



# Bow Street School Safeguarding Policy

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This policy must be read in conjunction with:		
<ul style="list-style-type: none"><li>• Behaviour Policy</li><li>• Equal Opportunities Policy</li><li>• Attendance Policy</li><li>• SEND Policy</li></ul>		

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## Introduction

Safeguarding is defined as-

- Protecting young people from maltreatment;
- Preventing impairment of young people's health or development;
- Ensuring that young people are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all young people to have the best life chances.

**Bow Street School** is committed to safeguarding and promoting the welfare of all its students. We believe that:

- All young people have the right to be protected from harm;
- Young people need to be safe and to feel safe in school;
- Young people need support that matches their individual needs, including those who may have experienced abuse;
- Young people have the right to speak freely and voice their values and beliefs;
- Young people must be encouraged to respect each other's values and support each other;
- Young people have the right to be supported to meet their emotional, and social needs as well as their educational needs;
- Schools can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk taking behaviours; and
- All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.



**Bow Street School** will fulfil their local and national responsibilities as laid out in the following documents:-

- The most recent version of [Working Together to Safeguard Children](#) (DfE)
- The most recent version of [Keeping Children Safe in Education: Statutory guidance for schools and colleges](#) (DfE)
- [The Procedures of Wolverhampton Safeguarding Children Board](#)
- [The Education Act 2002 s175/s157](#)
- [Mental Health and Behaviour in Schools: Departmental Advice](#) (DfE 2014)

## Overall Aims

This policy will contribute to safeguarding our students and promoting their welfare by:

- Clarifying standards of behaviour for staff and students;
- Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect, and shared values;
- Introducing appropriate work within the curriculum;
- Encouraging students and parents to participate;
- Alerting staff to the signs and indicators that all might not be well;
- Developing staff awareness of the causes of abuse;
- Developing staff awareness of the risks and vulnerabilities their students face;
- Addressing concerns at the earliest possible stage; and
- Reducing the potential risks students face of being exposed to violence, exploitation, extremism or victimisation

This policy will contribute to supporting out students by;

- Identifying and protecting the most vulnerable;
- Identifying the individual needs where possible; and
- Designing plans to meet those needs.

This policy will contribute to the protection of our students by:

- Including appropriate work within the curriculum;
- Implementing child protection policies and procedures; and
- Working in partnership with students, parents and agencies



## Expectations

All staff and visitors will:

- Be familiar with this safeguarding policy;
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.;
- Be involved, where appropriate, in the implementation of individual education programmes, integrated support plans, child in need plans and inter-agency child protection plans;
- Be alert to signs and indicators of possible abuse (See Appendix One for current definitions and indicators);
- Record concerns and give the record to the Designated Safeguarding Lead **Clare Harper or Cheri Felton** or to the Deputy Designated Safeguarding Lead **Charlotte Dodd**
- Deal with a disclosure of abuse from a child in line with the guidance in Appendix Two- you must inform the Designated Safeguarding Lead immediately, and provide a written account as soon as possible.

All staff will receive regular safeguarding training at least annually. Key staff will undertake more specialist child protection training as required and outlined in Keeping Children Safe in Education – statutory guidance for schools and colleges (DfE)

## The Designated Safeguarding Lead

Our Designated Safeguarding Leads are **Clare Harper and Cheri Felton**. They have lead responsibility and management oversight and accountability for child protection and will be responsible for coordinating all child protection activity.

The Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files.

When the school has concerns about a child, the Designated Safeguarding Lead will decide what steps should be taken and should advise others as needed.

Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal



with an individual child and/or family. A written record will be made of what information has been shared, with whom, and when.

Child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each child: the school will not keep family files. Files will be kept for at least the period during which the child is attending the school, and beyond that in line with current data legislation and guidance.

Access to these records by staff and other than by the Designated Safeguarding Lead will be restricted, and a written record will be kept of who has had access to them and when.

Parents will be aware of information held on their children and kept up to date regarding and concerns or developments by the appropriate members of staff. General communications with parents will be in line with any home school policies and give due regard to which adults have parental responsibility.

**Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.**

If a student moves from our school, child protection records will be forwarded on to the Designated Safeguarding Lead at the new school, with due regard to their confidential nature and in line with current government guidance on the transfer of such records. Direct contact between the two schools may be necessary. We will record where and to whom the records have been passed and the date.

If sending by post, pupil records will be sent by “Special/Recorded Delivery”. For adult purposes a note of all pupil records transferred or received should be kept in either paper or electronic format. This will include the child’s name, date of birth, where and to whom the records have been sent and/or received.

If a student is excluded child protection records will be forwarded on to the relevant organisation or Local Authority.

Where a vulnerable young person is moving to a Further Education (FE) establishment, consideration should be given to the student’s wishes and feelings on their child protection information being passed on in order that the FE establishment can provide appropriate support.



## Proprietors

The Proprietors are accountable for ensuring the safety of the school.

Proprietors will ensure that:

- The school has a safeguarding policy in accordance with the procedures of Wolverhampton Safeguarding Children Board Where children attend from different local authorities we will adopt their Local Safeguarding Children Board procedures;
- The school operates, “safer recruitment” procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers;
- At least one senior member of the school’s leadership team acts as a Designated Safeguarding Lead;
- The Designated Safeguarding Lead attends regular training (at least annually);
- The Headteacher and all other staff who work with children undertake training at regular intervals (at least annually);
- Temporary staff and volunteers are made aware of the schools arrangements for child protection and their responsibilities;
- The school remedies any deficiencies or weaknesses brought to its attention without delay; and
- The school has procedures for dealing with allegations of abuse against staff/volunteers.

Proprietors review policies/procedures annually.

Director **Cherri Felton** is nominated to be responsible for liaising with the local authority and other partner agencies in the event of allegations of abuse being made against the Headteacher.



## A Safer School Culture

### Safer Recruitment and Selection

The school pays full regard to 'Keeping Children Safe in Education'. Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS). We work in partnership with two agencies which support and adhere to our safer recruitment processes when sourcing agency staff.

All recruitment materials will include reference to the schools commitment to safeguarding and promoting the wellbeing of pupils.

**Clare Harper** and **Cherri Felton** have undertaken appropriate training in Safer Recruitment. One of the above will be involved in **all** staff/volunteer recruitment processes and sit on the recruitment panel.

### Staff Support

We recognise the stressful and traumatic nature of child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

## Our Role in the Prevention of Abuse

We will provide opportunities for students to develop skills, concepts, attitudes and knowledge that promote their safety and wellbeing.

### The Curriculum

Relevant issues will be addressed through the formal and informal curriculum. We will cover topics such as self-esteem, emotional literacy, assertiveness, power, sex and relationship education, e-safety and bullying.



## Other Areas of Work

All of our policies which address issues of power and potential harm, for example bullying, equal opportunities, positive behaviour, will be linked to ensure a whole school approach.

Our safeguarding policy cannot be separated from the general ethos of the school, which should ensure that students are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

## Safeguarding Students who are Vulnerable to Radicalisation

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

**Bow Street School** values freedom of speech and the expression of beliefs and ideology as fundamental rights underpinning our society's values. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or inactivity in support of terrorism. The moralisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. **Bow Street School** is clear that this exploitation and radicalisation should be viewed as a safeguarding concern and that protecting children from the risk of radicalisation is part of the schools safeguarding duty.



Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix Four.

**Bow Street School** seeks to protect children and young people against the messages for all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right/Neo Nazi/White Supremacist ideology, Irish National and Loyalist paramilitary groups, and extremist Animal Rights movements.

## Risk Reduction

Proprietors of the school, the Headteacher and the Designated Safeguarding Lead will assess the level of risk within the school and put actions into place to reduce that risk. Risk assessment may include consideration of the schools PSHE/Beliefs and Values curriculum, SEND policy, assembly policy, input from external agencies, integration of pupils by gender and SEN, anti-bullying policy and other issues specific to the school's profile, community and philosophy.

## Response

With effect from 1<sup>st</sup> July 2015 schools are subject to a duty to have "due regard to the need to prevent people being drawn into terrorism" (section 26, Counter Terrorism and Security Act 2015). This is known as The Prevent Duty.

There is no single way to identify an individual who is likely to be susceptible to an extremist ideology. Specific background factors may contribute to vulnerability and these are often combined with specific needs for which an extremist group may appear to provide answers, and specific influences such as family, friends and online contacts. The use of social media has become a significant feature in the radicalisation of young people.

More information on these factors is in Appendix Four.

Our school, like others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this will normally be the Designated Safeguarding Lead. The SPOC for **Bow Street School** is **Clare Harper**, the responsibilities of the SPOC are described in Appendix Five.



Staff of **Bow Street School** will be alert to changes in a child's behaviour or attitude which could indicate that they are in need of help or protection.

When any member of staff has concerns that a student may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC, and to the Designated Safeguarding Lead if this is not the same person.

Numerous factors can contribute to and influence that range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

## Channel

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by the West Midlands Police Counter-Terrorism Unit, and it aims to:

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.

The Channel Programme focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's participation in the programme is entirely voluntary at all stages.

Schools have a duty to cooperate with the Channel Programme in the carrying out of its functions, and with the Police in providing information about an individual who is referred to Channel (Section 38, Counter Terrorism and Security Act 2015).

Further guidance about duties relating to the risk of radicalisation is available in the Advice for Schools on [The Prevent Duty](#).



# Safeguarding Students who are Vulnerable to Exploitation, Forced Marriage, Female Genital Mutilation, or Trafficking

Our safeguarding policy above, and the school's values, ethos and behaviour policies, provide the basic platform to ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other.

Our school keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.

Our staff are supported to recognise warning signs and symptoms in relation to specific issues, and include such issues in an age appropriate way in their curriculum.

Our school works with and engages our families and communities to talk about such issues.

Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together where ever possible.

Our Designated Safeguarding Lead knows where to seek and get advice as necessary.

Our school brings in experts and uses specialist material to support the work we do.

## Reporting of Female Genital Mutilation

With effect from October 2015 all schools are subject to a mandatory reporting requirement in respect of female genital mutilation. When a teacher discovers that an act of FGM appears to have been carried out on a girl under 18, that teacher has a statutory duty to report it to the Police. Failure to report such cases will result in disciplinary sanctions.

When a teacher at **Bow Street School** has reasons to suspect that an act of FGM has been carried out on a student, s/he will discuss the situation with the Designated Safeguarding Lead, who may consult children's social care before a decision is made as to whether the mandatory reporting duty applies.



## Children Who Go Missing from Education

A child going missing from education is a potential indicator of abuse or neglect, including sexual exploitation, FGM, forced marriage or travelling to conflict zones. School staff will be alert to these safeguarding concerns when a student goes missing for an extended period, or on repeat occasions.

The school must notify the local authority and any student who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 5 days or more. The school must also notify the local authority of any student who is to be deleted from the admission register because s/he:

- Has been taken out of school by their parents and is being educated outside of the school system (e.g. home education);
- Has ceased to attend school and no longer lives within a reasonable distance of the school at which s/he is registered;
- Has been certified by a medical professional as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither s/he nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- Is in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe that s/he will return to the school at the end of that period; or
- Has been excluded.

## What We Do When We are Concerned

Where risk factors are present but there is no evidence of a particular risk then our DSL/SPOC advises us on preventative work that can be done within school to engage the pupil into mainstream activities and social groups. The DSL may well be the person who talks to and has conversations with the pupil/student's family, sharing the school's concern about the young person's vulnerability and how the family and school can work together to reduce the risk.

In this situation, depending on how worried we are and what we agree with the parent and the young person (as far as possible) –



- The DSL/SPOC may decide to notify social care of the decision so that a strategic overview can be maintained and any themes or common factors can be recognised; and
- The school will review the situation after taking appropriate action to address the concerns.

The DSL/SPOC will also offer and seek advice about undertaking an early help assessment and/or making a referral to children's social care.

If the concerns about the student are significant and meet the threshold criteria, they will be referred to social care. This includes concerns about a young person who is affected by the behaviour of a parent or other adult in their household.

## Part 2: The Key Procedures-

### Responding to concerns about a child

*Thresholds of support to Children and Families in Wolverhampton.*

#### *Section 13 Child Protection Referrals*

*When a practitioner considers a child is at risk of significant harm a telephone referral should be made to the Central Referral Hub followed by completion of the 'Wolverhampton Safeguarding Children Board Multi-Agency Referral Form' (MARF)*

*There should be no delay in seeking immediate guidance in referring by telephone any child that is considered to be at immediate risk of harm, which may include:*

- *Children who have been physically or emotionally abused or significantly harmed through a deliberate act, neglect or domestic violence.*
- *Children who have been sexually abused or are being groomed for sexual purpose.*
- *Fabricated or induced illness.*
- *Forced marriage of a minor.*
- *Parent involved in serious criminal acts that may impact on the child, e.g. abusive images of children, drug dealing.*



- *Sexual exploitation through prostitution.*
- *An adult assessed as being a risk to children is having contact with or living with a child in the same household.*
- *The child witnesses domestic violence or other violent or sexually harmful acts.*

*If there is no immediate danger or you need advice or information, you should discuss your concern with your DSL. **Outside office hours, contact our emergency service on 01902 552999.** Concerns should be reported to **Duty and Assessment Team based at Wolverhampton Civic Centre: 01902 555392.***

(Where a student's home LA is not Wolverhampton refer to Appendix 6 - Local Authority Key Contacts and procedures)

## Involving Parents/Carers

In general, we will discuss any child protection concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents/carers after consultation with the Designated Safeguarding Lead. However there may be occasions when the school will contact another agency **before** informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.

Parents/carers will be informed about our safeguarding policy through;

- Induction
- School website

## Multi-Agency Work

We work in partnership with other agencies in the best interests of the children, the school will, where necessary, liaise with the school nurse and make referrals to children's social care. Referrals should be made by the Designated Safeguarding Lead to The Advice and Referral Team. Where the child already has a safeguarding social worker involved, the request for support should go immediately to the social worker involved, or in their absence to their team manager.



We will co-operate with any child protection enquiries conducted by children's social care: the school will ensure representation at appropriate inter-agency meetings such as integrated support plan meetings initial and review child protection conferences, and core group meetings.

We will provide reports as required for these meetings. If the school is unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting.

Where a student is subject to an inter-agency child protection plan or a multi-agency risk assessment conference (MARAC) meeting, the school will contribute to the preparation, implementation and review of the plan as appropriate.

## **Our Role in Supporting Children**

We will offer appropriate support to individual children who have experienced abuse or who have abused others. An individual support plan will be devised, implemented and reviewed regularly for these children. This plan will detail areas of support, who will be involved, and the child's wishes and feelings. A written outline of the individual support plan will be kept in the child's protection record.

Young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the school community through a multi-agency risk assessment. We will ensure that the needs of young people who abuse others will be considered separately from the needs of their victims.

We will ensure the school works in partnership with parents/carers and other agencies as appropriate.



## Responding to an Allegation about a Member of Staff

This procedure should be used in any case in which it is alleged that a member of staff, visiting professional or volunteer has:

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

Although it is an uncomfortable thought, it needs to be acknowledged that there is potential for staff in school to abuse children.

All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to the Headteacher unless the concern relates to the Headteacher, in which case it must be reported immediately to Director- **Cherri Felton**, who will liaise with the Local Authority Designated Officer Team in children's social care and they will decide on any action required.

## Children with Additional Needs

**Bow Street School** recognises that while young people have a right to be safe, some young people may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug/alcohol abusing parents, etc.

When the school is considering excluding, either fixed term or permanently, a vulnerable student and/or a student who is the subject of a child protection plan or where there is an existing child protection file, we will call a multi-agency risk-assessment meeting prior to making the decision to exclude.



# Children in Specific Circumstances

## Private Fostering

Many people find themselves looking after someone else's child without realising that they may be involved in private fostering. A private fostering arrangement is one that is made privately (that is to say without involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or immediate relative. If the arrangements is to last, or has lasted, for 28 days or more it is private fostering.

The Children Act 1989 defines a relative as a grandparent, brother, sister, uncle or aunt (whether of full blood or half blood or by marriage or civil partnership), or a step parent.

People become involved in private fostering for all kinds of reasons. Examples of private fostering include-

- Children who need alternative care because of parental illness;
- Children whose parents cannot care for them because their work or study involves long or antisocial hours;
- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Unaccompanied asylum seeking and refugee children;
- Teenagers who stay with friends (or other non-relatives) because they have fallen out with their parents;
- Children staying with families while attending a school away from their home area.

There is a mandatory duty on the carer, the parents, and anyone else involved in making the arrangement, to inform the local authority of a private fostering. The local authority has a duty to check that the young person is being properly cared for and that the arrangement is satisfactory.



## Other Specific Circumstances

Guidance on children in specific circumstances is in Wolverhampton Safeguarding Children Board's procedures as listed below.

[Private Foster Care](#)

[Disabled Children and Young People](#)

[Abuse by Children and Young People](#)

[Abuse by a Stranger](#)

[Abuse by Extended Family and Friends](#)

[Organised Abuse](#)

[Domestic Violence and Abuse](#)

[Parental Mental Illness](#)

[Parental Learning Disability](#)

[Parental Substance Misuse](#)

[Adults who Pose a Risk to Children](#)

[Sexually Active Children and Young People](#)

[Sexually Exploited Children and Young People](#)

[Missing Children and Families](#)

[Children who Self Harm](#)

[Female Genital Mutilation](#)

[Forced Marriage](#)

[Honour Crimes](#)

[Migrant Children](#)

[Unaccompanied Asylum Seeking Children](#)

[Child Victims of Trafficking](#)

[Supporting Children and Young People Vulnerable to Violent Extremism](#)

[Safeguarding Children and Young People Who May be Affected by Gang Activity](#)



# APPENDICES



# Multi Agency Referral Form for Wolverhampton

MARF. Jan 2016



**WOLVERHAMPTON SAFEGUARDING CHILDREN BOARD**  
**Multi-Agency Form (MARF) For Referrals to**  
**the Multi Agency Safeguarding Hub (MASH)**

This form should be completed when making a referral to the Multi-Agency Safeguarding Hub (MASH) for specialist support. All referrals should initially be made by telephone to 01902 553392 and then confirmed in writing immediately, and no later than 24 hours later using this form. **Please ensure that ALL FIELDS ON THIS PAGE ARE COMPLETED IN FULL.**

The completed form should then be sent to:  
[candcentralreferral@wolverhampton.gov.uk](mailto:candcentralreferral@wolverhampton.gov.uk); or [candcentralref@wolverhampton.gcsx.gov.uk](mailto:candcentralref@wolverhampton.gcsx.gov.uk) (Secure Email) or post to: The Multi-Agency Safeguarding Referral Hub (MASH), Civic Centre, St Peters Square, Wolverhampton, WV1 1RT.

For referrals outside of office hours, please telephone the Emergency Duty Team (EDT) on 01902 552999.

<u>CONSENT</u>			
<b>Are parents/carers aware of the referral to the MASH?</b>	Yes	No	Written/verbal (please delete)
<b><u>Has consent been obtained from the parent/carer to share information?</u></b>			
If consent has <b>NOT</b> been obtained, please record the reason/s for this:			

**Do you consider that the child/young person is at IMMEDIATE RISK OF HARM?**

**Yes**

**No**

Updated 01/18  
 Next review due: 12/17  
 v.3



Child/ Young Person Details				
Forenames:	Surname:			
Address:	Telephone Number:			
Date of Birth:	Gender:      Male                  Female			
EDD if unborn baby / Hospital where booked:				
Ethnic Origin:				
1 <sup>st</sup> Language :	Religion/ Belief:			
Parent /Carer Details				
Person 1	Person 2			
Forename:	Forename:			
Surname:	Surname:			
DOB:	DOB:			
Relationship	Relationship			
Address:	Address			
Telephone Number:	Telephone Number:			
First Language:	First Language:			
Is an Interpreter/Signer required? Yes          No                  Don't Know	Is an Interpreter/Signer required? Yes          No                  Don't Know			
Other Household Members				
Forenames	Surname	DOB	Relationship	Also referred? Y/N
				Yes    No



Are you aware of any of the following issues in the household?(tick as appropriate):

Domestic abuse                      Substance misuse                      Disabilities                      Learning difficulties  
Mental illness                      Offending behaviour

**Details of your concerns:** (including how these concerns may affect parenting ability or the safety of children).

**Details of referrer**

Name			
Designation			
Address			
Post Code	Tel No:	Mobile No	
Email address			
Date of telephone referral if applicable			

**Are you aware of any other agencies involved e.g. School Nurse, CAMHS, YOT**

Name	Designation	Address	Tel

**Reason for Referral**

Please use the following headings to structure your referral and identify how a referral to Children's Social Care will address the issues you have highlighted and lead to an improvement in the situation

*Presenting concerns (please describe the incident or circumstances that have led to a referral being made*

*Development of child – health, behaviour, family relationships etc.*

*Safety and protection, emotional warmth, stimulation*



*Family and environmental – functioning and well-being/Other factors (e.g. issues related to: alcohol misuse, drug misuse, domestic violence, mental health problems, learning difficulties, offending behaviour/imprisonments and offences against children, any significant history)*

*Please outline any services that have been provided to address any previous concerns prior to this referral.*

**Has an EHA been completed? Y/N**

**If Not, Why not?**

**If yes, please attach a copy and identify the lead professional and their contact details:**

Have you discussed this referral with your designated child protection officer or your line manager?

Yes No

Signed

Print name

Designation

Date



FOR COMPLETION BY THE MASH WORKER  
(this page must be sent to the referrer)

Name of Child:	Address:
Name & Contact details of Referrer:	

Outcome of Referral

Conclusion of Referral (circle correct statement)

1. Referred to Social Work Unit for Social Care Assessment/Investigation
2. Referred to Early Help Services
3. Referred/signposted to another Agency
4. Case to be closed. No further action required.

Any Other Comments:

--

Parents/carers informed of outcome of the referral?      Yes      No

Worker (please print name):

Signature:

Date:



## Definitions and Indicators of Abuse

### 1. 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. Neglect may occur during pregnancy as a result 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.

The following may be indicators of neglect (this is not designed to be used as an exhaustive checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illness or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers



## 2. Physical Abuse

Physical abuse 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.

The following may be indicators of physical abuse (this is not designed to be used as an exhaustive checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulder or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

## 3. Sexual Abuse

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 act of sexual abuse, as can other children.



The following may be indicators of sexual abuse (this is not designed to be used as an exhaustive checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders and pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE; or
- Bruises or scratches in the genital area.

#### 4. Sexual Exploitation

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
  - Entering and/or leaving vehicles driven by unknown adults;
  - Possessing unexplained amounts of money, expensive clothes or other items;
  - Frequenting areas known for risky activities;
  - Being groomed or abused via the Internet and mobile technology;
- And
- Having unexplained contact with hotels, taxi companies or fast food outlets.



## 5. Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 the 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 also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), 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.

The following may be indicators of emotional abuse (this is not designed to be used as an exhaustive checklist);

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents being contracted;
- Running away;
- Compulsive stealing;
- Appetite disorders- anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as "traumatic mutism") can indicate maltreatment.



## 6. Responses from Parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of an injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household.

## 7. Disabled Children

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.



## Multi Agency Referral Form for Sandwell



## Multi Agency Referral Form (MARF)

This form should only be used to make a referral to Sandwell's child protection **Multi Agency Safeguarding Hub (MASH)**.

If a child is at **imminent significant risk of harm/immediate danger**, you should consider calling **999** in the first instance (for Police or an Ambulance) and contacting children's social care by telephoning **Sandwell's Contact Centre** on **0121 569 3100** (out of office hours is the same number). You will also be expected to **complete a MARF without delay**.

If the child is in no immediate danger you must **complete a MARF as soon as possible** and within a **maximum of 24 hours**.

Send the **MARF by secure email** to [access\\_team@sandwell.gcsx.gov.uk](mailto:access_team@sandwell.gcsx.gov.uk) with the **subject title MARF**

(For those agencies who do not have secure email, please password protect the MARF before sending, and telephone **Sandwell's Contact Centre** to advise them of the password)

For guidance on completing the MARF please see the accompanying **Sandwell MARF Guidance** and **Multi Agency Thresholds** documents



1. CHILD / YOUNG PERSON'S DETAILS			
Family Name		First Name(s)	
Date of Birth/ Estimated Due Date	/ /	Gender	<input type="checkbox"/> Male
Age			<input type="checkbox"/> Female
Ethnicity If 'Other', please specify	Please select by clicking here:	Religion If 'Other', please specify	<input type="checkbox"/> Unborn Please select:
First Language		Interpreter required? Why/who for?	Y / N / Not Known <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NHS Number			
Address			
Home Telephone No.		Mobile No.	
GP Address/ Contact			
Nursery/School/ Children's Centre Address/ Contact			



In order to identify the correct child / young person requiring the assessment, please include a description of the child's physical characteristics: e.g. Colour of Eyes, Hair, Skin, Approx Height/Weight and any distinguishing marks

Child's Voice  
*(Please provide an explanation)*

Is the child or young person aware of the referral? Y / N / NK

Have their wishes and feelings been included? Y / N / NK



## 2. DETAILS OF REFERRAL

Describe the identified cause for concern - what is the *impact* (or potential impact) on the child/ young person?

On what evidence / information is your concern based?

Please complete a CSE screening tool for all 10-17 year olds that you are referring as this will help you identify if CSE is a concern/additional concern. Please submit the screening tool with your MARF. The screening tool can be accessed directly by clicking [here](#) or from the Safeguarding Children Board website ([http://www.sandwellscb.org.uk/site/whats\\_new.html](http://www.sandwellscb.org.uk/site/whats_new.html))



### 3. FAMILY CONTEXT

Outline your agency's role / service provided to the child and or family.

Confirm how long you have been involved; include any history of concerns and when you last saw the child/ family

Outline your knowledge of the child's needs and parent's capacity to meet these. Include any family and environmental factors that impact on child's need and parent's capacity.

Please provide details, and where known contact details, of other professionals/ agencies involved with the family



**4. FAMILY COMPOSITION AND HOUSEHOLD MEMBERS** (e.g. siblings/stepfather/carer)

Name	Gender	DOB	Relationship to subject child	School; Nursery; Children's Centre	GP
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ /			
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ /			
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ /			
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ /			

Name	Gender	Date of Birth	Relationship to subject child	Does this person hold parental responsibility?
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ /		Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ /		Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/ /		Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



5. CONSENT & CONFIDENTIALITY			
Is the parent aware of the referral?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the parent given consent to the referral being made?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to either of the above is <b>No</b> please provide an explanation. It is essential that professionals work in partnership with families and talk to them about their concerns, unless to do so would place a child or family at immediate risk of harm			
Have parents been advised that support may be offered from Early Help Services?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the above is yes, have parents consented to this?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any information contained in this referral to remain confidential from the subject child and family? If so, please outline specific information to remain confidential and reasons.			
<b><i>NB details of referrer, if a professional person, cannot be held as confidential save in exceptional circumstances</i></b>			
Name of person completing referral			
Relationship to child being referred			
Date		Time	
Tel No.		Agency	
Address			
Email			
Name & contact details of person to whom feedback should be provided (if different to above)			



# Multi Agency Referral Form for Dudley

FRAMEWORK FOR THE ASSESSMENT OF CHILDREN IN NEED  
Form AF2

## INTER-AGENCY REFERRAL TO CHILDREN’S SOCIAL CARE OF A CHILD IN NEED

This form is designed to assist all agencies in making referrals to Children’s Social Care. Referring agencies should complete as much of the information as they are able, as this will assist Children’s Social Care to make an appropriate and timely response to the child and family. As part of good practice, and in compliance with the requirements of the Data Protection and Human Rights Acts, the referring agency should normally seek the prior agreement of the child/young person’s family. The exception to this is where it is felt that the child’s welfare would be compromised. If discussion with the child’s parents or seeking their agreement is likely to increase the risk of significant harm then such discussion should not take place, and a telephone referral should be made directly to Children’s Social Care on the same day that the concern arises – the referral should then be confirmed in writing by completing this form. For all types of referral, further advice can be sought from Children’s Social Care.

**Child/Young Person’s Name and Address**

Family Name \_\_\_\_\_ Forenames \_\_\_\_\_ Male  
 Female

Other names used: \_\_\_\_\_ DoB: \_\_\_\_\_  
 Age: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Tel. \_\_\_\_\_

\_\_\_\_\_

Current address if different from above:

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

School/Day Care: \_\_\_\_\_ Child/Young Person’s Religion: \_\_\_\_\_ Their ethnicity: \_\_\_\_\_

\_\_\_\_\_



Their language: \_\_\_\_\_ Does the Child/Young Person have a disability?  
Yes  No

If yes, please specify \_\_\_\_\_ Is the Child/Young Person a Young Carer?  
Yes  No

Is an Interpreter, signer or other form of assistance required? Yes  No  Please specify:  
\_\_\_\_\_

**Child/Young Person's Principal Carers**

<i>Surname</i>	<i>Forenames</i>	<i>Relationship to</i>
<i>child/young person</i>		

**Other Members of the Child's Family/Household/and other significant adults**

<i>Family Name</i>	<i>Forenames</i>	<i>DoB</i>	<i>Address</i>
<i>Relationship to Child</i>			

**Reason for referral/request for services:**



<b>Do you already have some information about the needs of this child/family?</b>	
<p><b><u>Consider:</u></b></p> <p><i>Health</i></p> <p><i>Education</i></p> <p><i>Emotional and behavioural development</i></p> <p><i>Family/Social relationships</i></p> <p><i>Social presentation</i></p> <p><i>Self care skills</i></p>	<p><b>Child/Young person's Needs</b></p>
<p><b><u>Consider:</u></b></p> <p><i>Basic care</i></p> <p><i>Ensuring safety</i></p> <p><i>Emotional warmth</i></p> <p><i>Stimulation</i></p> <p><i>Guidance and boundaries</i></p> <p><i>Stability</i></p>	<p><b>Parenting Capacity</b></p>
<p><b><u>Consider:</u></b></p> <p><i>Community resources</i></p> <p><i>Income</i></p> <p><i>Housing</i></p> <p><i>Family history and functioning</i></p> <p><i>Family's social integration</i></p> <p><i>Employment</i></p> <p><i>Wider family</i></p>	<p><b>Family and Community Support</b></p>



**Are you aware of any other Agencies/Professionals currently or previously working with the family?**

*Agency*                      *Name of Worker*                      *Address*  
*Telephone Number*

**Are you aware of any Health and Safety issues? Y/N**

\_\_\_\_\_

**Name of Referring Agency:** \_\_\_\_\_ **Address:**

\_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_ **Telephone No.**

\_\_\_\_\_

**Name of staff member completing this referral:** \_\_\_\_\_ **Job Title:**

\_\_\_\_\_

**How long have you known the child/family?** \_\_\_\_\_ **In what capacity?**

\_\_\_\_\_

**What services have you provided to date?**

\_\_\_\_\_

**Have the family agreed to you making this referral? Yes  No  If "No" please give reason(s):**

\_\_\_\_\_

**If of sufficient age, is the child/young person aware? Yes  No  What is their view**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Dealing with a Disclosure of Abuse

When a child tells me about abuse s/he has suffered, what must I remember?

- Stay calm
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask “leading questions” or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child’s own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB. It is not staff’s role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.



### **Immediately afterwards**

**You must not deal with this yourself.** Clear indications or disclosure of abuse must be reported to children's social care without delay, by the Headteacher or the Designated Safeguarding Lead.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead or Headteacher.



## APPENDIX SIX

# Allegations about a Member of Staff, Visitor or Volunteer

1. Inappropriately behaviour by staff/volunteers could take the following forms:
  - **Physical**  
For example: the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
  - **Emotional**  
For example: intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.
  - **Sexual**  
For example: sexualised behaviour towards pupils, sexual harassment, sexual assault and rape.
  - **Neglect**  
For example: failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.
2. If a child makes an allegation about a member of staff, visitor or volunteer the Headteacher should be informed immediately. The Headteacher should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The Headteacher should not carry out the investigation herself or interview pupils.
3. The Headteacher must exercise, and be accountable for, their professional judgement on the action to be taken, as follows-
  - If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns the Headteacher will notify the Duty and Assessment Team (Tel: 01902 555392). The Team will liaise with the Proprietor and advise about action to be taken, and may initiate internal referrals within children's social care to address the needs of children likely to have been affected.



- If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the students, these should be addressed through the school's own internal procedures.
  - If the Headteacher decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child protection file.
4. Where an allegation has been made against the Headteacher, then the Proprietor takes on the role of liaising with the LADO Team in determining the appropriate way forward. For details of this specific procedure see the Section on [Allegations against a Professional, Professional Carer or Volunteer](#) in the procedures of Wolverhampton Safeguarding Children Board.



## Indicators of Vulnerability to Radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:  
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:  
The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorism violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity to seek to provoke others to serious criminal acts; or
  - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”. Those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Students may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.



6. Indicators of vulnerability include:
- Identity Crisis- the student is distanced from their cultural/religious heritage and experience discomfort about their place in society;
  - Personal Crisis- the student may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
  - Personal Circumstances- migration; local community tensions; and events affecting the student country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Governments policy;
  - Unmet Aspirations- the student may have perceptions of injustice; a feeling of failure; rejections of civic life;
  - Experiences of Criminality- which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;
  - Special Education Need- students may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
- Being in contact with extremist recruiters;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature;
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations;
  - Significant changes to appearance and/or behaviour; and
  - Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.



## Preventing Violent Extremism - Roles and Responsibilities of the Single Point of Contact (SPOC)

The SPOC for **Bow Street School** is **Clare Harper**, who is responsible for:

- Ensuring that staff of the school are aware that she is the SPOC in relation to protecting students from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing students from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
- Raising awareness about the role and responsibilities of **Bow Street School** in relation to protecting students from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the school's PSHE and values assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within the school about the safeguarding processes relating to protecting students from radicalisation and involvement in terrorism;
- Acting as the first point of contact within the school for case discussions relating to students who may be at risk of radicalisation or involved in terrorism;
- Collating relevant information from in relation to referrals of vulnerable students into the Channel. Process to:  
West Midlands Police, Tel: 07825 112401
- Attending Channel meetings as necessary and carrying out any actions as agreed;
- Reporting progress on actions to the Channel Co-ordinator; and
- Sharing any relevant additional information in a timely manner.



## APPENDIX NINE

### *Sandwell Safeguarding Children Board Manual Contents*

#### *Referrals 3.1*

##### *Reporting Concerns*

*For referrals and re-referrals where professionals have safeguarding or child protection concerns for children.*

*If you have safeguarding or child protection concerns in relation to children please consult the SSCB [Multi Agency Thresholds Document and Guidance](#) which can be found on the [Sandwell SCB website](#) and if necessary make contact with Sandwell Children's Services, including Early Help using the pathways and details below.*

*If you believe that Early Help services will be able to assist the family through either yourself as the lead professional or through additional Early Help Services or via the Community Operating Groups (COGs) then refer via the e-caf system (training is available on the [Sandwell Metropolitan Borough Council website](#). Alternatively a paper Early Help Assessment obtained from the website can be sent in which should be e-mailed securely to [ecaf\\_queries@sandwell.gcsx.gov.uk](mailto:ecaf_queries@sandwell.gcsx.gov.uk) (please note that the email will only be secure if it is also coming from a secure email address i.e. [gcsx/nhs.net/pnn.police/cjasm](mailto:gcsx/nhs.net/pnn.police/cjasm)).*

*For enquires or queries regarding new referrals/early help cases or advice and guidance please contact the **Early Help Desk on 0121 569 3100**.*

##### *Non-Emergency*

*If you believe that the risk is significant and is a child protection issue but the child is in no immediate danger you must complete a Multi-Agency Referral Form (MARF) (which can be found on the [Sandwell SCB website](#)) as soon as possible and within a maximum of 24 hours. Please send your completed MARF via secure e-mail to: [access\\_team@sandwell.gcsx.gov.uk](mailto:access_team@sandwell.gcsx.gov.uk).*

*For information on how to access and complete a MARF please see the [Sandwell SCB website](#).*



## **Emergency**

*If a child is at imminent significant risk of harm/immediate danger you should consider calling 999 in the first instance (for Police or Ambulance) and contacting Children's Social Care by telephoning **Sandwell's Contact Centre on 0121 569 3100** (out of office hours is the same number). You will be expected to complete a MARF without delay.*

### **MASH - Multi Agency Safeguarding Hub**

*The MASH has been formed to protect children and families who may be at risk of harm including domestic abuse. It is a co-located multi agency team which securely shares information between agencies. The information is used to understand the needs of a child or adult about whom concerns have been raised. The MASH identifies a full picture of the known risks affecting the children and their family and then ensures timely and relevant actions to address these issues.*

*The following documents provide guidance on when to make a referral can be found on the Sandwell SCB website:*

- [Multi-agency Thresholds Document](#);
- [Multi-agency Referral Form \(MARF\)](#);
- [MARF Guidance](#).

### **Dudley Safeguarding Children Board Core Procedures**

*If you have concerns about a child or young person you should call the Children's Services Referral and Advice service on 0300 555 0050 during office hours (9.00am - 5.00pm).*

*Out of office hours you can contact the Emergency Duty Team on 0300 555 8574 or in an emergency call 999.*

*For practitioners and those working with children please complete the [Interagency Referral Form](#) and send it to the single point of access team at [spa\\_team@dudley.gov.uk](mailto:spa_team@dudley.gov.uk).*

*Referrals can come from the child themselves, professionals such as teachers, the police, GPs and health visitors as well as family members and members of the public.*



*Referrals to Children's Social Care Services usually fall in to three categories:*

- *Requests for information from Children's social care;*
- *Provision of information such as notifications about a child;*
- *Requests, for services for a child, which will be in the form of a referral.*

*Children's social care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.*

*The local [Threshold Protocol](#) provides guidance about the criteria for making and receiving referrals.*

*Referrals should be confirmed in writing within 24 hours using the [Multi Agency Referral Form](#)*

