

# Christ the King RC Primary School

A Member of Plymouth CAST



## Safeguarding Policy Statement

This policy was reviewed in the Autumn Term 2017  
It was adopted at the Governors Meeting on 5<sup>th</sup> October 2017

It will be reviewed in October 2018

Christ the King is a Christ centred community built upon the core values of the Catholic Church. We treat every child as a unique individual with special qualities. We recognise that everyone has the right to feel safe at school, learn to the best of their ability, and be treated with dignity and respect.

As a Rights Respecting School we recognise Article 19.

UNCRC Article 19 states: Governments should do all they can to ensure children are protected from all forms of violence, abuse, neglect and mistreatment by their parents or anyone else who looks after them.

The Rights Respecting School charter says:

- ❖ **Be Safe** – We have a right to be safe and a responsibility to be caring and considerate.
- ❖ **Belong-** We have a right to give our opinions and a responsibility to be communicative and co-operative
- ❖ **Be The Best I Can Be** We have a right to a good education and the responsibility to be courteous, conscientious and confident learners.

**THIS POLICY IS TO BE READ IN CONJUNCTION WITH THE FOLLOWING DfE STATUTORY DOCUMENTS:**

**'Keeping children safe in education: Statutory Guidance for schools and colleges. DfE April 2015'** and **'What to do if you're worried a child is being abused - Advice for practitioners' DfE March 2015** and **'What to do if you're worried a child is being abused - Advice for practitioners' DfE March 2015.**  
**Consulting on improving information in identifying children missing education-July 2016.**

**BOURNEMOUTH SAFEGUARDING STATEMENT**

Bournemouth Borough Council, its schools and Further Education establishments are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. The council expects all staff and volunteers to share this commitment.

## **SAFEGUARDING STATEMENT**

The Governors and staff at Christ the King School recognise that children have a right to be protected from harm (Article 19, UNCRC) and that pupils cannot learn unless they feel safe and secure. We will, therefore, provide a school environment which promotes self-confidence, a feeling of worth and the knowledge that pupils' concerns will be acted upon.

This Child Protection Policy applies to all employees, volunteers and people using the school. and acknowledges that:

- Our children's welfare is of paramount importance and they all have the right to be protected from abuse.
- All employees will receive Child Protection training appropriate to their role. This is to ensure that all staff are aware of the signs and symptoms of abuse.
- Children who are being abused will only tell people they trust and with whom they feel safe and that all staff need to be able to respond appropriately to a child who discloses evidence of abuse.
- It is essential that staff's own practice and behaviour puts children's welfare first and cannot be misconstrued in any way and does not contravene accepted good practice.

The Education Act 2002, Section 175, adds to this school commitment a legal duty "to safeguard and promote the welfare of children in the school". Staff have a professional responsibility to share information about concerns about children with other agencies.

There will be occasions when this will be without the agreement of the parents and the reasons for such information exchange need to be recorded. If seeking parental agreement to sharing information would increase the risk of harm to the child, it is lawful to share information without consent. The school may be contacted by Social Care at the outset of a child protection investigation to obtain background information and this should be openly and freely provided due to the nature of the enquiries. In other circumstances, information is normally only provided with parental agreement.

Safeguarding is not just about protecting children from deliberate harm. It also includes issues such as:

- Pupils' health and safety
- Bullying
- Racist/ homophobic abuse
- Harassment and discrimination
- Use of positive handling
- Meeting the needs of pupils with medical conditions

- Providing first aid
- Drug and substance misuse
- Educational visits
- Internet safety
- intimate care
- School security

At Christ the King School we have policies or procedures to address all of these issues.

Parents will be made aware of the school's responsibility for child protection both through the school website / prospectus and initial meetings with parents.

### **AIMS OF THE POLICY**

- To ensure that our children realise their Rights under the UNCRC
- To raise the awareness of all school staff of the importance of safeguarding pupils, and of their responsibilities for identifying and reporting actual or suspected abuse
- To ensure pupils and parents are aware that the school takes safeguarding seriously and will follow the appropriate procedures for identifying and reporting abuse and also dealing with allegations against staff.
- To promote effective liaison with other agencies in order to work together for the protection of pupils
- To support pupils' development in ways which will foster security , confidence and independence
- To integrate an understanding of safeguarding into the curriculum allowing for continuity and progression across all Key Stages
- To take account of and inform policy in related areas such as behaviour management and bullying,

There are three main elements to the policy:

- **PREVENTION**

Providing a safe school environment, careful and vigilant teaching, accessible pastoral care, support to pupils and good adult role models

- **PROTECTION**

Agreed procedures are followed; staff are trained and supported to respond appropriately and sensitively to child protection concerns

- **SUPPORT**

For all pupils, staff and others who may have been abused

### **RESPONSIBILITIES**

#### **At Christ the King we will**

- Appoint a Designated Safeguarding Leader. This would usually be the Head Teacher. If they are not available the Deputy Head Teacher or Assistant Head Teacher / Parent Support Worker / Family Support Worker will act in their absence. All these members of staff are fully trained and their training will be kept up to date.

- Appoint a governor responsible for safeguarding children
- Ensure we practise safe recruitment in checking the suitability of all staff and volunteers to work with children.
- Ensure all staff work to an agreed code of conduct which is reviewed yearly and shared with staff at the start of each new school year.
- Ensure all external contractors using or on school premises are signed up to Child protection Procedures
- Have an Anti-Bullying policy responding to any complaint within the school
- Have a whistle blowing culture where it is safe to discuss concerns
- Treat all pupils with respect regardless of age, sex, ethnicity, disability or sexual orientation
- Make the policy available to parents and pupils
- Establish a safe environment in which children can learn and develop

### **Designated safeguarding staff will**

- Circulate the safeguarding policy to all adults working within the school, support teachers, volunteers and governors on matters of child protection
- Act as a point of reference for child protection concerns
- Take responsibility for collating and securely storing records of incidents and concerns
- Attend child protection case conferences and core groups on pupils in the school and provide written reports where necessary
- Attend strategy meetings on children in the school
- Ensure that all new staff including supply staff receive safeguarding induction and are given a copy of the policy
- Ensure the policy is reviewed annually and any amendments recorded and dated
- Encourage whole school safeguarding training every three years
- Complete the Borough training pathway
- Be responsible for Looked after children (LAC) and an up to date list is regularly reviewed and update
- Ensure that any absence of two days without a satisfactory explanation of a pupil on a protection plan is referred to their social worker

### **Curriculum**

At Christ the King we believe that the school curriculum is important in the protection of children. We will aim to ensure that curriculum development meets the following objectives:

- Developing pupil self esteem
- Developing communication skills
- Informing about all aspects of risk
- Developing strategies for self-protection
- Developing a sense of boundaries between appropriate and inappropriate behaviour in adults and children
- Developing non abusive behaviour between pupils
- How to respond to and report bullying behaviour

## **Confidentiality**

Staff must never guarantee confidentiality to a child, nor should they agree to keep a secret, which might compromise the child's safety or wellbeing or that of another.

Any safeguarding concern must be reported to the named person and may require further investigation by appropriate authorities.

All information relating to individual child protection issues are considered confidential and treated accordingly.

Staff will be informed of relevant information in respect of individual cases regarding child protection on a 'need to know' basis only. Any information shared with staff in this way must be held confidentially to themselves.

## **RECOGNITION OF CHILD ABUSE AND BULLYING**

**See 'Keeping children safe in education: Statutory Guidance for schools and colleges. DfE April 2015' and 'What to do if you're worried a child is being abused - Advice for practitioners' DfE March 2015**

### **Definitions and categories**

Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. Children may be abused in a family, an institution or community setting by those known to them or more rarely by a stranger.

### **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to the child. Physical harm may also be caused when a parent feigns symptoms or deliberately causes ill health to a child – often called factitious or induced illness.

### **Emotional abuse**

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to the child they are worthless, unloved, inadequate or only valued in so far as they meet another's needs. It may feature age inappropriate expectations or causing a child to feel frightened or in danger or the exploitation or corruption of a child. Some emotional abuse will be involved in all types of ill treatment of children but it may also stand alone.

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve the parent or carer failing to provide food, shelter or clothing, failure to protect the child from physical harm or danger or failure to access appropriate medical treatment. It may include neglect of the child's emotional needs.

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities whether or not they are aware that is happening. The activities may involve physical contact which can be penetrative or non-penetrative. They may include non-contact activities. Sexual abuse may involve sexual activity by one child towards another child and advice should be sought from Social Services about such behaviour. Any observation of an adult “grooming” or preparing a child for sexual abuse should be taken very seriously. Access of children to sexually inappropriate material should also be reported to the designated teacher.

## **Child Sexual Exploitation (CSE)**

**Definition of CSE:** *“Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.”*

“ Any child or young person , from any social & ethnic background, can be at risk as well as girls and young women. (Barnardos 2011).

Any report or concerns raised about children or young people, the designated safeguarding lead will consider the risk factors identified in Sexual exploitation of children & young people (Appendix C and take appropriate action, such as referral to CSC & completion of the Risk Assessment Tool (Appendix D), which will be submitted to the CSE email : CSERisk@bournemouth.gov.uk

## **Female Genital Mutilation (FGM)**

Definition of FGM:

“Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons.”  
(World Health Organisation-1997)

The UK Government has written advice and guidance on FGM that states;

“FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child’s right to life, their right to their bodily integrity, as well as their

right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.”

Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.

UK communities that are considered most at risk of FGM but in exclusively, include: Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

Designated senior staff for child protection in schools are aware of the guidance that is available in respect of FGM, and are vigilant to the risk of it being practised.

- Our designated senior staff for child protection aware of the issue and have ensured that staff in the school are aware of the potential risks?
- Staff to the possible signs that a child has been subject to female genital mutilation or is at risk of being abused through it?
- Ensuring that School takes timely and appropriate action in respect of concerns about particular children?”

Christ the King Primary School has decided to take proactive action to protect and prevent our girls being forced to undertake FGM. The Headteacher and Governors do this in 2 ways:

1. A robust attendance policy that does not authorise holidays, extended or otherwise.
2. FGM training for Child Protection leads and disseminated training for all staff at the front line dealing with the children.

In order to protect our children it is important that key information is known by all of the school community and be alert to the indications that FGM has taken place:

- Prolonged absence from school with noticeable behaviour change – especially after a return from holiday.
- Spend long periods of time away from the class during the day.
- A child who has undergone FGM will be seen as a child protection issue. Medical assessment and therapeutic services to be considered at the Strategy Meeting.

Indications that a child is at risk of FGM:

1. The family comes from a community that is known to practice FGM - especially if there are elderly women present.
2. In conversation a child may talk about FGM.
3. A child may express anxiety about a special ceremony.
4. The child may talk or have anxieties about forthcoming holidays to their country of origin. Parent/Guardian requests permission for authorised

absence for overseas travel or you are aware that absence is required for vaccinations.

5. If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.

If we have concerns that children in our school community are at risk or victims of Female Genital Mutilation then we refer to the South West Child Protection Procedures Guidelines for FGM ([www.swcpp.org.uk](http://www.swcpp.org.uk)).

### **Definition of Bullying**

Bullying may be seen as deliberate, hurtful behaviour, usually repeated over a period of time, often where it is difficult for those to be bullied to defend themselves.

### **Children Missing in Education (CME)**

Children are expected to attend school regularly, we expect pupils to attend a minimum of 96% of the time (Please see our attendance policy). Parents & carers have a responsibility to inform the school if they are moving area or changing school.

Where there are concerns or your child hasn't attended school for 5 days consecutively without contact we have responsibility to carry out checks to ascertain the pupil's whereabouts. These checks may include contacting all the numbers provided, a home visit and/or checks with a sibling school. If these checks do not locate the child, a referral will be made to the local authority CME officer.

### **PREVENT DUTY**

From 1 July 2015 Schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015. Protecting children from the risk of radicalisation has become a wider duty under safeguarding for school.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and use of social media in particular has become a major factor in the radicalisation of young people.

Staff should alert senior management and complete records of concerns and need to be alert to changes in children behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme.

## **DEALING WITH INDIVIDUAL CASES**

All staff are advised to immediately report to the designated teacher all cases of concern. These may be signs of child abuse in a child's behaviour, presentation or injuries. Other concerns could stem from witnessing inappropriate behaviour by an adult towards the child or a direct disclosure of abuse by a child.

If a member of staff is concerned, they should not ask to see a child's injuries or question a child further but should talk first to the designated teacher. Any injuries seen in the course of normal duties should be recorded on the skin map. (Appendix E)

Even minor concerns should be reported as it is often not clear how significant these are until placed alongside other staff's concerns.

Concerns and incidents should be recorded on Christ the King Child Concern Form (Appendix A) and handed to the designated teacher available. Any other notes made at the time should be kept for possible future evidence. It is important to include all details given by the child or observed. The designated teacher will collect all relevant information from staff members within the school and then will assess the circumstances and seriousness of the concern. At this point, any changes in the child or significant information should be shared within the school.

If there is a suspicion the child may have been abused or neglected and suffering significant harm, a referral to Children's Social Care (458000) will be made. Normally, parents will be advised of this unless doing so may put the child at further risk of harm or the matter is a serious crime. A Social Worker will be in contact with the parents at a later stage and will need to state the school's concerns. Advice can be sought from Social Services if the issue of parental discussion prior to referral is not clear at the time. All referrals to Social Services can be made by phone and then should be followed up within 24 hours with a written referral on the Inter-agency Referral form (Appendix B). An initial call will be made to the Children First Team at the Local Authority who will decide whether the case should be referred to Children's Social Care or the Early Help Team.

If the child does not appear to be suffering significant harm but may need family support services or be a "child in need", this can be discussed with the parents. Following discussion, a referral (Appendix B) can then be made to Social Services or any other appropriate agency to assist. Where a referral is not made to Social Services, ongoing monitoring in school will take place and further concerns passed again to the designated teacher.

If a child is causing concern but not serious enough to require a "Child in need" referral, with the parents' agreement, information should be gathered by the school from other agencies and consideration be given to which agency could assist that child and referral made. A multi-agency planning meeting can be useful in this situation and agreement about who is the lead worker.

If a member of staff remains concerned about a child and the designated teacher does not refer the child, the staff member can refer to Social Care themselves and advise the designated teacher of this action.

It is important where there could be forensic evidence and something may have happened in the past few days, to act promptly and to advise Social Services that this may be the case. If a child is at immediate risk of harm and it is an emergency, the Police should be called.

## **DEALING WITH DIRECT ALLEGATIONS OF ABUSE**

Where a child makes a direct allegation of abuse, this must always be taken seriously. It is not the school's role to investigate this or decide if it may be true or not. Even if the child asks the member of staff to keep such an allegation secret, this must be passed to the designated teacher and immediately to Social Services as above.

If a child asks prior to an allegation that the member of staff should keep the information secret, the child should be advised this is not possible. It is rare for a child then to withhold information but if this happens, the child could be asked if there is anyone else they would tell e.g. teacher, social worker, EWO or Childline.

It is important where a child makes a direct allegation that no further questions are asked as the child needs to be interviewed carefully by the appropriate professionals. The member of staff needs to show the child they are listening carefully but avoid comments, judgements or questions. Nothing should be said which could give the child the impression they are to blame for the situation.

## **RECORDS**

Clear and detailed records of all signs or concerns about child welfare are very important. If a child makes a direct allegation this needs to be recorded as soon as possible using the child's own words. The time of the concern should be recorded and details kept on Christ the King Child Concern form (Appendix A). A skin map should be used if there are marks observed. (Appendix E) Where a referral to Social Services is being considered the Dorset safeguarding Children Board (DSCB) interagency referral form (Appendix B) referral form should be used with any additional notes attached. A copy of this will be kept in school.

Records of concerns about children will be kept securely in school even where further action is not taken. These records are confidential and are not part of the education records and associated regulations. Where there has been a concern about a child's welfare or child protection, a child's educational record will be marked with a red sticker to indicate this. If a child changes school while concerns remain, the records will be forwarded to the new school after discussion between designated teachers.

## **CHILD PROTECTION CONFERENCES AND REGISTRATION**

Child Protection conferences are multi-agency meetings of professionals to decide if a child is suffering or likely to suffer significant harm, to assess risk and decide if the child's name should be added to the Child Protection Register. The Register is a list that every local authority keeps of children about whom there are serious concerns about harm. It conveys no legal rights but highlights to all agencies the concerns and allows information sharing and active work with the family. These children will be subject to a Child Protection Plan.

The school will be invited to any conference held on a child within the school. The representative for the school will normally be the designated teacher who will take a report from the class teacher. Appendix D is the recommended pro-forma for such reports.

Where possible, this report should be shared with the parents in advance of the Conference. Parents are normally present throughout the Conference.

All members of the Conference contribute to the decision making about registration even where they have no direct knowledge of the child (eg sibling). Minutes of the Conference are confidential and will be kept securely in a locked cabinet. The Head, designated teachers and class teacher will read minutes. Other staff will be given the Conference recommendations as appropriate.

Where a child is placed on a protection plan, the class teacher must keep the designated teachers informed of all changes in circumstances of the child, e.g. changes in adults living at home, changes in the child's behaviour. Any concerns about attendance or any absence for more than two days of a child on the register should be reported to Social Services. All ongoing concerns must be reported without delay to the social worker. Children need to be supported in accordance with the agreed child protection plan. If a child leaves the school while on the Child Protection Register, information will be transferred to the new school immediately and the social worker informed.

## **ABUSE BY A MEMBER OF STAFF**

To ensure the highest standards of ongoing protection of pupils, all staff and volunteers working within the school will be subject to an Enhanced Criminal Records Bureau check and a careful recruitment process. This does not guarantee safety and all staff should remain vigilant about the behaviour of each other.

If a member of staff becomes concerned about inappropriate care or abuse by another staff member, this should be reported to the Head and to another designated teacher. If either of these are involved or not seen as impartial, the staff member should seek advice directly from Social Services or the Police Child Protection Team

### **Staff and pupil welfare guidelines**

For their own protection and to safeguard the welfare of pupils, all staff should read and follow this guidance and **'Keeping children safe in education: information for all school and college staff. DfE September 2016.**

Further safeguarding information can be found at <http://www.bournemouth-pool-lscb.org.uk/home>

**APPENDIX A**  
**CHRIST THE KING PRIMARY SCHOOL CHILD CAUSING CONCERN FORM**

*To be filled out when any child is causing concern including child protection concerns. Also use skin map for recording any injuries.*

Name of child.....

Class.....

Date and time concern identified.....

Details of concern (including any statements made by child in child's own words)

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Action taken

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Time and date discussed with designated teacher

.....

Time and date referred to SS or other agency or reason why not

.....  
.....  
.....

Appendix B

# CHILDREN'S SOCIAL CARE REFERRAL FORM



Please complete in BLACK INK or electronically

(This form should be used by any agency/professional to refer a child to Children's Social Care where they consider the child may be a child in need or a child at risk. Please use the Bournemouth and Poole Threshold document to guide you in making the referral)

## 1. Child/Young Person's Details

Surname

Forenames  Date of Birth  M / F

Also Known As

Current Address   
 Postcode  Tel No

Previous Address   
 Postcode  Tel No

## 2. Child/Young Person's Ethnicity

Caribbean  Indian  White British  White and Black Caribbean  Chinese

African  Pakistani  White Irish  White and Black African  Any Other Ethnic Group

Any Other Black Background  Bangladeshi  Any Other White Background  White and Asian  Not given

Any Other Asian Background  Any Other Mixed Background

If other, please specify  Religion/Faith

Child's first language  Parents first language

Interpreter/signer required (give details)

Does child/young person have a disability Yes  No  Please specify

Other special/cultural needs

Has child/young person received a statement of Special Educational Needs

On Code of Practice?

Child/young person's GP (if known)

School/Early Years Setting

Has there been early help intervention prior to this referral

Yes

No

If so who is the lead professional and is that at universal plus or plus partnership level?

Is a CAF completed within the last 6 months being sent with the referral form?

Yes   
No

CAF number (if known)/  
Comment

**If the CAF has current details there is no need to duplicate information in the referral form**

Is this a referral under S.47?

Yes

No

Reason

### 3. Details of person making the referral

Surname

Forenames

Post

Agency & Address

Postcode

Tel No

When can you be contacted

### 4. Parents/person caring for child/young person

Surname	Forename	M/F	AKA	Address/Tel No	DOB	Relationship to child	Tick if P.R


**Other children in household (Please indicate by \*against name if another child/young person is also being referred)**

Surname	Forename	M/F	AKA	DOB	Relationship to child

**5. Significant others/other family members**

Surname	Forename	M/F	AKA	Address/Tel No	DOB	Relationship to child	Tick if P.R

**6. Agencies/professionals known to be involved**

Name/Agency	<input type="text"/>	Tel No	<input type="text"/>
Name/Agency	<input type="text"/>	Tel No	<input type="text"/>
Name/Agency	<input type="text"/>	Tel No	<input type="text"/>
Name/Agency	<input type="text"/>	Tel No	<input type="text"/>

Name/Agency

Tel No

Has consent been given for Social Services to contact the named agencies

Yes

No

If 'No' please specify with reasons

**7. Specific reasons for Referral**

**Child/young person's development strengths and needs**

**Parenting strengths and needs**

**Describe things that which affect parent(s) ability to meet the child/young person's needs**

**Family circumstances/history**

**What support has already been offered, when and what were the outcomes?**

**What support or action is being requested (please be specific about focus for any assessment)**

**Signature:  
person making the referral**

Date

***Note: Information provided on this form and accompanying this referral will be shared with families and young people, unless indicated otherwise by the referrer or where sharing would put any individual at risk of harm***

Is parent aware of referral

Yes

No

Is child/young person aware of referral?

Yes

No

Has consent been given by parent/child/young person for information to be shared as part of this referral and for it to be passed to any service identified as able to meet their needs

Yes

No

Comments and views of parent/carer

**Signature of parent/carer**

Date

Comments and views of child/young person (if available and of age)

**Signature of child/young person (if available and of age)**

Date

### **EDUCATION: Special Needs and Attainment Record (SCHOOLS REFERRALS ONLY)**

Detail about progress in school is collected as “baseline information” at the referral /initial assessment stage. The information will:

- Help us understand needs fully
- Make sure that assessment and service planning complements what is already happening in school

- Allow us to track educational achievement for use as an indication that services we provide are effective for improving well-being and life chances of children and young people

**Special Educational Needs:**

If the child has special educational needs please describe the nature of the need:

--

If they are on the Code of Practice (CoP) which stage?

Early Years		School		College	
Statement		Education, Health and Care Plan			

What agencies are involved in supporting the child/young person in their education

--

**Attendance (current school year):**

How many sessions of unauthorised absence in the current year (if any)?

(actual) out of  (possible)

How many sessions of authorised absence were there (if any)?

(actual) out of  (possible)

**School Exclusions (current school year):**

Type of exclusion	Dates & school days missed	Reasons

**Current Attainment** (indicate briefly how the child is performing in relation to Key Stages):

**Factors affecting educational attainment** (e.g. length of time without a school placement, change of school placement, relationship at school, behaviour):

# CHILDREN'S SOCIAL CARE REFERRAL OUTCOME

**Part A: to be completed by the person responsible for making the referral**

Name:

Office Address:

<i>Name(s) of child/young person referred</i>	<i>Date(s) of birth</i>

**Part B: to be completed by Children's Social Care**

Following your referral dated ..... in respect of the child(ren)/young person(s) named above. I write to advise that this is the outcome:

Please contact ..... at this office for any further details

N Name		
Post		Date
Address		
Signature		

## Appendix C



### CSE risk assessment guidance

**If you believe that the child is actually being sexually exploited, either in person or on-line, then they should automatically be flagged as significant risk and the Police and Children's Social Care should be informed immediately.**

For the majority of other children, the CSE risk matrix should be used as a guide to determine the potential risk of the child being sexually exploited.

If you believe the risk is lower or higher than the level indicated by the score then please detail your reasons in the rationale box. Additionally, any information relating to the reason for ticking the boxes should be provided to assist other professionals in their work to safeguard the child.

The risk assessment is to be completed by professionals only and should **not** be completed jointly with the child or their parent/guardian. It is vital that the areas within the tool are discussed with parents and children to enable them to understand the risks and the implications of some behaviour, but using the tool directly with them is not recommended. This is because parental anxiety may inflate the risk score and a child who is being exploited may well play down the risk, thus producing an inaccurate reflection of the child's risk of sexual exploitation.

Full details of the child, including their full name, date of birth and any internal reference numbers should be clearly written on the front of the form to assist other professionals and agencies to identify the child from their records.

## **Vulnerabilities**

### **1. Emotional neglect by parent/carer/family member**

This is in relation to the child's main adult carer.

A parent emotionally neglects a child when the parent fails to show the child the level of affection or attention that as a parent they should. It could include a significant lack of interest, rejection of the child, belittling them, being overly critical, hostile etc. This will be the case even when they may be providing for the physical needs of the child such as food, health care, clothing, and shelter.

### **2. Physical abuse by parent/carer/family member**

Have they previously been the victim of violence by way of an actual physical assault against them by their main adult carer(s). This is sustained physical abuse, not lawful chastisement unless excessive.

### **3. Sexual abuse**

Have they been subjected to any sexual abuse at any time during their life, by anyone. It will include physical sexual assault as well as emotional abuse such as exposure and causing the child to watch a sexual act either in person or by way of pornographic films, TV programs or internet sites.

This is prolonged sexual abuse by an abuser not a single incident of sexual assault or rape as this will be covered in Q.17

### **4. Breakdown of family relationships**

Have their parents separated in a way that has had a significant and ongoing impact on the child's stability and emotional well-being.

If parents separated, found new partners and settled down while the child was too young to understand then this would not apply so long as they were brought up in a stable family environment.

### **5. Family history of domestic abuse**

Has there been domestic abuse, by way of sexual, violent or emotional abuse within their family home, i.e. DV between parents/guardians/ siblings or siblings who have been sexually abused within the home.

### **6. Family history of substance/alcohol misuse**

Are the parents, guardians or siblings who live within the family home, drug addicts or do they regularly misuse drugs. Has the child previously lived with a parent who was a drug user at the time? This will include misuse of legal or prescribed drugs as well as illegal drugs of all classes.

Drug misuse is more than one off experimenting, but regular use. Regular use may be weekly at parties/events or smoking of cannabis several times a week. Alcohol misuse will be drinking excessively on numerous occasions.

#### 7. Family history of mental health difficulties

Have their parents, grandparents or siblings suffered from any mental health difficulties which have impacted their ability to care for the child? This does not include mental health deterioration through old age.

#### 8. Low self-esteem

Do they feel insignificant, have a lack of importance, a negative view on life or of themselves or do they have feelings of being unloved, unworthy or unattractive.

#### 9. Unsuitable/inappropriate accommodation

Is the accommodation inappropriate or unsuitable in the circumstances?

Do they live in over occupied, under-furnished or unsafe conditions? Inappropriate may include living with a parent/guardian who is unable to look after the child due to the parents' alcohol / drug addictions or mental health problems. It also includes not having a home or permanent place to live and staying with friends.

#### 10. Isolated from peers/social networks

Are they isolated from friends due to living in a remote area, moving to a new area or bullying? Does the child have difficulty making and sustaining friendships in their peer group? Is the child losing established friendships?

Is the reason due to drink, drugs or sexual activity by the child or their friends? If so then any details known should be provided at the end of the form.

(It does not include being restricted by a controlling or possessive partner as this is a significant indicator covered in Q.26)

#### 11. Lack of positive relationship with a protective/nurturing adult

Do they lack a positive relationship with any protective adult such as a parent, carer, family member, teacher or social worker? A positive relationship is when they engage and communicate well and have a trust whereby they can confide in that person.

### **Moderate risk indicators**

**Children are groomed and exploited in different ways. It may be difficult for parents, carers and practitioners to differentiate between ordinary teenage behaviour and the risk of or involvement in sexual exploitation but below are some signs that may signify if the child is being groomed for sexual exploitation or actually being sexually exploited.**

#### 12. Staying out late/going missing.

The child staying out two hours past a given curfew, on a number of occasions, not just being late once or twice. E.g. 10 pm curfew and the child stays out past midnight several times in a week or a month.

If the whereabouts of the child or details of the person they were with are known, please record this and provide the details in the box at the end of the form.

Staying out late will also include the child having gone missing overnight on two or less

occasions within a 3 month period, (See Q.25), and also going missing for periods during the day which causes concern.

### 13. Multiple callers (unknown adults/older young people)

Three or more visits by an unknown person/persons coming to call for the child at their address, within a three month period, or arranging to meet them at other locations.

An older person will be defined as someone 4+ years older than the child.

Details and descriptions of these persons should be recorded at the end of the form if known.

If less frequent callers or a single caller causes concern then the reasons are to be recorded in rationale box.

### 14. Unusual or increased use of a mobile phone that causes concern

A new relationship will usually result in an increase of calls and/or texts (including via app's on smart phones) to and from the child. Most young people use mobile phones, but has their use of the phone significantly increased all of a sudden or are they receiving constant calls or texts late at night. Are they being increasingly secretive about whom they are in contact with, more so than usual, or are they using more than one phone or sim card?

### 15. Self harming indicators

Are they actually self-harming? Obvious signs such as cuts to the skin, punching / head-butting a wall, bruises, biting themselves, cigarette burns and pulling hair out are easier to spot but indicators could also include not eating, keeping their body covered during periods of hot weather, or showing out of character episodes of aggression.

If this box is ticked then an explanation of the self-harm indicator should be provided.

### 16. Exclusion/suspension from school or unexplained absences from school/college/training/work

Have they been temporarily suspended or expelled from school due to their behaviour?

Have they been absent/truanting from school without a parent/guardian or teacher knowing where they were or have they taken themselves out of school or college and refuse to return.

If their whereabouts during these absences are known then this should be recorded in the explanation box at the end of the form, including details of persons they associated with while absent.

### 17. Disclosure of sexual/physical assault

Have they been the victim of a sexual assault by a friend, associate, acquaintance, stranger or family member?

Have they been the victim of a physical assault which is suspected, believed or reported to be committed by an older person? This does not include chastisement by a parent or an assault by other peers at school or out in the community.

If one sexual/physical assault is disclosed, professional to ensure that score is not counted twice by way of this question and Q2 or 3.

### 18. Sexually Transmitted Infections

Have they contracted a STI within the past 6 months? Not applicable if Q.24 is ticked due to multiple STI's.

Notes should be made of whom they have been sexually active with, whether these relationships appear appropriate or exploitative and if they have had any other sexual partners since contracting the infection.

### 19. Other children involved displaying similar behaviour

Do they associate with peers that are also showing the same behaviour as the answers on this child's risk assessment.

Note who these young people are and whether there appears to be a leader amongst the group – could a peer be coercing them into exploitation or are they coercing others?

### 20. Clipping

Clipping is an act usually committed by those working in the sex trade.

This is running off with the payment without performing a sexual act. I.e. they receive goods etc. on the pretext/promise that they will perform sexual acts for that or another person, but then run away after receiving the items.

### 21. Drug misuse

Are they regularly (on a daily/weekly/monthly basis) taking legal highs, illegal substances, such as cannabis, amphetamine, cocaine etc. or excessively using prescription or over the counter drugs.

Drug misuse is more than one off experimenting, but regular use. Regular use may be weekly at parties or smoking of cannabis several times a week. Misuse would also include single incidents of drug taking whereby the child gets to a state that they are not aware of their own actions or surroundings making them more susceptible to sexual abuse.

Information regarding what they take, how much, how often, where, who with and who they get it from should be noted if the child is willing to disclose this information.

Regardless of the risk matrix outcome, this information should be passed to the police.

### 22. Alcohol misuse

Is the child getting drunk on numerous occasions. This could be at regular weekly parties or drinking with peers at an address or in a public place. Alcohol misuse is being drunk on a number of occasions not just once or twice at a party or with their friends.

Alcohol misuse will also include single incidents whereby the child drinks to the extent that they are not in control or aware of their own actions or surroundings. Can also include alcohol dependence whereby they are drinking on a daily basis.

### 23. Unusual or increased use of the internet that causes concern.

Are they increasingly using a computer or a webcam to communicate with people? Are they in a state of undress when using a webcam? Are they being unduly secretive about whom they are talking to on-line? Are they communicating with unknown persons very late into

the night?

This is only use which causes concern, not an increased use to talk to their friends and peers. This is not to be duplicated by question 14 as the internet can also be easily accessed via smart phones.

### **Significant risk indicators**

In this section, if the risk is present at the time of assessment, or has been present within the past six months then the tick will score 5 points. If the risk has occurred historically, but not within the past 6 months, then the tick will score as one point.

Q 26-28 refer to the influence of a controlling person. If there is a controlling person in the child's life then assess whether they are in a relationship with that person, being physically abused by that person or engaging in sexual activity with that person.

#### **24. Multiple STI's / pregnancy / miscarriage**

Have they contracted STI's, or been tested, on 3 separate occasions. If less than three it will remain an indication on Q.18 only. Have they become pregnant/miscarried on more than one occasion?

Please give details if this box is ticked.

If this box is ticked for STI's then Q.18 should **not** also be ticked as this will provide a misleading score.

#### **25. Periods of going missing overnight or longer**

"Periods" of being missing overnight will be classed as 3 or more occasions within a 3 month period.

Overnight is classed at 6 hours from midnight to 6am. If the child is missing from their place of residence, or an address they are supposed to be, prior to midnight and do not return before 6am will be classed as missing overnight.

If they are missing for a shorter period, or if they are located by Police, social services or parents within that period then that will be classed as a period of staying out late on Q.12 rather than missing overnight.

#### **26. Relationship with controlling person (including older boyfriend/girlfriend)**

Is the child is in a **relationship** with a 'controlling person' by way of being their partner?

A controlling person is someone who holds a level of control over the child. This could be a peer, friend, older person, an employer or on the most serious scale, a pimp who has control over a child. Amongst other things, controlling behaviour will include isolating the child from their friends, controlling their movements, who they see, who they associate with, how they dress or how much money they have access to. This list is not exhaustive so the professional should use their own judgement as to what is controlling behaviour.

It does not include a parent or guardian being a controlling person unless the professional believes that they are sexually exploiting the child.

27. Physical abuse by that controlling person

Are they suffering **Physical abuse** by a 'controlling person' by way of actual assaults, withholding food or that person encouraging others to commit physical abuse against the child.

28. Emotional/sexual activity with that controlling person

Any physical **sexual acts**, by a 'controlling person', ranging from touching in an inappropriate way to sexual activity involving penetration. It will also include exposure and causing the child to watch a sexual act either in person or by way of pornographic films, TV programs or internet sites.

It will not include sexual comments or lewd remarks unless the person is trying to get the child to engage in sexual activity

29. Entering/leaving vehicles driven by unknown adults

This may be an indicator that the child is working in the sex trade.

Adults, or persons that are 4 years older, that are unknown to the child or parent/guardian that take the child away in their vehicle to an unknown location.

If the person becomes known and is not deemed to be a CSE suspect then this will be non-applicable.

30. Unexplained amounts of money, expensive clothing or other items

Will include Children going out with no money and returning with quantities of cigarettes, drugs, and other expensive items such as mobile phones, perfume, jewellery etc.

If money, clothing, gifts etc. are gained as a result of illegal acts such as shoplifting/theft by the child or given by genuine friends then this is not unexplained and therefore the box should not be ticked.

If it is believed that the items have been obtained by way of the child dealing in drugs and no sexual element is present then this would not apply, however the Police and Social services must be informed.

31. Frequenting potentially dangerous areas

Do they regularly attend dangerous areas? i.e. Are they spending time at or visiting dangerous locations on more than the odd one or two occasions.

An area can be dangerous in certain circumstances. For example, a park is not a dangerous area during the day, nor would it be dangerous if there were plenty of people walking around or associating in the area late at night. It may become a dangerous area if it was late at night; there were no street lamps and no one else around. Professional to use their judgement of what is a dangerous area and give reason and location in the box below if ticked.

Examples of dangerous areas, although not exhaustive, will include drug dens, squats, addresses of known sex offenders and parties at private houses which are attended by mainly older men.

32. No contact with known support systems

No contact at the present time with Social services, Children's services, youth services,

community centres, youth clubs or any other government or charity support agency.

### 33. Principal area of concern

This is a free text box where the professional should expand on any of the above questions, which would assist other professionals and agencies in working with the child or making arrangements to help safeguard them.

If the child is being exploited then details of the the person(s) exploiting the child should be provided.

This box can also include, but is not limited to, who they associate with, where they go and what substances they use, how often, where they get them and how they pay for them.

### 34. Rationale box

The achieved score will give you the associated risk category the end of the form (Minimal, mild, moderate or significant). The professional should give their view on how appropriate this risk category is to the child. For example some may score significant due to their past behaviour several months ago, which has since changed and thus they are now considered to be at a lower risk.

On the other hand there may be points that have not been covered by the assessment questions but the professional believes they are at a higher risk than the score suggests.

### 35. Intended action

What are you going to do following this assessment? This may be working with the child, informing the school/parents of the outcome or it may be a referral to Children's Social Care and the Police for a multi-agency strategy meeting to form a safeguarding plan for the child.

**This form has been written to provide guidance to the questions contained within the SERAF Risk Matrix and is not intended to cover all circumstances. It does not replace professional judgement and when in doubt, advice should always be taken from supervision.**

## Appendix D



# CSE Risk Assessment



( To be completed by referrer)

Name of person completing		Agency and contact details	
Child/Young person's name/alias/known as		Gender	
Date completed		Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age/DOB/Address		Has sexual exploitation previously been identified as a specific issue for this child? Please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Unknown
Ethnicity/Religion		If other agencies or professionals are involved (please list them here)	
Language spoken (Is this their first language?)		Disability/Special Needs: (If yes, please clarify further)	

Vulnerabilities	Please score 1 for each tick	Vulnerabilities	Please score 1 for each tick
Emotional neglect by parent/carer/family	<input type="checkbox"/>	Family history of domestic abuse	<input type="checkbox"/>

member			
Physical abuse by parent/carer/family member	<input type="checkbox"/>	Family history of substance misuse	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Family history of mental health difficulties	<input type="checkbox"/>
Breakdown of family relationships	<input type="checkbox"/>	Low self-esteem	<input type="checkbox"/>

<b>Vulnerabilities</b>	<b>Score 1 if present on date of assessment</b>
Unsuitable/inappropriate accommodation	<input type="checkbox"/>
Isolated from peers/social networks	<input type="checkbox"/>
Lack of positive relationship with a protective/nurturing adult	<input type="checkbox"/>
<b>Moderate risk indicators</b>	<b>Score 1 if present on date of assessment or during past 6 months</b>
Staying out late	<input type="checkbox"/>
Multiple callers (unknown adults/older young people) - (record details i.e. description/names etc) (refer to information log)	<input type="checkbox"/>
Unusual or increased use of a mobile phone that causes concern	<input type="checkbox"/>
Self harming indicators including, eating disorder. challenging behaviour, aggression)	<input type="checkbox"/>
Exclusion/suspension from school or unexplained absences from or not engaged in school/college/training/work	<input type="checkbox"/>
Disclosure of sexual/physical assault	<input type="checkbox"/>
Sexually Transmitted Infections (STI's)	<input type="checkbox"/>
Other children involved displaying similar behaviour	<input type="checkbox"/>
Clipping (accepting something eg money, make-up, gift in payment for performing sexual act – but running away etc and not performing sexual act)	<input type="checkbox"/>
Drugs misuse	<input type="checkbox"/>
Alcohol misuse	<input type="checkbox"/>
Unusual or increased use of the internet that causes concern	Computer <input type="checkbox"/> Mobile <input type="checkbox"/>

<b>Significant risk indicators.</b>	<b>Score 1 if present over 6 months</b>	<b>Score 5 if present on date of referral or during past 6 months</b>
Multiple STI's / pregnancy / miscarriage		
Periods of going missing overnight or longer	<input type="checkbox"/>	<input type="checkbox"/>

Relationship with controlling person (including older boyfriend/girlfriend)	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse by that controlling person	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/sexual activity with that controlling person	<input type="checkbox"/>	<input type="checkbox"/>
Entering/leaving vehicles driven by unknown adults	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained amounts of money, expensive clothing or other items	<input type="checkbox"/>	<input type="checkbox"/>
Frequenting potentially dangerous areas (specify where if known)	<input type="checkbox"/>	<input type="checkbox"/>
No contact with known support systems	<input type="checkbox"/>	<input type="checkbox"/>

<b>Screening score</b>		<b>Risk Category</b>	
<b>Principal area of concern:</b>			

<b>Please include a rationale for what you have scored *Practitioners are to be aware that the score achieved is a guide and should not replace professional judgement*</b>

<b>Intended action: Please document any further action, treatment or monitoring arrangements</b>

**Risk Management Framework**

**Category 1 – Minimal risk of sexual exploitation (score 0-5)**  
*Vulnerable child*

**Category 2 - Mild risk of sexual exploitation (score 6-10)**  
*Vulnerable child with one or two risk indicators present, e.g. staying out late, poor school attendance*

**Category 3 – Moderate risk of sexual exploitation (score 11-15)**

Vulnerable child with a number of risk indicators present e.g. periods of going missing, exclusion from school, lack of protective networks, spending time with inappropriate adults

**Category 4 – Significant risk of sexual exploitation (score 16+)**

Vulnerable child with multiple risk indicators present e.g. periods of going missing, disengaged, isolated, controlling person, entering vehicles driven by unknown adults, unexplained amounts of money/goods

**Situations identified as Moderate or Significant Risk should lead to a referral to Children's Social Care. In these circumstances the Referrals Procedure must be followed.**

**Where professionals have concerns that a child/young person may be being exploited they should take immediate action to ensure the child/young person is safeguarded.**



**Injuries - Skin Map**

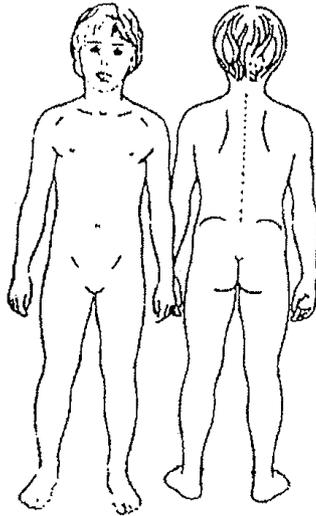
Full Name of Child/Young Person:

Date of Birth:

School/Educational Establishment:

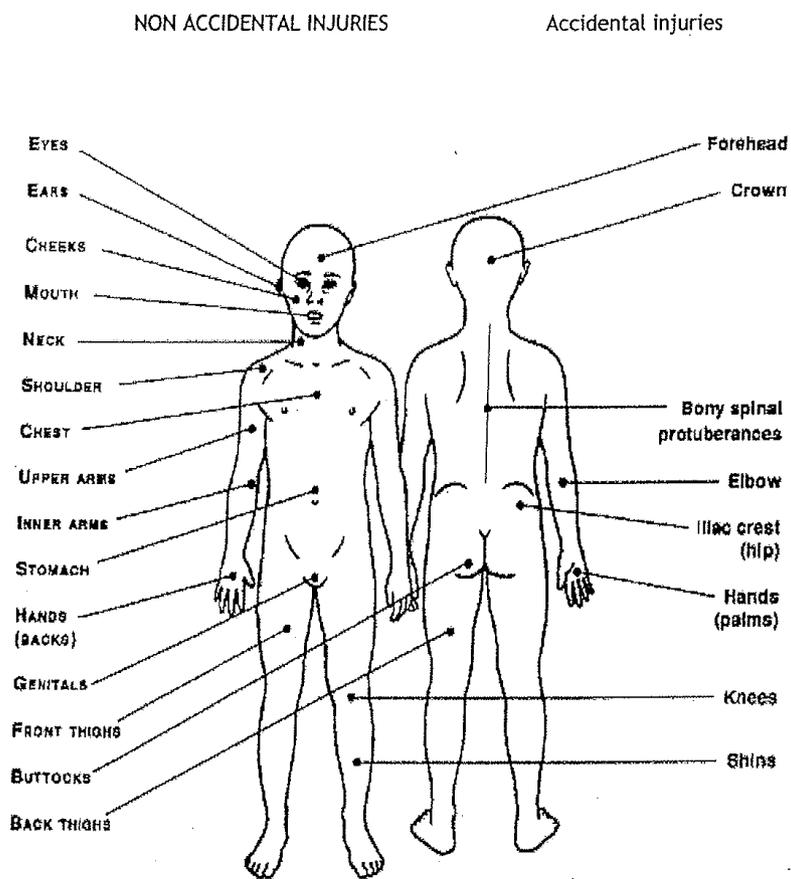
Year Group:

**NB:** When completing this please add description - page 3 - of what you can see and if there are any other injuries, bruises present and explanations given.



Person completing skin map (please print)				
Role:				
Date of Completion:		Time of Completion:		am/pm

Common sites for accidental and non-accidental injuries



*Safeguarding Children Matters*

Description of injury/s as seen (Also record any apparent older injuries, if visible):

Any explanation given? (you can seek clarification but must not investigate)

Has the injury been seen by a Doctor/GP/Hospital? If so, when?

Person completing skin map (please print)			
Role:			
Date of Completion:		Time of Completion:	am/pm

**NB:** To be faxed to Children FIRST team on 01202 451052 with initial concern sheet (if possible) following agreement and recorded action with DSP. Copy to be faxed to Service Manager, Safeguarding and Social Inclusion - Fax Number: 01202 456180. Original to be retained on the pupil's Child Protection file.