

# CONCORD COLLEGE

## SAFEGUARDING AND CHILD PROTECTION POLICY

The College believes that it has a central role and responsibility in caring for the welfare of its students and in both preventing and protecting our students from abuse. Given that the majority of students at Concord are full-time boarders from overseas, most Concord students can be deemed “vulnerable” to possible abuse due to living and working away from their previous support networks of families and friends. For this reason, all adults working at Concord College should be particularly conscious of the importance of maintaining caring, but professional relationships with students. All members of the College community should seek to: listen to others’ views; respect their views and differences; be open about their feelings; share their concerns promptly; behave appropriately at all times. (For more information, see the “Staff Code of Conduct Policy” in the Staff Handbook - document 6.19)

In addition, given the age range of Concord’s students and its co-educational and diverse student body, there is also the potential for students to experience peer-on-peer abuse (or bullying, cyberbullying, gender based violence, sexual assaults, sexting) at the hands of their peers. For these reasons, particular vigilance is needed by all adults who work at Concord College should be prepared to deter, detect, share information about and act upon any concerns about possible abuse in a timely manner. Emotional reactions should not be ignored. Incidents and concerns should not be dismissed as “banter” or “a normal part of growing up”. Worries about students should be acted upon and raised as “initial concerns” which require early help from internal and/or external agencies. (-See below for procedures.) The safeguarding of students and all members of the College community should be a priority for and the responsibility of every member of staff whenever and wherever they are covered by the College’s duty of care (-including when they are on a school trip or visit). In addition, every member of staff should be aware of the possible safeguarding issues presented by drug taking, alcohol abuse, truanting, sexting.

There is a need to investigate whenever a student shows signs of abuse, or when there is suspicion of the actions that have been taken by another student or member of staff. It recognises its statutory duties to pass on these concerns and to work with other agencies in the field of Safeguarding Children. Furthermore, the College strives to meet the Five Outcomes of the government publication, “Every Child Matters” in helping its students to achieve their full potential in terms of: Staying Safe; Being Healthy; Enjoying & Achieving; Making a Positive Contribution; Achieving Economic Wellbeing. This policy is compliant with the statutory guidance contained in: “Working together to Safeguard Children 2015” & “Keeping Children Safe in Education - (or KCSIE - updated 5<sup>th</sup> Sept 2016)”.

Under this policy the College will: operate safe recruitment procedures; require the DSL (“Designated Safeguarding Lead”) to receive training in child protection and inter-agency working, which shall be updated every two years; require the Principal and all staff to receive training in child protection, which shall be updated regularly (& at least annually); and require that any deficiencies or weaknesses in child protection arrangements be remedied without delay.

One member of the Board of Trustees has responsibility for Child Protection and the Board of Trustees receives an annual report on Child Protection from the Designated Safeguarding Lead (DSL). Mr David Peck, in his capacity as the Chairman of the Trustees’ Welfare Committee & can be contacted via the following e-mail address: [DPeck@concordcollege.org.uk](mailto:DPeck@concordcollege.org.uk).

The Prevent Strategy, Counter-Terrorism & Security Act (2015) - Duty to Protect children from extremism and radicalisation:

Our College promotes tolerance and harmony between different cultural traditions; we teach a broad and balanced curriculum which promotes the spiritual, moral and cultural development of students and prepares them for the opportunities, responsibilities and experiences of life.

Concord recognises its duty to promote fundamental British values and protect all members of its community from extremism and being drawn into both violent and non-violent forms of terrorism. The College aims to provide a safe place in which young people can understand and discuss sensitive topics, including terrorism and extremist ideas that are a part of terrorist ideology. The College has filters in place to ensure that students are safe from terrorist and extremist material on the internet as well as educating its students about internet safety. (Education about internet safety is delivered via the College's PSHE programme as well as assemblies using "TUC" training materials.)

All staff should be aware of their statutory duty as set out in "Prevent duty guidance" to:

- "Identify children at risk of being drawn into terrorism." Staff should be alert for changes in behaviour which might be different from other signs and symptoms of abuse. They should also be aware that some children might seek to hide their views.
- "Intervene appropriately when children are at risk of being radicalised." (Radicalisation is defined as, "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups".) Suitable intervention could involve discussing appropriate advice and means of support with the Designated Safeguarding Lead (DSL) and/or making a referral to the "Channel" programme which aims to provide support for young people identified as being vulnerable of being drawn into terrorism.
- "Ensure that any visiting speakers - whether invited by staff or by children themselves - are suitable and appropriately supervised."

For further details, please refer to the separate "Preventing Extremism & Radicalisation Policy" (Staff handbook doc.11.19.1)

#### Prevention of Honour Based Violence (HBV) including the prevention of Female Genital Mutilation (FGM) & duty to report acts of FGM on children to the Police

In Annex A of KCSIE (Sept 2016) so-called Honour Based Violence (or HBV) is defined as encompassing, "crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of motivation) and should be handled and escalated as such. If in any doubt staff should speak to the designated safeguarding lead."

Prevention of FGM: If staff have concerns that there is a risk of, or the potential for, a future act of FGM taking place on a girl under the age of 18, then a safeguarding referral should be made to the Designated Safeguarding Lead (DSL) and/or children's social services.

Reporting of acts of FGM: From October 2015, there is a statutory duty placed upon all teachers, along with social workers and healthcare professionals, to report to the police where they discover that an act of FGM appears to have been carried out on a girl under 18 (- as set out in Section 5B of the FGM Act 2003 and by section 74 of the Serious Crime Act 2015, KCSIE 2016 p.12). Unless there is a good reason not to, teachers should discuss such cases with the Designated Safeguarding Lead (DSL) and children's social care should also be involved via the FPOC external telephone no. 0345 678 9021.

For signs/ indicators of FGM please see Appendix 3.

#### Child Sexual Exploitation (CSE)

The College recognises its responsibility to safeguard all members of its community from: sexual exploitation. Sexual exploitation can range from seemingly "consensual" relationships where sex is exchanged for affection or gifts to serious organised crime by gangs or groups. Exploitation is marked out by an imbalance of power in the relationship and can include degrees of coercion, intimidation or enticement, including pressure from peers to have sex, sexual bullying including cyberbullying and grooming. (- See also Staff Handbook docs 11.20 & 11.22 on Sexual Relationships.)

For signs/ indicators of CSE & SSCB's Risk Identification & Referral Forms, please see Appendix 4.

**CONCORD COLLEGE'S CHILD PROTECTION PROCEDURES for:**

- a) protecting students from abuse, dealing with allegations of abuse & raising concerns. (-See Appendix 1 for Definitions of the different kinds of abuse and Appendix 2 for a list of Signs & Symptoms of Abuse.)
- b) dealing with students who go missing or absent without leave.
- c) arranging exeats.
- d) arranging holiday absences from College.

a) **Protecting students from abuse, dealing with allegations of abuse & raising concerns:**

Introduction:

- The procedures below relate to the care of all students who are under 18 years of age. However, the College also recognises that it has a "duty of care" to all of its students (& including those who are 18 and above). Some students at Concord aged 18 or over could still be referred to Adult Social Services due to being "vulnerable".
- If anyone is worried about the welfare of a child, or young person then a report of an "an initial concern" should be passed to the DSL as soon as possible and act in the best interests of the child.
- If at any time there is a risk of immediate serious harm to a child, a referral should be made to the FPOC immediately.
- Many welfare needs of students can be met by the pastoral structures within the College in terms of its listeners & medical staff. However, some students' problems are more complex & serious and can originate beyond the limits of the College.
- Whenever there is any doubt, the FPOC (or First Point of Contact Team) is to be contacted on external telephone number 0345 678 9021. Via the FPOC, a wide range of professional services provided by Shropshire's "Compass" organisation can be accessed. If an "initial concern" is investigated and then progressed it can become a "referral" for either an investigation under Section 17 of the Children's Act 1989 to determine that a child is "in need" of early help, or an investigation under Section 47 of the Children's Act 1989 if it is thought that a child might be "at risk of significant harm".
- In general, it is best to consult with the parents of children before raising initial concerns with the FPOC unless: a child is believed to be at risk of significant harm; the information could be used to prevent or solve a crime.

Procedure to be followed:

1. The welfare of the child is the paramount consideration. Does the child require immediate removal to a "place of safety", or does the child require urgent medical attention?

2. **EMERGENCY CONTACT DETAILS:**

*The Police must be informed if a Child Protection allegation involves a case of serious harm, or if there is a suspicion that a crime has been committed. (Dial (9) 999 or contact the Public Protection Unit of the West Mercia Police on 0300 333 3000)*

All "initial concerns" relating to student welfare and possible Safeguarding/ Child Protection/ Extremism or Radicalisation concerns are to be reported to the:

<b>Designated Safeguarding Lead</b> (or DSL)	<b>Jeremy Kerlake</b> Vice-Principal (Pastoral) & Designated Safeguarding Lead (DSL)	Internal 'phone numbers: Office = 227 Home = 128 (The Lodge) Or via e-mail: <a href="mailto:jeremy.kerlake@concordcollege.org.uk">jeremy.kerlake@concordcollege.org.uk</a>
---	---	--

In his absence, concerns should be related to the:

<b>Deputy Designated Safeguarding Lead</b> (or Deputy DSL)	<b>Vanessa Hawkins</b> Head of Girls	Internal 'phone numbers: Office = 132 Home = 601
---	---	--

During Summer Courses, concerns should be reported to the:

The Summer Course Designated Safeguarding Lead	<a href="mailto:SummerDSL@concordcollege.org.uk">SummerDSL@concordcollege.org.uk</a>
--	--

**Note:** An exception is when an allegation is made against a member of staff. Such allegations against a member (or members) of staff are to be reported to the:

The Principal	Neil Hawkins	Internal 'phone numbers: Office = 123 (Principal's PA) Home = 601
---------------	--------------	---

### *Whistle Blowing*

Anyone has the option of directly contacting external agencies themselves and "blowing the whistle" but, where possible, a conversation should normally take place with the DSL first. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to Social Services via the contact 'phone numbers show in the table below. Anybody can make such a referral directly to children's social care. The DSL should normally be informed as soon as possible after a referral is made.

Contact numbers for the police are given above and for Social Services, the DO & Chairman of the Trustees in the tables below. (Further information can be found in the separate Staff Handbook policy on Whistle Blowing - document 6.23)

Any concerns reported to the College's "Designated Persons" need in addition to be reported to:

Social Services (-see point 6.i. below)	The First Point of Contact Team (or FPOC)	External tel. no. 0345 678 9021 (weekdays)
	Emergency Social Work Duty Team (after office hours & at weekends)	External tel. no. 08456 789040 (after office hours & at weekends)

### *Allegations against staff*

All allegations against adults who work with children or young people which meet the 3 criteria set out below should be reported to the DO or Designated Officer (-formerly known as the LADO or Local Authority Designated Officer).

The DO (or Designated Officer)	Ellie Jones	Via the First Point of Contact Team (or FPOC) on 0345 678 9021 or via her e-mail address: <a href="mailto:Ellie.Jones@shropshire.gov.uk">Ellie.Jones@shropshire.gov.uk</a>
--------------------------------	-------------	---

Members of staff likely to receive allegations against members of staff are: the Principal, the Chairman of the Board of Trustees, the DSL or Designated Safeguarding Lead (DSL). They must contact the DO immediately. If the Principal or Safeguards Manager are both unavailable to receive allegations from members of staff, then the member of staff receiving the allegation should contact the DO themselves. Any allegation should be shared with the Principal unless it is against the Principal (-see below for contact details of the Chairman of the Trustees in such cases).

**Note:** If the incident involves an allegation against the Principal (or a member of the Board of Trustees), the Chairman of the Board of Trustees needs to be informed.

The Chairman of the Board of Trustees	Dr Iain Bride	Via his e-mail address: <a href="mailto:imbride@concordcollege.org.uk">imbride@concordcollege.org.uk</a>
---------------------------------------	---------------	---

The 3 criteria for such allegations to be reported to the DO are as follows:

- i) Behaved in a way that has harmed a child or may have harmed a child; or
- ii) Possibly committed a criminal offence against, or related to, a child; or
- iii) Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

***Reporting to other agencies:***

In order for the College to meet its statutory obligations in dealing with Child Protection issues in cases of serious allegations against teachers and/or head teachers, referrals/reports will be sent to the following:

- the DBS (or Disclosure & Barring Service) - in cases where the school dispenses with a person's services because of unsuitability to work with children, or would have done so had the person not resigned.
- the NCTL (National College for Teaching & Leadership) - in cases where a teacher has been dismissed (or would have been dismissed had he or she not resigned) and a prohibition order may be appropriate, because of "unacceptable professional conduct", "conduct that may bring the profession into disrepute", or a "conviction at any time for a relevant offence".

***Internal Reporting Procedures:***

Any "initial concerns", allegations or disclosures of abuse should be reported to the DSL or his Deputy - with the exceptions of: allegations against staff/ volunteers which should be reported to the Principal; allegations against the Principal which should be reported to the Chairman of the Trustees directly & without informing the Principal.

If the DSL receives any allegations relating to staff/ volunteers, the Principal will be informed.

2. A written statement is to be completed by the person raising the concern, or receiving a disclosure/ allegation from a student, and a written record is to be kept by the "Designated Person" dealing with the matter.
3. On the information received, the following options are to be considered:
  - i) The College's Designated Safeguarding Lead (or DSL), or any other person wishing to report a concern should make contact with *The First Point of Contact Team* (or FPOC) on 0345 678 9021 (& the Police should also be called if an incident involves serious harm on 0300 333 3000).

After hours and at weekends the *Emergency Social Work Duty Team* on 08456 789040 (you could try the number above as opening times vary).

- ii) If staff are unable to contact any of the above, then the organisations/individuals listed below should be approached.
  - Shropshire's Safeguarding Children Board on 0345 678 9008
  - *The NSPCC on (0808) 800 5000*
  - *Childline on 0800 1111*
- iii) An investigation will be carried out as necessary by the relevant individuals and organisations concerned. All relevant agencies will be kept informed and regularly up-dated. An open and honest culture is necessary to ensure the paramount need for the protection of the student is met.
- iv) If an allegation is made against a member of residential staff, the College will make arrangements for the member of staff to be accommodated off campus until matters are resolved.

## POINTS TO NOTE:

- Safe recruitment and induction procedures are followed at Concord College (including DBS checks - formerly known as CRB or criminal background checks) and appropriate training is given to staff involved in staff recruitment. For more details please refer to the College's "Recruitment & Selection Policy" (Staff Handbook doc. 6.14).
- Induction - All College staff (including the Principal as well as all temporary staff and volunteers) receive information about safeguarding and child protection as part of their induction. All staff are required to have read: this Safeguarding & Child Protection Policy; part 1 of "Keeping Children Safe in Education (or KCSIE - updated 5<sup>th</sup> Sept 2016)" & incl. Annex A and the "Staff Code of Conduct" document contained in the Staff Handbook (document 6.19). Training sessions will be conducted annually for all new College staff. All staff are required know the identity & function of the DSL & his Deputy.
- Training - All College staff (including temporary staff and volunteers) receive refresher safeguarding training regularly. All staff should watch for signs of abuse and know how to raise concerns by familiarising themselves with the procedures outlined above.
- For more detailed information about Safeguarding Procedures in Shropshire, visit following website: <http://www.safeguardingshropshireschildren.org.uk/>
- All Staff should be familiar with the TWO College systems available for passing on and recording Child Protection concerns as follows:

"Expression of Concern about a Student's Welfare" (Staff Handbook doc. 11.17a) for raising "initial concerns" and passing on mild, vague, unspecific concerns/ worries or observations.

Expressions of concern should be shared as soon as possible and will often be received orally or in e-mail format by the DSL and this is perfectly acceptable.

"Incident Report Form - Child Protection" (Staff Handbook doc. 11.17b) for recording signs of abuse, disclosures of abuse and/or suspicion of actions taken by another student or member of staff. Such forms are likely to be made where there is a suspicion that the threshold for a "referral" to FPOC is needed and where the threshold of "the risk of significant harm to a child" is likely to have been met.

The DSL needs to be informed immediately of any Child Protection concerns where a child is at risk of significant harm.

- Boarding parents need: (1) knowledge and training in recognising abuse and the College undertakes to provide suitable training for them (2) to be vigilant for signs of abuse (particularly after weekends, exeats and holidays) (3) to be particularly familiar with the procedures for reporting concerns as outlined in this document.
- The College Nurses should be sought in the first instance if any physical injuries are involved. These should be recorded on a body chart.
- Students should know: the identity of the College's "Designated Safeguarding Lead" and feel able to approach the DSL or his Deputy directly with their concerns; they are able to approach any other member of the Staff with their concerns. In order to achieve this, students should be informed of the identities and responsibilities of the relevant "Designated Person" as part of their induction. They should also be informed about the existence of the College's "Independent Listener" (Mr John Long, 'The Firlle', Acton Burnell, tel. no. 01694 731517 or 07762 182670) who will be kept informed about our procedures for dealing with the protection of students from abuse and hold a copy of this document. Teaching students about staying safe online and when "out and about" forms a part of the College's PSHE programme and is a focus of a number of assemblies each year.

- Staff receiving disclosures from students should: respond sensitively; not promise to keep what is said confidential - since there is a legal duty to share concerns and make referrals about child protection matters; not ask leading questions - since there could be a Police investigation as a result of a student disclosure.
- The DSL and/or his Deputy will: make prompt contact with external agencies where there is an initial concern that a child is in need of help or might be at risk of significant harm; liaise with external agencies (such as the DO, or the Police) in relation to allegations made; maintain links with local Children's Social Care Services and the SSCB; keep staff informed and aware of child protection issues and concerns.

**b) Dealing with students who go missing or absent without leave**

**A child going missing from education is a potential indicator of abuse and neglect.** The College has a duty to inform Shropshire Council of any pupil who is deleted from the admissions register. See Appendix 5 for the

**Absence from morning registration** - Academic tutors should record any absences on SIMS using the appropriate N code if no good reason for a student's absence is known. Monday to Friday, the Nurse on duty in conjunction with Jeremy Kerlake, Vanessa Hawkins & the Pastoral Assistants will visit missing boarders' rooms, investigate any absences, update SIMS accordingly (with changed codes and additional red flag information). Internal e-mails will be used to share information with relevant staff (such as Boarding Parents & Academic/ Registration Tutors, Members of the PTM & SMT.) Parents of absent day students should be contacted by mobile 'phone, home 'phone and/or e-mail to check on the health and whereabouts of day students. At weekends, students missing the first registration of the day should be followed up by weekend duty staff (-as per the procedures for Mon-Fri absences above).

**Absence from lessons** - Teachers are to consider the presence of previous codes & patterns on Live Register (and/or SIMS) earlier in the day. These might provide the reason for a student's absence - along with red flag comments. The possibility of unreported illness should be considered and "medical" and "reception" groups should be e-mailed as a matter of urgency to make certain of the wellbeing & whereabouts of the missing student.

**Unauthorised absence from prep.** - Duty Teachers should follow the separate procedures as outlined in the separate Prep Duty Checklist (2.2 in the Staff Handbook).

**Unauthorised absence at bedtime** - Boarding Parents should check with a student's close friends in order to ascertain a reason for absence, then:

For Lower School students - inform Rachel Coward immediately

For A Level students - use discretion whether to inform Jeremy Kerlake, Neil or Vanessa Hawkins immediately or wait until next morning

**Overnight absence** - If a student cannot be located quickly, then Jeremy Kerlake and Neil Hawkins will undertake a risk assessment and this might well result in them:

- notifying parents
- informing local Police and Social Services as necessary

**c) Arranging exeats**

Boarding Parents should consider the age of the student when approving exeats as follows:

*The College's concern for the welfare of its students and duty of care means that the permission of parents/ guardian is essential for each specific occasion when a student is to leave the campus overnight. It is important that the College knows as much as possible about where they are going/ what they are doing/ who they are staying with.*

*This information should be contained in the e-mail/ letter/fax giving parental permission and also obtained from the student concerned and written down.*

Exeats should be limited to 2 or 3 per term under the College rules.

Exeat forms require the student to undertake some careful planning prior to their trip and to discuss the potential risks involved with the member of staff giving permission. If the student does not return from the overnight absence at the expected time, this written record could have very real practical and legal implications for finding the student and confirming that the College has taken "the actions of responsible parents".

#### d) Arranging holiday absences from College

House Tutors should consider the age of the student when collecting holiday slips and also when considering end-of-year arrangements for departure. Please see the procedures for arranging exeats.

Holiday slips should provide full and detailed information for students Under 16.

#### Auditing

Concord College complies with SSCB (Shropshire Safeguarding Children's Board) audit requirements and completes returns when required in order to ensure best practice as well as to comply with requirements.

#### Updating this policy

All staff should discuss promptly with the College's DSL or DDSL any concerns about this policy, its effective implementation, poor/unsafe practice & potential failures in the College's safeguarding regime. This policy is a "living document" which responds to and reflects the changing welfare needs of students.

#### Reviewing & Updating this policy

This policy, the above procedures and the efficient discharge of related duties will be reviewed annually by the Board of Trustees.

Mr J.B. Kerslake

Vice-Principal (Pastoral) & *Designated Safeguarding Lead (DSL)*

Last Updated by JBK September 2016

Reviewed by Board of Trustees on Dec 2015

The policy is next due for review on 01/09/2017

## Appendix 1 - Definitions of Different Types Of Abuse

(The following is an extract from part one of "Keeping Children Safe in Education - (or KCSIE - updated 5<sup>th</sup> Sept 2016)").

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

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

37. **Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

38. **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

39. **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

## Appendix 2 - A List of Possible Signs & Symptoms of Abuse

### Possible signs of abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered. Any change in behaviour which does not "feel right" for the child giving cause for concern could be an indicator of abuse.

#### Signs of possible physical abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Injuries which have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Bruises, bites, burns and fractures, for example, which do not have an accidental explanation
- The child gives inconsistent accounts for the cause of injuries
- Frozen watchfulness

#### Signs of possible sexual abuse

- Any allegations made by a child concerning sexual abuse
- The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age
- Sexual activity through words, play or drawing
- Repeated urinary infections or unexplained stomach pains
- The child is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations
- Eating disorders such as anorexia or bulimia.

#### Signs of possible emotional abuse

- Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy
- Obsessions or phobias
- Sudden underachievement or lack of concentration
- Seeking adult attention and not mixing well with other children
- Sleep or speech disorders
- Negative statements about self
- Highly aggressive or cruel to others
- Extreme shyness or passivity
- Running away, stealing and lying

#### Signs of possible neglect

- Dirty skin, body smells, unwashed, uncombed hair and untreated lice
- Clothing that is dirty, too big or small, or inappropriate for weather conditions
- Frequently left unsupervised or alone
- Frequent diarrhoea
- Frequent tiredness
- Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
- Frequently hungry
- Overeating junk food

## **Appendix 3 – Signs/ Indicators of FGM**

There are a number of indications that FGM **may be about to take place soon**:

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that **FGM happens to British girls in the UK as well as overseas** (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is **imminent**:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.5 for the nationalities that traditionally practise FGM).
- Parents seeking to withdraw their children from learning about FGM.

There are a number of indications that a girl or woman **has already been subjected** to FGM:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

## Appendix 4 - Signs/ Indicators of CSE -incl. SSCB's Risk Identification & Referral Forms

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

### SSCB's (Shropshire Safeguarding Children's Board) CSE Risk Assessment Form

This risk identification form should be completed by practitioners who suspect that a child/young person is at risk of sexual exploitation. For each risk indicator use your professional judgement and score '0' for 'No/Don't know', score '1' for low risk/low prevalence of indicator, score '2' for medium risk/medium prevalence of indicator and score '3' for high risk/high prevalence of indicator, in the context of possible child sexual exploitation. Once completed if the presenting level of risk meets the threshold for referral then this checklist should be submitted with the CSE Referral Form (Appendix 2).

**Level of Risk: (Low/Medium/High)**

**Date:**

Child's Name:	DOB:			
Child In Need:	Child Protection Plan:			
Full Care Order:	Voluntary placement:			
Child's Address:				
Parent's Address:				
<b>Grooming</b>	<b>No/Don't know (0)</b>	<b>Low (1)</b>	<b>Med (2)</b>	<b>High (3)</b>
Involvement with older men/women				
Required Evidence:				
Taken to unknown addresses				
Required Evidence:				
Use of internet/chat rooms				
Required Evidence:				
New Phone/ Increased use/concern about credit				
Required Evidence:				

Being given drugs/alcohol				
Required Evidence:				
Offer of or given gifts/lifts				
Required Evidence:				
Secretive about lifestyle or who they are meeting				
Required Evidence:				
New circle of friends				
Required Evidence:				
Domestically (UK)/Internationally Trafficked (Abroad)				
Required evidence:				
<b>Risk Taking</b>	<b>No/Don't know (0)</b>	<b>Low (1)</b>	<b>Med (2)</b>	<b>High (3)</b>
Multiple sexual partners				
Required Evidence:				
Unsafe sexual acts/Not using contraception				
Required Evidence:				
Going in cars with unknown people				
Required Evidence:				
Association with known abusers/adults we have concern about				
Required Evidence:				
Association with other vulnerable young people				
Required Evidence:				
Exchanging sex for drugs/alcohol/shelter etc.				
Required Evidence:				
Hanging around known hotspots (give details of hotspots below, if known)				
Required Evidence:				
Going out alone to meet people				
Required evidence:				
<b>Emotional Wellbeing</b>	<b>No/Don't know (0)</b>	<b>Low (1)</b>	<b>Med (2)</b>	<b>High (3)</b>
Eating Disorders				
Required Evidence:				

Self Harm i.e. cuts				
Required Evidence:				
History of abuse/rape/assault				
Required Evidence:				
Low self esteem				
Required Evidence:				
Drug/Alcohol Misuse				
Required Evidence:				
Challenging behaviour				
Required Evidence:				
Issues with boy/girlfriend				
Required Evidence:				
Isolation from peer group				
Required Evidence:				
Unexplained changes in behaviour				
Required Evidence:				
<b>Mental Wellbeing</b>	<b>No/Don't know (0)</b>	<b>Low (1)</b>	<b>Med (2)</b>	<b>High (3)</b>
Difficulty with identifying fact/fantasy				
Required Evidence:				
Making stories up				
Required Evidence:				
Learning difficulties				
Required Evidence:				
Attachment issues				
Required Evidence:				
Sexually harmful behaviour				
Required Evidence:				
Disassociation				
Required evidence:				
<b>Family/Home life</b>	<b>No/Don't know (0)</b>	<b>Low (1)</b>	<b>Med (2)</b>	<b>High (3)</b>

Running away / Wandering off				
Required Evidence:				
Looked After Child				
Required Evidence:				
Domestic Violence				
Required Evidence:				
Poor relationship with parents/carers				
Required Evidence:				
Living with an inappropriate adult				
Required Evidence:				
Family history of sexual exploitation/prostitution				
Required Evidence:				
Taking other young people out to meet other men/women				
Required Evidence:				
Living in a high risk area				
Required Evidence:				
Absence from education				
Required Evidence:				
Not in education, employment or training				
Required Evidence:				
Part time timetable/increased free time				
Required Evidence:				
Parents not trying to protect the young person				
Required evidence:				

**Does their environment affect their behaviour? YES / NO**

**In your professional opinion does he/she need multi-agency intervention? YES / NO**

**Please list any other agencies that are working with the child/young person:**

**Are the parents/carers in support of this referral? YES / NO**  
**If 'NO' please state reasons why:**

Is the young person aware that concerns and the information provided will be shared at a Multi-Agency meeting?

YES / NO

If 'NO' please state the reason why you have decided that it would not be in the young person's best interests to make them aware of the need to share this information:

Please note anything further that may affect their level of risk:

<b>Risk Level of CSE:</b> (total score).....	
<b>Completed by:</b> .....	<b>Date:</b> .....
<b>Position:</b> .....	<b>Agency:</b> .....
<b>Email:</b> .....	<b>Telephone:</b> .....
<b>Agency address:</b> .....	
<b>Action Taken:</b> (see guidance below).....	
<b>Have you attended any Child Sexual Exploitation training?</b>	<b>Yes/No</b>
<b>Signature of Child Protection Lead Officer:</b> .....	
<b>Print name:</b> .....	<b>Date:</b> .....

### What to do next:

#### **If the total score is between 66 and 129 = High Risk (Red)**

Make a referral to the Initial Contact Team using the CSE Referral Form (Appendix 2) and also send a copy of this Risk Identification Form (Appendix 1) with your referral. A copy of the Risk Identification Form should also be sent to the CSE Panel Meeting Chair (details below).

#### **If the total score is between 16 and 65 = Medium Risk (Amber)**

Make a referral to the Initial Contact Team using the CSE Referral Form (Appendix 2) and also send a copy of this Risk Identification Form (Appendix 1) with your referral. A copy of the Risk Identification Form should also be sent to the CSE Panel Meeting Chair (details below).

#### **If the total score is 15 or below = Low Risk (Green)**

The child is presenting as at a low risk of being sexually exploited, however they may still remain vulnerable. The agency completing the risk identification form should monitor the situation and complete the risk identification form on a monthly basis or following a significant incident. A copy of the Risk Identification Form should be sent to the CSE Panel Meeting Chair (details below).

**The above levels of risk are intended as a guideline only. Having completed this form if your professional judgement leads you to believe that there is a need to make a referral then please contact the Initial Contact Team for advice.**

**Please note:** A copy of **ALL** Risk Identification Forms (Appendix 1) should be sent to the CSE Panel Meeting Chair so that strategic monitoring of cases can take place and Initial Contact Team. Please send to:

CSE Panel Meeting Chair,  
Children's Placement Service,  
Shropshire Council,  
Mount McKinley,  
Shrewsbury Business Park,  
Shrewsbury.  
SY2 6FG

Fax: 01743 250101

Email: [CPS.admin@shropshire.gov.uk](mailto:CPS.admin@shropshire.gov.uk)

***Please note this group will not refer or monitor individual cases based on this form being sent in. It is your responsibility to make an appropriate referral based on the guidance above.***

The **CSE Panel Meetings** usually take place in the **afternoon on the first Thursday of the month at a venue in Shrewsbury**. As a referrer you will be invited to this meeting and given a time slot where the case will be discussed. Therefore, in the meantime, please ensure your availability for the next of these meetings.

## SSCB's (Shropshire Safeguarding Children's Board) CSE Risk Referral Form

Please send completed referral to: [initialcontact@shropshire.gov.uk](mailto:initialcontact@shropshire.gov.uk)

Fax: 01743 250060

<b>Date of referral:</b>	
<b>Name of Young Person:</b>	
<b>Gender:</b>	<b>Date of Birth:</b>
<b>Age</b>	<b>Ethnicity:</b>
<b>Address:</b>	
<b>Post Code:</b>	
<b>Contact Telephone No:</b>	
<b>Next of Kin:</b>	
<b>Name of person living with:</b>	
<b>Any dependants?</b>	
<b>Known to Children's Social Care?</b>	
<b>Social Worker:</b>	
<b>Other Agencies?</b>	
<b>School</b>	
<b>Are parents/carers aware of referral?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Does young person have full awareness Of referral?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Does young person consent to referral?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Details of referral:</b>	

**Which, if any of the following risk factors feature in this referral?**

1. Significantly older boyfriend/girlfriend
2. Persistent absconding/not so much recently.
3. Absence from education
-

- 4. Unexplained gifts
- 5. Offending behaviour
- 6. Self harm
- 7. Phone/text contact with older males/females
- 8. Behaviour change
- 9. Substance misuse
- 10. Frequenting localities known for S.E.
- 11. S.T.I's / Teenage pregnancy
- 12. Previous abuse
- 13. Any other .....

**Risk of Harm Assessment**

Do you have any concerns that the young person may present a risk to staff or other young people?

Behaviour	Score 0 (No) & 1 (Yes)
Impulsive aggressive behaviour	
Destruction of property/criminal damage	
Verbal abusive towards staff or Y.P.	
Physically abusive towards staff or Y.P.	
Threatening Violent behaviour	
Any criminal convictions for violence	
Sexually inappropriate behaviour towards Y.P.	
Sexually inappropriate behaviour towards staff	
Attempts to manipulate/control others	
Knowledge of sexually harmful peer group	
Lack of remorse/empathy	
Thinks certain behaviours are acceptable	
Do the parents present any risks to staff	
Comments:	

**Risk of Harm Level:** (total score).....

<p><b>Referrer Details</b></p> <p>Name:.....</p> <p>Position: .....</p> <p>Address: .....</p> <p>Telephone: ..... Mobile: .....</p>
---

**FOR OFFICE USE ONLY**

Referral allocated: Yes <input type="checkbox"/>	Date allocated: .....
Name of allocated worker: ... ..	

Referral allocated:	No	<input type="checkbox"/>	More information required:	<input type="checkbox"/>
Waiting list:		<input type="checkbox"/>	Other:	<input type="checkbox"/>
Comments:				
Manager's signature .....				
Date: .....				

**Appendix 5 - Removal of school age pupil from roll**

**Education Access Service - Shropshire Council**

Please complete this form when a school age pupil is to be removed from the register

PUPIL DETAILS			
Name of pupil		Current address	
Date of birth		Town	
UPN		Postcode	
Reason for leaving		Date of leaving	

CONTACT DETAILS
-----------------

Parent/Carer name		Parent/Carer name	
Home telephone no		Home telephone no	
Mobile no		Mobile no	
Emergency contact		Emergency Tel	

NEW DESTINATION DETAILS			
New home address		New school	
Town		Address	

SIMS PROCEDURES (to be completed)				
Given leaving date		Created CTF		Uploaded CTF on s2s

**Where the destination of the pupil is unknown, please complete the sections below and forward to:**

Education Access Service, The Shirehall, Abbey Foregate, Shrewsbury, Shropshire  
 SY2 6ND  
 Tel: 01743 254397 Fax: 01743 252031

	Task	Date undertaken	Comments
1	Contact made with parent/carer		
2	Contact made with extended family/friends		
3	Contact social care/police (CP issues)		
4	Informed Education Welfare Officer		
5	Date of last attendance at school		
6	Given leaving date in SIMS .net		
7	Created CTF to unknown destination (xxxxxxx)		
8	Uploaded CTF onto s2s		

Any additional information:

SCHOOL DETAILS					
School Name		DCSF no		Tel no	
Signed by		Position		Date	