suspects or vehicles seen
- Links between suspects, vehicles, locations and young people identified at risk of exploitation
- Links to other forms of exploitation such as modern slavery, county lines, trafficking

The more detailed and precise the information is the better the quality of intelligence. When providing information, always give as much detail as possible: Who? What? Where? When? Why? How?

The intelligence forms are not to be used for the following:

- To report a crime
- To pass information to the police about a crime that is already being investigated
- To raise a child protection concern

Date/	Tima	Ωf	ran	ort.
Date	111111111111111111111111111111111111111	OI	IEP	וטינ.

Details of person submitting:

Name

Post / Job Title

Agency

Contact Details

Witnessed Incident Professional Member of the Public

Details of Child/Young Person (if known):

Name

Age

Address

What do you want to tell us?

Please provide information: Include as much detail as possible

Names / DOB / description / nicknames / vehicle details / addresses / locations / links between

young people

#### Other themes:

i.e. increase of CE / missing in certain area, school, group of associates (Please indicate context and links with young people)

Please email completed form to: CEherefordshire@westmercia.pnn.police.uk

## **Exploitation Practice Flowchart: for young people and care leavers**

#### Exploitation Practice Flowchart: for young people and care leavers

The exploitation risk assessment and risk management process applies to all young people identified as being at risk of exploitation, including care leavers.

The allocated Social Worker / Personal Advisor should completes the Exploitation Risk Assessment with the young person within 5 working days of the concerns being identified. The assessment should be sent to the Exploitation Co-Ordinators for oversight and then approved by the relevant Team Manager. Information should be shared with the Independent Chair / CP Chair / IRO where this is applicable.

Please refer to Mosaic training notes for further details about completing the assessment and convening a Risk Management Meeting.

Seek support and advice from an Exploitation Co-Ordinator if required: exploitationteam@herefordshire.gov.uk.

Outcome of Exploitation Risk Assessment: practitioners should consider the significance of risk indicators individually and as a whole, including their relative weighting, applying their professional judgment.

#### EMERGING RISK

Preventative work with young person, parents / carers should be included in their overall plan (CIN / CP / Care or Pathway Plan, where applicable.

Emerging risk for siblings should be considered, with parental consent.

Consider Early Help.

#### MODERATE RISK

Risk Management Meeting (RMM) within 5 working days.

#### SIGNIFICANT RISK

Strategy discussion held within 2 working days. (NB complex cases can be up to 5 days depending upon information required).

#### ACTUAL EXPLOITATION

Strategy discussion held within 2 working days (NB if immediate risk, strategy discussion will be required prior to risk assessment).

Safety Plan developed and distributed. The Safety Plan should inform, and be informed by, the overall plan (CIN / CP / Care or Pathway Plan) for the young person / care leaver.

Align RMMs with statutory meetings where appropriate. Young people and parents / carers should always be invited to attend the second part of the meeting. Level of risk updated if required as part of the RMM.

RMM 12 weekly OR consider if Early Help appropriate. RMM 4 weekly until risk level moderate or below. RMM 4 weekly until risk level moderate or below.

Safety Plan reviewed and updated at every RMM. Every RMM should consider and record whether the level of risk has reduced, increased, or stayed the same. Safety Plans that are working effectively may not reduce vulnerability but should evidence reduced risk.

#### RISK REDUCED

RMM no longer required. Consider Early Help OR ensure the overall plan for the child includes how reduced risk will be sustained. RISK INCREASED (following significant incident or identified at RMM)

Consider whether strategy meeting required and / or increase frequency of RMMs.

## Appendix 4 Herefordshire Multi Agency Referral Form

## **Herefordshire Multi-Agency Referral Form (MARF)**

This form is to be used by all professional agencies referring a child/young person to Children's Wellbeing Services (Children's Social Care) for assessment as a child in need of:

 Support services looked after) Child protection; or

Accommodation (to become

It is your responsibility to provide as much information as possible and to inform the parent / carer of your referral unless in doing so you believe that the child / young people would be placed at risk of significant harm. To assist your decision in whether a referral to social care is the correct option for the child and for support in ensuring you submit a good quality referral you should refer to the following guidance when completing this form:

- HSCBs Standards & Guidance for Multi-Agency Referrals to Children's Social Care
- Herefordshire Levels of Need Threshold Guidance

If you are still unsure whether a referral is appropriate, please telephone the Multi-Agency Safeguarding Hub on **(01432) 260800**; MASH secure email: <a href="mailto:cypd@herefordshire.gcsx.gov.uk">cypd@herefordshire.gcsx.gov.uk</a> The out of hours Emergency Duty Team for MASH is (01905) 768020 (\*out of hours number for when MASH are unavailable).

If a referral is made by telephone / direct contact the MARF should be completed within **TWO** working days.

If you do not have any relevant information for specific section please state 'No Information Available' or 'Not Applicable'. Please **do not** leave any sections blank.

Guidance on how to submit this for securely is included within the Standards & Guidance Document above.

If an up-to-date <u>Early Help Assessment (EHA)</u> is available please attach and provide additional

information using this form.

If a Graded Care Profile 2 (GCP2) has been completed please attach it to this form. HSCB recommends a GCP2 is completed, by a licensed user, when there are concerns of child neglect and when an EHA is identified for Neglect.

If a Child Exploitation Screening Tool has been completed please attach it to this form.

If Domestic Abuse is a concern and you have completed a Domestic Abuse Assessment please submit it with this form.

If your agency has access to **Anycomms+** (a secure files transfer system hosted by Herefordshire Council) send the file to the service listed as: **Children's Safeguarding & Family Support** 

Please securely submit the completed MARF to cypd@herefordshire.gcsx.gov.uk

Informing the Family									
Have you informed the child / family that you are making this referral?								Yes □	N
								0	
If 'No' p	lease	e state wh	y not:		Do not	leave bla	ank		
							ignificant harm they have a		
							nt but it is good practice to s being made, UNLESS doir		
the chi	ld at	risk of sig	gnific	ant	harm or	may lea	ad to the loss of evidence.	<u> </u>	
		en informe	ed? If		Do not	leave bla	ank		
anyone informe		not been							
IIIIOIIIIE	u, wi	ly HOU:							
Details	of th	ne Childre	n		<u> </u>				
							erson being assessed. If unb aby of Ann Smith.	orn, state nam	ne as
Name:	Dab	y and mot	1101 3	Hall	ie e.g. ui	IDOITI DE	AKA/ Previous Names		
i tamo:							, and the residue Harries		
Male		Female		Un	known		Date of birth or Expected		
Addres	6.						Due date: School / nursery / college		
Addics	J.						attended:		
							Schools / colleges –		
							insert unique Pupil No. (UPN):		
							Health Professionals –		
							insert NHS No.		
							Religion:		
D10							Ethnicity:		
Post Contact							Childs first language:  Parents first language:		
phone		or					Farents mst language.		
Carer/									
Parent:									
Is an in	terpre	eter or sigi	ner re	equir	ed?			Yes □	No
		ild have a		ility	?			Yes □	No
If Yes,	pleas	e give det	ails:						

Family composition	n / significar	nt others (attach d	enogram if a	availahle)			
					vith the child and who		
do not live with the d							
relate to the child e.g							
Name:	Date of	Relationship to		ental	Address (if		
	Birth:	child:	Respo	nsibility	difference from		
			., –	T —	child above		
			Yes□	No□			
			Yes□	No□			
			Yes□	No□			
			Yes□	No□			
			Yes□	No□			
			Yes□	No□			
Referral Informatio							
Please refer to the							
completing this see	•	• •	-				
concern. Include yo		•	-		• •		
which that is based u	•		ked up by an	explanation	of the evidence		
	•	vidence of your cor	ocorne and h	ow and why	have the concerns		
arisen?	Juliuation / e	viderice or your cor	icems and m	JW and wily	nave the concerns		
	to be the ne	eds of the children?	And what a	opoar to bo	the peeds of the		
		on the children?	And what a	ppear to be	ine needs of the		
Child's developme		on the children?					
•		identity calf care a	رم امان ماند	coontotion	family & again		
This includes: health relationships, emotion		•	•		•		
Parenting ca		iourai developinent	a any specie	ii iieeus / uis	Sabilities.		
		ng safety emotional	l warmth stin	nulation qui	dance, boundaries &		
stability.	oaro, orioarii	ig daroty, diriotional	wannan, oan	iraiation, gar	danoo, bodindanoo d		
,	cial environ	ment factors					
This includes: comm			ntegration, in	come, empl	oyment, housing,		
wider family, history	& functioning	this includes adul	t factors that	may be imp	acting on parenting		
capacity & child deve	elopment, e.g	g., drug or alcohol n	nisuse, ment	al health pro	blems, domestic		
abuse, special need	•			•			
Which Level of Need				Level 3□	Level 4□		
Communicate your s	specific conce	erns as to how the	child's health	& developm	ent are being		
adversely affected b	•			•	•		
judgement, backed ι							
					•		
	What is the foundation / evidence for your concerns and how and why has the concern/s arisen? What appear to be the needs of the chid/ren? And what appear to be the needs of the family?						
Do not leave blank -			• •		•		

la au Faulu Halu Assassment in Blace (FHA)2		IN D
Is an Early Help Assessment in Place (EHA)?	Yes□	No□
Has an Early Help Assessment been offered?	Yes□	No□
Has an Early Help Assessment been offered but declined?	Yes□	No□
Are the parents / carers /family engaging in the Early Help Assessment?	Yes□	No□
Has the Early Help Assessment been effective, if not, why not?	Yes□	No□
If an Early Help Assessment has been put in place, but has not b		
Has a Graded Care Profile 2 been completed for the child/ren?	Yes□	No□
Are the parents / carers /family engaging in the GP2?	Yes□	No□
Has the GCP2 Graded Care Profile been effective, if not, why	Yes□	No□
not?		
Please explain why the GCP2 has not been effective?		
Has a Child Exploitation Screening Tool (CE) been	Yes□	No□
completed for the child/ren?		
Are the parents / carers /family engaging in the Child	Yes□	No□
Exploitation Screening Tool?		
Has the Child Exploitation Screening Tool been effective, if not,	Yes□	No□
why not?		
Please explain why the Child Exploitation Screening Tool has not	been effective	?
Han a Damastic Abuse Accessment in A DAOU DIO (	Tv. 🗖	
Has a Domestic Abuse Assessment i.e. A DASH RIC form/ a	Yes□	No□
MARAC Referral / A DA RIM been completed?	. 55	
<del>-</del>		No□
MARAC Referral / A DA RIM been completed?  If applicable: Please list the Domestic Abuse Assessment(s) that you have completed and attach it / them to this referral.		No□

Any other relevant information:									
Do not leave b	olank – state	e None if th	at is	the case	÷.				
Agency:		Contact N	lame:			Address:		Telephor Number:	
							<u> </u>	101110011	
						ntact the family?			
Do not leave b	olank – Stati	e ivone if th	at is	tne case	<del>)</del> .				
Name:						Contact phone no.			
Address:						Email Address:			
					-	Organisation:			
						Role:			
	L								
Date:			Sigi	ned:					
	•						_		
Is this confirma		Yes □		•		e and time of	Date:		
telephone referral? No □			telepho	ne i	referral:	Time:			
Other information attached:									
Examples: Completed Early Help Assessment. Completed Graded Care Profile 2, Genogram, Body map, School attendance record, Chronology etc.									
Please contact MASH after 24 hours if you have not heard outcome of referral.									
1 loude defination and a floure in you have not near a outcome of feleral.									

If you have completed the Multi-Agency Referral Form (MARF) electronically please email the form from a <a href="mailto:secure email address">secure email address</a> to <a href="mailto:cypd@herefordshire.gcsx.gov.uk">cypd@herefordshire.gcsx.gov.uk</a>. If you have handwritten the form, scan the form and send securely to the email above.

If your agency has access to **Anycomms+** (a secure files transfer system hosted by Herefordshire Council) send the file to the service listed as: **Children's Safeguarding & Family Support.** 

For further guidance please telephone MASH by calling 01432 260800. If you do not have access to a secure account, please see the guidance at the footer of this page.

Note\*The out of hours Emergency Duty Team for MASH is (01905) 768020 (\*when MASH are unavailable).

### **Prevent Referral Form**

#### **REFERRAL PROCESS**

Once you have completed this form, please email it to: prevent@warwickshireandwestmercia.pnn.police.uk

This form will then be assessed for CT concern as well as safeguarding concerns.

You will receive an automated message confirming receipt of your referral and where possible we can give you feedback on your referral however please be aware that this may not always be possible due to data protection and other case sensitivities.

If you have any questions whilst filling in the form, please call: Prevent Team on 01386 591835

#### INDIVIDUAL'S BIOGRAPHICAL & CONTACT DETAILS Forename(s): First Name(s) Surname: Last Name Date of Birth (DD/MM/YYYY): D.O.B. Approx. Age (if DoB unknown): Please Enter Gender: Please Describe Known Address(es): Identify which address is the Individual's current residence Nationality / Citizenship: Stated nationality / citizenship documentation (if any) **Immigration / Asylum Status:** Immigration status? Refugee status? Asylum claimant? Please describe. **Primary Language:** Does the Individual speak / understand English? What is the Individual's first language? Telephone Number(s) Contact Number(s):

DESCRIBE CONCERNS	In as much detail as possible, please describe the specific concern(s) relevant to Prevent.
-------------------	---

Family makeup? Who lives with the Individual? Anything relevant.

Please Describe

Email Address(es):

Any Other Family Details:

#### FOR EXAMPLE:

• How / why did the Individual come to your organisation's notice in this instance?

Email Address(es)

- Does it involve a specific event? What happened? Is it a combination of factors? Describe them.
- Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How?
- Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? How frequent is this contact?
- Is there something about the Individual's mobile phone, internet or social media use that is worrying to you? What exactly? How do you have access to this information?
- Has the Individual expressed a desire to cause physical harm, or threatened anyone with violence? Who? When? Can you remember what was said / expressed exactly?
- Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider any extremist
  ideology, group or cause, as well as support for "school-shooters" or public-massacres, or murders of public figures.
- Please describe any other concerns you may have that are not mentioned here.

( ( )IVIPLEX NIFEL)S	Is there anything in the Individual's life that you think might be affecting their wellbeing or that might be making them vulnerable in any sense?
Please Describe	

PERSON WHO FIRST IDENTIFIED THE CONCERNS		
Do they wish to remain anonymous?	Yes / No	
Forename:	Referrers First Name(s)	
Surname:	Referrers Last Name	
Professional Role & Organisation:	Referrers Role / Organisation	
Relationship to Individual:	Referrers Relationship To The Individual	
Contact Telephone Number:	Referrers Telephone Number	
Email Address:	Referrers Email Address	
PERSON MAKING THIS REFERRAL (if different from above)		
Forename:	Contact First Name(s)	
Surname:	Contact Last Name	
Professional Role & Organisation:	Contact Role & Organisation	
Relationship to Individual:	Contact Relationship to the Individual	
Contact Telephone Number:	Contact Telephone Number	
Email Address:	Contact Email Address	

RELEVANT DATES		
Date the concern first came to light:	When were the concerns first identified?	
Date referral made to Prevent:	Date this form was completed & sent off?	

### FOR EXAMPLE:

- Victim of crime, abuse or bullying.
- Work, financial or housing problems.
- Citizenship, asylum or immigration issues.
- · Personal problems, emotional difficulties, relationship problems, family issues, ongoing court proceedings.
- On probation; any erratic, violent, self-destructive or risky behaviours, or alcohol / drug misuse or dependency.
- Expressed feelings of injustice or grievance involving any racial, religious or political issue, or even conspiracy theories.
- Educational issues, developmental or behavioural difficulties, mental ill health (see **Safeguarding Considerations** below).
- Please describe any other need or potential vulnerability you think may be present but which is not mentioned here.

## OTHER INFORMATION

Please provide any further information you think may be relevant, e.g. social media details, military service number, other agencies or professionals working with the Individual, etc..

Please Describe

REFERRER'S ORGANISATIONAL PREVENT CONTACT (if different from above)		
Forename:	Referrers First Name(s)	
Surname:	Referrers Last Name	
Professional Role & Organisation:	Referrers Role / Organisation	
Relationship to Individual:	Referrers Relationship To The Individual	
Contact Telephone Number:	Referrers Telephone Number	
Email Address:	Referrers Email Address	

SAFEGUARDING CONSIDERATIONS	
Does the Individual have any stated or diagnosed disabilities, disorders or mental health issues?	Yes / No
Please describe, stating whether the concern has been diagnosed.	

Have you discussed this Individual with your organisations Safeguarding / Prevent lead?  Yes / No		
What was the result of the discussion?		
Have you informed the Individual that you are making this referral?	Yes / No	
What was the response?		
Have you taken any direct action with the Individual since receiving this information?	Yes / No	
What was the action & the result?		
Have you discussed your concerns around the Individual with any other agencies?  Yes / No		
What was the result of the discussion?		

INDIVIDUAL'S EMPLOYMENT / EDUCATION DETAILS		
Current Occupation & Employer: Current Occupation(s) & Employer(s)		
Previous Occupation(s) & Employer(s):	Previous Occupation(s) & Employer(s)	
Current School / College / University: Current Educational Establishment(s)		
Previous School / College / University: Previous Educational Establishment(s)		

#### THANK YOU

Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed. If there is no Prevent concern but other safeguarding issues are present, this information will be sent to the relevant team or agency to provide the correct support for the individual(s) concerned.

# Appendix: 6 Record of Session



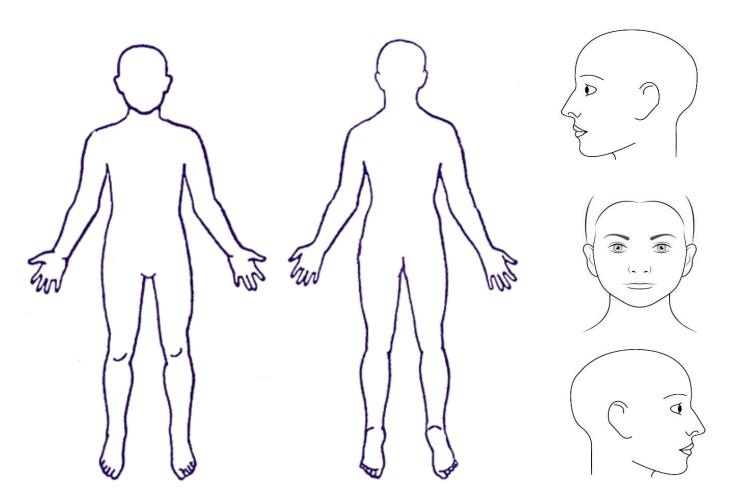
## **RECORD OF SESSION**

Name of Child:
Class of Child:
Date concern raised:
Date form completed:
WHO WAS PRESENT (ADULTS AND CHILDREN):
REASON FOR SESSION:
OUTLINE OF SESSION:
ACTIONS:
STAFF SIGNATURE:

**Body Map** 

Name of Child:	
Ivaille of Cillia.	

These diagrams are designed to record any observable bodily injuries that may appear on the person. Where bruises, burns, cuts or other injuries occur, **shade** and **label them** clearly on the diagram. Visible injuries apparent in the soft tissue parts of the body, including the neck, underarms, stomach, genitals and inner thighs are **unlikely** to manifest as a result of a fall or other accidents of this nature.



Please consider if the child needs to attend First Aid or further medical attention needs to be sought.

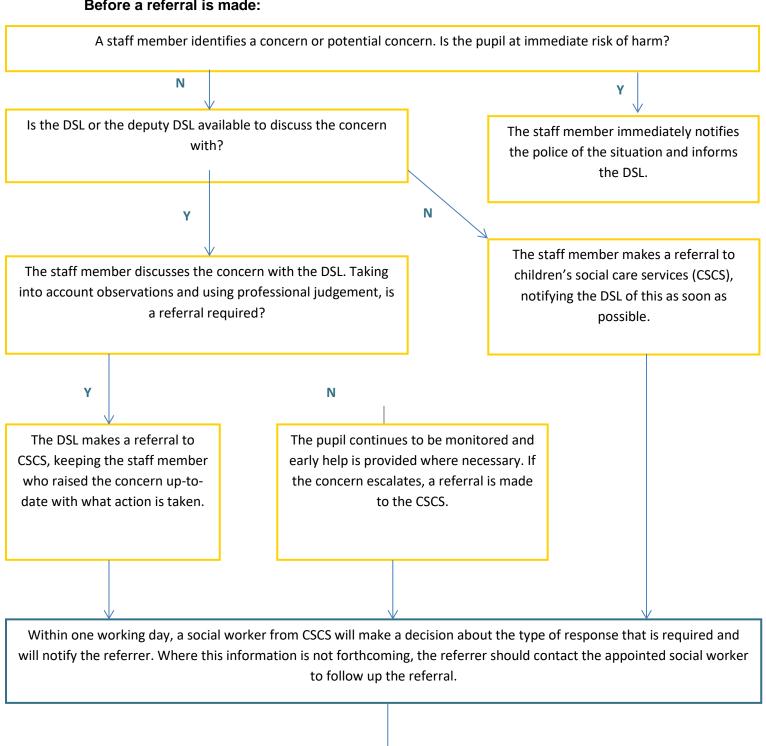
Date and Time:	
Person completing form:	
Signature:	

## **Safeguarding Reporting Process**

The process outlined within the first section should be followed where a staff member has a safeguarding concern about a child. Where a referral has been made, the process outlined in the 'After a referral is made' section should be followed.

The actions taken by the school are outlined in yellow, whereas actions taken by another agency are outlined in blue.

#### Before a referral is made:



After a referral is made: Once a referral has been made, a social worker from CSCS will notify the referrer that a decision has been made and one of the following responses will be actioned. The pupil is in need of Where the pupil is at risk of significant harm but is No formal assessment is not in immediate danger, a strategy discussion is immediate protection. needed. held. Where appropriate to do so, the DSL and staff member who raised the concern may be The DSL supports the initial staff member to consulted during these stages to ensure that all areas of concern are addressed. liaise with other agencies to arrange an early help assessment and appropriate A Child in Need assessment is completed within Appropriate emergency support. 45 working days. action is taken by the social worker, police or NSPCC. Within 15 working days of the strategy discussion, an initial child protection conference is held. A child protection plan is potentially required. The type of support needed is identified, arranged through multi-agency liaison and provided effectively. Staff keep the pupil's circumstances under review and re-refer if appropriate to ensure circumstances improve – the pupil's best interests always come first.

If the child's situation does not appear to be improving, the DSL should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.