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CHILD PROTECTION & SAFEGUARDING OF VULNERABLE ADULTS

POLICY AND PRACTICE GUIDANCE

1. Policy Statement

The Directors of A+bility Limited believe:

1.1 that the welfare of the service user is paramount

1.2 that all children and vulnerable adults without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs

1.3 that children and adults, including staff, should feel safe

2. Purpose

The purpose of this policy is to make clear to staff, volunteers and associates the procedures which should be followed in relation to protecting children and young people, and vulnerable adults. They are compliant with Gloucestershire Safeguarding Children and Adults Boards’ procedures.

3. Scope

This policy applies to all A+bility Limited staff, associates and volunteers. The duty manager (24:7) is the same for both companies (Ability Supported Living). The policy encompasses children and adult safeguarding because some service users receive an unbroken service from the Companies after they reach the age of 18.

4. Safeguarding Management Arrangements:

4.1 The Designated Safeguarding Manager is Sally Jackaman

4.2 The Designated Safeguarding Deputy Managers are Alayne O’Connor, Fiona White, Louise Eley, Bev Morgan and Allyson Scott.

4.3 The Board of Directors ensures that there is always a Safeguarding Manager or a Deputy Safeguarding Manager on call

5. Context of the Policy

This Policy should be read in conjunction with Gloucestershire County Council document “Multi-agency policy & procedures for the protection of adults with care & support needs in Gloucestershire”.

http://www.gloucestershire.gov.uk/media/11423/safeguarding_adults_policy_procedures_-_final_august_20165b92.pdf
5.1 Legislation & other related policies and procedures

Children Act 1989
Sexual Offences Act 2003
The Children Act 2004
The Data Protection Act 2018
The Care Act 2014
Mental Capacity Act 2005
Mental Capacity (Amendment) Act 2019
Human Rights Act 1998
Working Together to Safeguard Children July 2018
Working Together: Gloucestershire’s Multi-Agency Approach April 2019
Levels of Intervention Guidance
Escalation Policy and Procedures of South West Safeguarding and Child Protection Group (Appendices 2 & 3)
Gloucestershire Safeguarding Children’s Board Protocols
Gloucestershire Adult Safeguarding Multi Agency Policy and Procedures August 2017
Lone Working Policy
Complaints, Concerns, Compliments and Comments Policy
Equality, Diversity and Inclusion Policy
Safe Recruitment Policy
Whistle Blowing Policy
Personal Care Policy
Behaviour Management Policy
Recording Information and Data Protection Policy
Leaving Care Policy
Going Missing and Missing From Care Policy

6. Mandatory Procedures

There are eight elements to our procedures:

6.1 Ensuring we practice safe recruitment in checking the suitability of staff, associates and volunteers to work with children and vulnerable adults.

6.1.1 All staff, associates and volunteers have clear enhanced DBS (ex CRB) checks no older than 3 years for both children and adults

6.1.2 Staff, associates and volunteers who are not on the DBS update service are required to complete a suitability statement annually

6.1.3 All staff, associates and volunteers will be registered with ISA once this becomes a requirement.

6.1.4 All staff and volunteers will have provided 2 verified references stating their suitability to work with children and/or vulnerable adults.
6.1.5 There is a clear process for renewing DBS checks before the 3 year threshold is expired using a spread sheet.

6.1.6 Those on the DBS update service will be checked annually for changes.

6.1.7 Managers sign up for safeguarding alerts for both children and adults and disseminate information to staff, associates and volunteers as appropriate.

6.1.8 Managers maintain an electronic file of safeguarding referrals to helpdesk/social care.

6.2 Raising awareness of child protection and safeguarding vulnerable adult’s issues and equipping service users with the skills needed to keep them safe.

6.2.1 All staff, associates and volunteers are required to support children, young people and vulnerable adults to learn ways to keep themselves safe. This website can help with this: http://www.glostakeastand.com/.

6.2.2 This includes promoting e-safety with reference to computers, laptops, tablets, mobile phones, and any other devices. Useful websites for use with children are http://www.kidsmart.org.uk/ (Key Stage 1 and 2) and http://www.thinkuknow.co.uk/ (all ages). Staff will also find this website useful: http://www.ceop.police.uk. E-Safety guidelines can be found in Appendix 6 and guidance on Nude Selfies can be found in Appendix 9. Cyber bullying is prevalent and staff must be aware of signs and how to support young people in this situation. Also sexting, live streaming and revenge porn are activities and offences which affect children and adults. Resources to help children understand the risks can be found at https://www.thinkuknow.co.uk/professionals/resources/.

6.2.3 Bullying is not tolerated. Staff provide support and guidance to service users who are bullies and bullied, to increase awareness of impact and to find strategies to keep themselves safe. See Managing Challenging Behaviour Policy.

6.2.4 Parents and carers are informed of the activities the service users will undertake, child protection/safeguarding and complaints procedures and of the voluntary OFSTED registration system and OFSTED’s address.

6.2.5 Domestic Abuse and related offences including stalking, “honour” based violence, forced marriage and female genital mutilation affect children and adults. Staff can get information from the Gloucestershire Domestic Abuse Support Service (GDASS) https://www.gdass.org.uk/.

6.2.6 A copy of this policy is accessible to all on this website: www.abilityonline.co.uk

6.2.7 A copy of the ‘South West Safeguarding and Child Protection’ policies and procedures is available at https://www.proceduresonline.com/swcpp/gloucestershire/index.html.
6.2.8 Staff receive training to recognise the signs and indicators of, and report and record, when children, young people or vulnerable adults could be at risk of Female Genital Mutilation (FGM) (Appendices 10 & 11) and Forced Marriage (Appendices 12 & 13). FGM suspicions must be reported to the Police immediately.

6.2.9 Staff receive training to recognise the signs and indicators of, and report and record, when children, young people or vulnerable adults could be at risk of Terrorism, Extremism, and Radicalisation (Appendices 14 & 15).

6.3 Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.

6.3.1 All staff, associates and volunteers receive Safeguarding/Child Protection training at the point of joining the company.

6.3.2 All staff, associates and volunteers are given instructions about how to recognise signs and indicators of abuse, and how to report concerns.

6.3.3 All concerns and allegations of abuse are taken seriously and responded to appropriately - this might require a referral to the Commissioning Agency, the helpdesk and the Police. FGM suspicions must be reported to the Police immediately.

6.3.4 Concerns must be raised with the on call manager or Director by telephone on the day the staff becomes concerned.

6.3.5 The Board has appointed a named person and deputy to take responsibility for Child Protection and Safeguarding Adults. These designated persons are: Sally Jackaman (Lead), Alayne O’Connor (Deputy), Fiona White, Louise Eley, Allyson Scott and Bev Morgan can also deputise when they are on call managers.

One of these officers will pass on concerns to the appropriate authorities having made a dynamic risk assessment of the need to raise it as an emergency or wait until the next working day.

6.3.6 Process for reporting concerns for under 18s:

Staff must inform the manager on duty immediately, and the manager ensures that actions are compliant with Gloucestershire Safeguarding Children Board’s procedures (Appendices 19).

The member of staff must complete an incident report and email to the manager as soon as possible.

The manager can seek advice about the appropriateness of making a referral by phoning the MASH (Multi Agency Safeguarding Hub) on 01452 426565
Managers also need to refer to the Levels of Need Table in the Levels of Intervention guidance found at [https://www.gscb.org.uk/media/1517569/gloucestershire-revised-loi-guidance-version-30-final-300118.pdf](https://www.gscb.org.uk/media/1517569/gloucestershire-revised-loi-guidance-version-30-final-300118.pdf)

If a decision is made to make a referral, this is done in one of two ways.

Either

a. The manager makes a referral using the MARF (Multi Agency Request Form). The form can be found at this portal: [https://children.gloucestershire.gov.uk/web/portal/pages/home](https://children.gloucestershire.gov.uk/web/portal/pages/home)

When a decision is made to make a referral due regard is given to the need to inform parents, guardians or carers of the decision to make a referral. Reasons for not informing will include where there are concerns or suspicions that serious crime might have taken place including physical abuse, sexual abuse, domestic violence or induced illness. The manager completes the Safeguarding Spreadsheet and if the decision is made not to inform parents, guardians or carers, the reason for that decision is recorded on the spreadsheet.

Or

b. If the child or young person already has a social worker, they or their team (duty officer or manager) are informed instead of making a referral via a MARF. Due regard is given to whether or not to inform the parents, guardians or carers and if a decision is made not to do so, the reasons for that decision are recorded on the Safeguarding Spreadsheet. Reasons might include concerns or suspicions that serious crime might have taken place including physical abuse, sexual abuse, domestic violence or induced illness. Once the social worker or their team have been informed of the concern they take responsibility for any further actions, and any actions that the A+bility staff carry out are at the request of the social worker.

The Safeguarding Spreadsheet is monitored by the Service Manager and taken to Board on a monthly basis. They check that all procedures and ensuing actions have been carried out, and they monitor safeguarding concerns to identify trends that need action.

6.3.7 Process for reporting concerns for adults with care and support needs:

Staff must inform the manager on duty immediately, and the manager ensures that actions are compliant with the Gloucestershire Safeguarding Adults Board’s procedures (Appendix 8).

The member of staff must complete an incident report and send to the manager as soon as possible.
Unless it is not safe, the Adult must be asked for their views on the concerns or the incident, and asked what they would like to happen next.

If a decision is made to report the concerns, the manager will do this in one of 2 ways. Either

a. Telephone the Adult Helpdesk on 01452 426868 (8am – 5pm Monday – Friday) or during out of office hours the Emergency Duty team on 01452 614194. Alternatively, email socialcare.eng@gloucestershire.gov.uk. The information will be taken to the Safeguarding Adults Team. The manager will complete the Safeguarding Spreadsheet. If the adult has not been consulted because it was not safe, the reasons are recorded on the spreadsheet.

Or

b. If the Adult has an allocated social worker, the social worker or the duty officer or manager must be informed. If the Adult has not been consulted because it is not safe, the reasons are recorded on the spreadsheet.

The Safeguarding Spreadsheet is monitored by the Service Manager and taken to Board on a monthly basis. They check that all procedures and ensuing actions have been carried out, and they monitor all safeguarding concerns to identify trends that might need action.

6.3.8 Staff raising concerns will record them on the Company’s record forms and pass to the designated person as soon as possible.


6.3.10 In respect of under 18s, allegations against Directors, staff, associates and volunteers will be reported to the Local Area Designated Officer (LADO).

6.3.11 In respect of adults, the GSAB safeguarding procedures are followed (Appendix 8)

6.3.12 Concerns about safety will supercede agreements on information sharing. The welfare of children and adults must be prioritised in compliance with the Gloucestershire Information Sharing Partnership Agreement when making records available to other agencies including when there is an enquiry. Transfer of information must be made safely in accordance with the Confidentiality and Data Protection Policy.

6.3.13 Procedures for managing disputes in professional decisions about children are informed by the GSCB’s ‘Escalation’ policy which is attached as Appendix 2, and from Stage 3 onwards are recorded on the form supplied in
Appendix 3. Staff will receive updates and outcome information from the Director managing the process.

6.3.14 Suspicions about honour based violence, forced marriage and female genital mutilation must be reported on the Gloucestershire Public Protection Bureau’s monitoring form, as well as reporting the concern direct to the Police.

6.4 Supporting children, young people and adults who have been abused, or are vulnerable to abuse, in accordance with his/her agreed care or child protection plan where appropriate.

6.4.1 Commissioning agencies are required to provide information necessary to ensure each service user’s needs are met.

6.4.2 This information is held on the individual risk assessment and behaviour management plan.

6.4.3 Support staff, Managers or Directors will attend multi agency meetings as requested by commissioning agencies. This will feature in the service agreement.

6.4.4 Special care is taken when offering personal (intimate) care to vulnerable people, especially when those people have limited understanding and communication and therefore less able to raise concerns about their care. See Personal Care Policy

6.5 Establishing a safe environment in which people can have fun, learn and develop

6.5.1 All staff, associates and volunteers have received Safeguarding and Child Protection training appropriate to their role and receive regular supervision and update training annually, including accessing e-learning Basic Awareness training provided by LearnPro. This training includes signs and indicators, procedures for reporting and recording, E safety (Appendices 5 & 9), Child Sexual exploitation (Appendices 4, & 7), Terror (Appendix 14), Radicalisation (Appendix 15) and Prevent (Appendix 16), Stalking (Appendix 6) and Modern Slavery (Appendix 17).

6.5.2 All staff and volunteers complete the e-learning Basic Awareness Safeguarding training courses provided by LearnPro. This includes a course on Child Sexual Exploitation. Full time staff working with adults have the opportunity of attending the Foundation level 1 and level 2 training. Staff also complete the Home office’s e-learning Prevent course and staff are aware of the Prevent referral pathway and guidance (Appendix 16).

6.5.3 Managers are required to complete the Safeguarding Leadership e-learning training.

6.5.4 ‘One off’ volunteers must be given a verbal briefing by the activity leader who will have completed the appropriate training for the age group.
6.5.5 Staff should ensure they log on to http://www.gscb.org.uk/ and http://www.gloucestershire.gov.uk/gsab/ regularly. Alerts are received by the company from both websites and these are disseminated to staff.

6.5.6 Individual risk assessments are kept on all current service users in order to ensure the correct level of support and supervision is in place for each individual. This includes a Matching assessment to ensure that those living together in shared accommodation do not pose unmanageable risks to each other. See Leaving Care Policy

6.5.7 The Directors of A+ility Limited will take all reasonable steps to ensure that no individual who is unsuitable will have unsupervised contact with the children and vulnerable adults in their care

6.5.8 Young People who go missing from care are vulnerable and can find themselves in unsafe situations. Procedures are followed in line with the Gloucestershire Joint Protocol. The Staff provide support to any young people who has been missing. See Going Missing and Missing From Care Policy. When young people go missing from care staff follow the Notifiable Event procedures. See Recording Information and Data Protection Policy

Staff should respond immediately when a vulnerable person goes missing. The young person’s care plan and risk assessment will have a protocol if this is a regular occurrence, and this should be followed. Staff will try to contact the young person if they have a mobile phone. The Social Worker (Emergency Duty Team out of hours) and the Police must be informed, as well as the on call manager and parents. EDT and Police phone numbers are available from the Duty Manager for quick access. A dynamic risk assessment can be done with the on call manager before staff pick up a young person they have tracked down. Soon after a ‘going missing’ occurrence the young person will be offered a life space interview by a trusted staff member, to support them to make safe decisions.

Vulnerable Adults who go missing must be reported as Missing to the Police and the social Worker/Commissioner/EDT.

6.5.9 Managers on call guide support staff to use the Missing from Care Protocol, the GSCB Child Protection procedures, and the Child Sexual Exploitation tool (Appendix 7) as necessary.

6.5.10 Managers on call raise concerns about the safety of children during working hours by phoning then emailing the Children’s Helpdesk referral form for Professionals.

The concerns about the safety of Vulnerable Adults are reported via the Adults Helpdesk. Out of hours the manager on call contacts EDT on the professionals’ phone line to report concerns.

6.5.11 Managers on call are aware of the Allegations management requirements and know how to contact the LADO.
6.6 Informing all staff, Commissioning Agencies, and service users of the company’s Complaints, Concerns, Compliments and Comments policy.

6.6.1 All staff and volunteers will have a copy of the Complaints, Concerns, Compliments and Comments Policy.

6.6.2 Service users are informed of the complaints policy, and will be given a copy on request.

6.6.3 Service users are supported to make complaints in ways that meet their needs in terms of age, understanding and preferred method of communication.

6.6.4 A copy of the policy is accessible to all on this website: www.abilityonline.co.uk

6.7 Establishing a safe environment for staff, associates and volunteers to carry out their duties.

6.7.1 All staff, associates and volunteers have a copy of the Complaints, Concerns, Compliments and Comments Policy.

6.7.2 All staff, associates and volunteers have a copy of the Whistle Blowing Policy. This is to support them in their duty to report when staff practice is unsafe, or has safeguarding implications.

6.7.3 All staff, associates and volunteers have a copy of the Equality, Diversity and Inclusion Policy which covers bullying and harassment.

6.7.4 Staff, associates and volunteers will be supported to make complaints or raise concerns when their safety has been compromised, or is being compromised.

6.7.5 If staff, associates or volunteers feel threatened, or have been threatened or hurt by service users, the Directors will ensure that this is taken up with the Commissioning Agency and ensure that all reasonable steps are taken to minimise the likelihood of a repeat; this is no way affects the right of the aggrieved person to report offences to the Police or to take legal action.

7. Practice Guidance

Definitions:

7.1 Physical abuse

Physical abuse might involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a person. Physical harm might also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child or dependent adult.

7.2 Emotional Abuse
Emotional abuse is the persistent emotional maltreatment of a person. With children it can cause severe and persistent adverse effects on the child’s emotional development. It might involve conveying to people that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It might feature age or developmentally inappropriate expectations being imposed on children. These might include interactions that are beyond the person’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the person from participating in normal social interaction and taking decisions and making choices they would be entitled to make if they were not vulnerable. It might involve seeing or hearing the ill-treatment of another. It might involve serious bullying causing people frequently to feel frightened or in danger, or the exploitation or corruption of people. Some level of emotional abuse is involved in all types of maltreatment of a child or vulnerable adult, though it might occur alone. Emotional abuse can also include threats and stalking.

7.3 Sexual Abuse

Sexual abuse involves forcing an adult, or forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities might involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.

Children can be vulnerable to sexual exploitation. See Appendix 4 for a signs and vulnerabilities checklist.

They might include non-contact activities, such as involving children or vulnerable adults in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging them to behave in sexually inappropriate ways. Staff attending adults at home should accept the adults are entitled to have legal adult material.

There is an e-learning short course available to staff and log on details are provided on Induction

7.4 Neglect

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

7.5 Domestic Violence
The impact of domestic violence can go beyond actual physical violence, to involve emotional abuse, the destruction of property, isolation from friends, family or sources of support, control over decision making, money, transport or telephone and can include the impact of witnessing violence.

The government’s core definition of domestic violence/abuse is:

“...any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.”


An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily. A family member might be an individual who regularly visits or has contact with the household. A child who lives in a household where domestic violence is a feature of family life, has been abused by these life experiences.

Stalking is closely linked to Domestic Abuse, and is a criminal offence. Guidance from the GSCB can be found at Appendix 7.

7.6 Financial Abuse (adults only)

Financial or material abuse can take the form of fraud, theft or using of the vulnerable adult’s property without their permission. This could involve large sums of money or just small amounts from a pension or allowance each week. It is important not to jump to the wrong conclusions too quickly. The following is a list of possible indicators of financial abuse:

✓ Sudden inability to pay bills
✓ Sudden withdrawal of money from an account
✓ Person lacks belongings that they can clearly afford
✓ Lack of receptivity by the person’s relatives to necessary expenditure
✓ Power of attorney obtained when the person is unable to understand what they are signing
✓ Extraordinary interest by family members in the vulnerable adult’s assets
✓ Recent change of deeds to the house
✓ Carers’ focus is financial with little regard for the health and welfare of the vulnerable adult
✓ The person managing the finances is evasive and uncooperative
✓ Reluctance to accept care services
✓ Purchase of items that the individual does not require or use
✓ Personal items going missing
✓ Unreasonable or inappropriate gifts

7.7 Signs and Indicators of sexual abuse

Bear in mind that some of these signs and indicators could have other explanations.

✓ Aggression.
✓ Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
✓ Sexually transmitted infections.
✓ Pregnancy.
✓ An injury for which the explanation seems suspicious or inconsistent.
✓ The individual describes what appears to be an abusive act involving themselves.
✓ Unexplained changes of behaviour (e.g. becoming quiet, withdrawn or displaying sudden outbursts of temper).
✓ Age inappropriate sexual awareness.
✓ Engaging in sexually explicit behaviour.
✓ Distrust of adults, particularly those with whom a close relationship would normally be expected.
✓ Difficulty in making friends.
✓ Prevented from socialising with others.
✓ Variations in eating patterns including overeating or loss of appetite.
✓ Loss of weight for no apparent reason.
✓ Becoming increasingly dirty or unkempt.
✓ Clothes not appropriate for season e.g. sandals in winter, Wellington boots in summer.
✓ Lots of layers of clothes
✓ Cutting (self mutilation) and other forms of self harm.
✓ Drug and/or alcohol abuse.
✓ Running away.
✓ Hysterical fits or fainting.
✓ Restlessness and aimlessness.
✓ Recurrent headaches.
✓ Poor trust and secretiveness.
✓ Indiscriminate and careless sexual behaviour.
✓ Onset of enuresis (bedwetting) or daytime wetting.
✓ Recurrent abdominal pains.
✓ Sleeping disturbances.
✓ Smearing faeces.
✓ Social withdrawal.
✓ Unexplained bullying or aggressive behaviour to other children.
✓ Unexplained changes in attitude and/or behaviour.
✓ Speaking about, or acting out, domestic violence.

7.8 Guidance on listening to allegations:

7.8.1 Do not promise to keep a secret; you have a duty to share concerns of abuse. There is some debate about what the term ‘confidentiality’ means so do not get hung up about it. Assure the person that you will only inform your manager and/or the police if necessary.

7.8.2 Listen to what is being said, without displaying shock or disbelief.

7.8.3 Accept what is said.

7.8.4 Reassure the child or vulnerable adult, but only as far as is honest, don’t make promises you may not be able to keep e.g. don’t say ‘Everything will be alright now’, ‘You’ll never have to see that person again’.
7.8.5 Do reassure and alleviate guilt, if the child or vulnerable adult refers to it. For example, you could say, ‘You’re not to blame’.

7.8.6 Do not interrogate the child or vulnerable adult; it is not your responsibility to investigate.

7.8.7 Do not ask leading questions (e.g. Did he touch your private parts?)

7.8.9 Do not ask the child or vulnerable adult to repeat the information to another member of staff.

7.8.10 Explain what you have to do next and who you have to talk to.

7.8.11 Report to your manager or on call person as soon as you can after the conversation, regardless of the time of day. That person will inform the designated officer who will make decisions about how to report it.

7.8.12 Write up the conversation as soon as possible afterwards.

7.8.13 Record the date, time, and place, any non-verbal behaviour and the words used by the child or vulnerable adult (do not paraphrase).

7.8.14 Record statements and observable things rather than interpretations or assumptions.

7.9 Allegations Management

If a professional has a concern about another professional or volunteer where they have:

7.9.1 Behaved inappropriately in a way that has harmed or might have harmed a child or vulnerable adult or

7.9.2 Possibly committed a criminal offence against or related to a child or vulnerable adult or

7.9.3 Behaved towards a child or vulnerable adult in a way that indicates s/he is unsuitable to work with children then these concerns should be dealt with by reporting to the on call manager of another manager or director as soon as you can. In the case of children, the Allegations Management Procedure must be followed which comprises Appendix 1 of this policy.

7.10 Guidance on Whistleblowing

7.10.1 In the Company’s Induction child protection training, staff are made aware of the need to be vigilant regarding the behaviour of other staff and professionals.

7.10.2 The trainer ensures that staff are aware of signs to look out for such as:
✓ Favouritism
✓ Taking an individual service user away from the group
✓ Inappropriate touching
✓ Very close relationship
✓ Anything that makes you feel uncomfortable

7.10.3 Staff are required to have a duty of care to the service user which might involve them talking to a supervisor or manager about their concerns regarding another member of staff. They are protected by the Whistleblowing policy.

8. Monitoring

Child Protection and Safeguarding issues are monitored monthly at Board Meetings. Staff are invited to recommend amendments to any policy at any time. All policies are reviewed by the management team annually. Amendments are disseminated to staff.
## Allegations Management

### Concern about a member of staff or a volunteer working with children

If a professional receives an allegation or has a concern about the behaviour of a member of staff working or volunteering with children and that concern could amount to:

- a. a member of staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child, or
- b. possibly committed a criminal offence against or related to a child, or
- c. behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children.

Then that professional should:

1. **Report their concerns**
   - Report the concern to the most senior person not implicated in the allegation.

2. **Completion of written record**
   - Complete a written record of the nature and circumstances surrounding the concern, including any previous concerns held. Include where the concern came from and brief details only.

3. **Seek advice before proceeding – Initial Discussion**
   - Always contact the Local Authority Designated Officer (LADO) for advice prior to investigating the allegation. This is because it might meet the criminal threshold and so your investigation could interfere with a Police or Social Care investigation.
   - Local Authority Designated Officer (LADO) – Tel: 01452 426994
   - The LADO will offer advice on any immediate action required and will assist with employment and safeguarding issues.

4. **Allegations Management Process**
   - If, after your Initial Discussion with the LADO, it is agreed that the allegation meets the criteria, a multi-agency meeting will be convened and you will be invited. This might result in a criminal investigation, a Social Care investigation and/or an investigation to inform whether disciplinary action is required.
   - If it is agreed that the allegation does not meet the criteria, the LADO will record the Initial Discussion and send it to you for your records. Any further action will be taken within your setting if necessary.

5. **Further action**
   - Further meetings might be required and these will be convened by the LADO with your input at all times. Further information on the Allegations Management process can be found in the Government Document: Working Together to Safeguard Children 2018 and the South West Procedures.
   - [http://www.proceduresonline.com/swwc/doucestershireb_allegagainst_staff.html](http://www.proceduresonline.com/swwc/doucestershireb_allegagainst_staff.html)

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Nov 2018

Dispute Resolution

Safeguarding Partners and relevant agencies must act in accordance with the arrangements for their area, and will be expected to work together to resolve any disputes locally. Public bodies that fail to comply with their obligations under law are held to account through a variety of regulatory and inspection activity. In extremis, any non-compliance will be referred to the Secretary of State. (Page 80)

Introduction

1.1. Effective working together depends on a culture of open and honest relationships between agencies and professional differences are welcomed by professionals who want the best service for children and young people in Gloucestershire. Problem resolution is an integral part of professional co-operation and joint working to safeguard children in Gloucestershire.

1.2. Disagreement based on a passion to improve outcomes for children is healthy professional practice. Resolution of disagreement is an integral part of professional co-operation and joint working to safeguard children. Effective working together is dependent on an open and honest relationship between agencies and professionals.

1.3. In considering escalation, restorative practice principles are essential – these are high support and high challenge. In addition, at all times the focus should always be on improving outcomes for children.

1.4. Occasionally situations arise when workers within one agency feel that the actions or inaction or decisions of another agency do not adequately safeguard a child/young person.

1.5. This interagency policy defines the process for resolving such professional difference and should be read alongside the Gloucestershire safeguarding children procedures and any relevant internal policies on escalating matters of concern.

1.6. Disagreements can arise in a number of areas, but are likely to arise in the following:

- Levels of need (Gloucestershire levels of intervention document).
- Roles and responsibilities
- The need for action
- The need for inaction
- Progressing plans and clear communication
- Provision of services

1.6 Where professionals consider the practice of other professionals is placing a child/children at risk of harm, they must be assertive, act swiftly and ensure that they challenge the relevant professionals is in line with this policy.
• The primary and paramount consideration is the safety of children.
• Resolution should be sought within set timescale to ensure that children are protected.
• As a guide, professionals should attempt to resolve differences through discussion within one working week or a timescale that protects the child from harm (which ever is shortest).
• Disagreements should be resolved at the lowest possible stage in the 4 stages.

1.7 If a child is thought to be at immediate harm, the designated safeguarding lead in your agency should be informed immediately.
1.8 Any worker, who feels that a decision is not safe or is inappropriate, can initially consult their supervisor/manager to clarify their thinking if required. They should be able to evidence the nature and source of the concerns and should keep a record of all discussions.
1.9 Individuals may wish to refer to the Escalation Policy for their organisation to clarify the approach required.
1.10 Concerns relating to decisions, suspected wrongdoing or dangers at work within an agency, should be raised in line with each agency's policies for dealing with such matters. This includes but is not limited to those setting out the arrangements for whistleblowing.

2. **Stages of Resolution**

2.1 **Stage One: Discuss with the other worker**
   a. People who disagree should work with an open and honest approach to resolve the problem. This discussion must take place as soon as possible and is best face to face or if that is not practical - by telephone.
   b. The discussion should outline the reasons why the practice is unsafe for children, specifically what they would like to change for the child and how it is having an impact on the children.
   c. A Practitioner can discuss the concern with their supervisor/manager. The timescale for resolution: within 5 working days or a timescale that protects the child from harm (whichever is less).

2.2 **Stage Two: Escalate to Line Manager**
   a. If the problem is not resolved the worker should contact their manager/supervisor/ named professional in their own agency who should have a discussion with their equivalent supervisor/manager in the other agency.
   b. The discussion between managers/supervisors/named professionals should include the reasons why the practice is unsafe for children, specifically what they would like to change for the child and how it is having an impact on the children.
   c. The line managers involved could consider whether it would be helpful to convene a professionals meeting to obtain the views of other agencies as relevant. Any professionals meeting will need to adhere to the information sharing guidance set out in the Gloucestershire Safeguarding Procedures.
   d. If the subject child is on a Child Protection Plan or Looked After Child the Independent Reviewing Officer must be notified.
   e. This should be pursued with the supervisor/manager/named professional until they are satisfied the problem has been resolved or they understand the reasons why an alternative decision has been reached.
f. A practitioner can discuss with their supervisor/manager/named professional. The timescale for resolution: within 5 working days or a timescale that protects the child from harm (whichever is less).

2.3 Stage Three: Escalate to Senior Managers
a. If the problem is not resolved at stage two, the supervisor/manager/named professional reports to their respective manager or named/designated safeguarding representative. These two managers must attempt to resolve their professional differences through discussion.
b. Again, at this stage, a professionals meeting could be held engaging other agencies considered if deemed appropriate by the involved managers.
c. If there remain disagreements, the expectation is that escalation continues through all the appropriate tiers of management in each organisation until the matter is resolved. This should be escalated up to all tiers of management before it is escalated to the chair of GSCB.
d. At this stage, a written record of the details of the escalation and action taken to date to resolve it should be sent to the GSCB Business Manager Mail@GSCB.org.uk who will record the matter and may forward on to the respective agency members on the Board to ensure they are engaged in seeking resolution before the matter is raised with the GSCB chair.
e. The two senior managers should agree a clear plan of action, which includes timescales in the best interests of the child. The timescale for resolution: within 5 working days or a timescale that protects the child from harm (whichever is less).

2.4 Stage Four: Resolution by GSCB Chair
a. If professional disagreements remain unresolved, and the professional differences within the agencies concerned (and after the agency’s GSCB representative members have been involved), the matter should be referred by the concerned agency to the Chair of GSCB, who may seek to resolve the issue direct with the relevant senior managers, or convene a Resolution Panel.
b. The agency raising the dispute must e-mail the details through to mail@GSCB.org.uk.
c. The Resolution Panel must consist of senior officer from the three agencies who are members of the full Board of the GSCB. The senior officers must include the agencies concerned in the professional differences.
d. The Panel will receive representations from those involved in the dispute and will collectively resolve the professional differences concerned.
e. The timescale for resolution: within 10 working days or a timescale that protects the child from harm (whichever is less).

At all stages of the process, actions and decisions must be recorded in writing and shared with relevant personnel (in line with your organisation’s information governance and record keeping policies) and to include the worker who raised the initial concern. In particular, this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

It may be useful for individuals to debrief following some disputes in order to promote continuing good working relationships. It is the responsibility of each setting/agency/organisation to record the number of escalations that take place from Stage 1 onwards. These should be reported to the named/designated safeguarding lead within your organisation. This should form part of your organisation’s internal quality assurance processes.
Resolution of Professional Disagreements in work relating to the safety of children: A tool to record decisions and to monitor the effectiveness of the professional differences policy

Experience and outcomes of serious case reviews tells us how devastating professional disagreements can be to children. When concerns are raised but not addressed or when services are requested but not provided. Without an effective means to address concerns issues escalate, relationships between partner agencies deteriorate, problems drag on for weeks, months and years and, in the worse cases, children do not receive adequate services and are left exposed to harm.

This tool is a means to enable your service to record the agreed outcome of the use of the professional differences policy, and to aid Local Safeguarding Boards (LSCBs) to monitor its use.

This form to be used at stage three and at each subsequent stage of the process

<table>
<thead>
<tr>
<th>Child/Family name</th>
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Summary of reason for dispute – include views of all agencies concerned.

<table>
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<tr>
<th>Agreed outcomes or actions if satisfactorily resolved – includes escalation to next stage if unresolved</th>
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</thead>
</table>

**Action Note:**
Copy of this form to be held on child/family file in all agencies involved in resolution of professional difference, if escalating to next stage use as basis of report to manager at next stage, send copy to your approved resolution audit manager or the LSCB for monitoring purposes.

<table>
<thead>
<tr>
<th>Signature of challenger manager</th>
<th>Name</th>
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<td>Designation</td>
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<td>Agency</td>
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<table>
<thead>
<tr>
<th>Signature of challenged manager</th>
<th>Name</th>
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<td></td>
<td>Designation</td>
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<td>Agency</td>
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<td>Date</td>
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Please complete for monitoring purposes

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<tr>
<th>Stage at which resolution achieved-</th>
<th>Time taken to reach resolution-</th>
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</table>

Please note how effective this policy was in resolving the issue and please make suggestions as to how the policy can be improved:

Additional Notes:
Child Sexual Exploitation (CSE)

WARNING SIGNS AND VULNERABILITIES CHECKLIST

The following are typical vulnerabilities in children prior to abuse:

✓ Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality).
✓ History of abuse (including familial child sexual abuse, risk of forced marriage, risk of ‘honour’-based violence, physical and emotional abuse and neglect).
✓ Recent bereavement or loss.
✓ Gang association either through relatives, peers or intimate relationships
✓ Attending school with young people who are sexually exploited.
✓ Learning disabilities.
✓ Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
✓ Friends with young people who are sexually exploited.
✓ Homeless.
✓ Lacking friends from the same age group.
✓ Living in a gang neighbourhood.
✓ Living in residential care.
✓ Living in hostel, bed and breakfast accommodation or a foyer.
✓ Low self-esteem or self-confidence.
✓ Young carer.

The following signs and behaviour are generally seen in children who are already being sexually exploited:

✓ Missing from home or care.
✓ Physical injuries.
✓ Drug or alcohol misuse.
✓ Involvement in offending.
✓ Repeat sexually-transmitted infections, pregnancy and terminations.
✓ Absent from school.
✓ Change in physical appearance.
✓ Evidence of sexual bullying/vulnerability through the internet / social networking sites.
✓ Estranged from their family.
✓ Receipt of gifts from unknown sources.
✓ Recruiting others into exploitative situations.
✓ Poor mental health.
✓ Self-harm.
✓ Thoughts of or attempts at suicide.
Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. Professionals should immediately start an investigation to determine the risk, along with preventative and protective action as required.

However, it is important to note that children without pre-existing vulnerabilities can still be sexually exploited. Therefore, any child showing risk indicators in the second list, but none of the vulnerabilities in the first, should also be considered as a potential victim, with appropriate assessment and action put in place as required.

The following organisations and agencies need to take account of the above list and work together to identify children showing the warning signs of, or who are vulnerable to, child sexual exploitation, and act accordingly:

- Accident and Emergency.
- CAMHS services.
- Children’s Social Care (including family support/early intervention teams, child protection/duty and assessment teams, looked-after children teams, leaving care teams).
- Drop-in clinics and community based health services.
- Drugs and alcohol misuse services.
- Educational institutions (including schools, pupil referral units, academies, private schools, special schools, and extra-curricular provision).
- Fire service.
- Gangs and serious youth violence projects.
- GP surgeries.
- GUM and family planning clinics.
- Housing (including foyers, hostels, refuges, bed and breakfast, and housing associations)
- Midwifery and health visitors.
- Police (including neighbourhood policing, missing, safer schools officers, gangs and youth violence, organised crime, trafficking, child abuse investigation teams, sexual offences teams)
- Residential children’s homes.
- Sexual Assault Referral Centres.
- Violence against women agencies (including rape crisis and refuge provision).
- Youth Justice agencies (including youth offending services, secure training centres and youth offending institutions).
- Youth service and specialist agencies working with children and young people (including mentoring services, those working with disabled children, LGBT children, BME children)
E-Safety

What is E-Safety?

E-safety stands for electronic safety. E-safety is being safe on your electronic devices. It's not just with the internet, it's also with mobile phones and game consoles. Some ways to be e-safe are to have a fire wall, use anti viral software and take control of your e-mails. You can block all spam messages and never talk to strangers on line.

When you're online somewhere public, remember not to save your logon. This will prevent others from logging onto your account.

Don't leave a computer unattended for others to get to. They might work out your username, send rude messages, gather personal information about you or change your password.

Scams and Viruses

Scams

Scams are often in the form of pop-ups or spam emails. Many of the scams try to lure you in by telling you that you have won something, such as a cash prize or a free holiday. If you receive any messages that ask you for your full name, address, phone number, or any financial details, it's most likely a scam. The best way to protect yourself from spam emails and pop-ups, is to never give out any personal information on the web.

Websites that are safe to put your personal details or financial details into, either have https at the beginning of the website (the 's' standing for secure) or have a gold padlock at the end of the web address.

How to Protect Yourself Against Scams

✔ Never open an email if you don't recognise the sender
✔ Never click on any links contained in a spam email or pop up
✔ Never provide any personal or financial details to anyone. Remember websites that are secure have an 's' in https or the padlock symbol.

If you give someone, even someone you know, your personal or financial details, they could create accounts, possibly hack into your existing accounts and purchase items online.
Viruses

Viruses can be found commonly in spam emails, pop-ups and some chain letters. You should never open spam or emails from people you don't know. Viruses are programs that can compromise your information on computers, steal passwords and usernames or permanently damage your computer.

Usernames and Passwords

Many people use internet sites that require usernames and passwords, from role playing games to internet banking. No matter what site you use, it is always important to properly secure it with a strong username and password.

Usernames

Good usernames should never give any hints about who you are, especially on sites that allow you to communicate with other users. Never make your username the same as your password.

Some good examples of usernames are:
Dogs_rOck2010
UsEr_5901
gaMEr*3000
Mint_Chip_Icecream<o

You also need to make sure that your username is appropriate, imagine introducing yourself to your parents by it, to make sure that it puts out a good image. Some examples of bad usernames are:

sexy_as _girl
Boy_Crazed290
2_good_4_u12
Crazy #$#&*
John_Smith11
t.harrison

If you put out the wrong image with your username, people can make assumptions about you, that you might not want them to make.

Passwords

You should always secure your online accounts with strong passwords, otherwise people can hack into them and lock you out. If you don't properly secure your email account, people can hack into them and send rude messages, and you would get the blame. Some people use internet banking and if they don't secure their accounts, people can siphon out all their money! Some good passwords to use are random combinations of letters and numbers, or something no one knows. Some bad passwords are really predictable things, like your name, username or birthdate.
Social Networking

What is Social Networking?

Social networking is a fun and good way to chat to people. It allows you to stay in touch with people that you may not see every day, such as friends and relatives. Some popular social networking sites are Facebook, MySpace, Twitter, Bebo, Omegle, MSN and Moshi Monsters.

These sites are growing in popularity and there's a lot of them, but do you know how to be safe using them? And are you revealing more than you want to?

Dangers

There are lots of risks using these sites and they are becoming a big target for preying cyber-criminals. These people can abuse the sites and gather personal information about people from the sites.

These sites are used by everyone, particularly young people. There are a lot of risks for young people using them, like cyber-bullying, exposing personal details, stalking and at an extreme, grooming.

For adults, however, the risks are things such as loss of privacy and having their identity stolen. Adults can be victims of cyber-bullying and stalking too.

Protect Your Privacy

It's easy to avoid these risks and enjoy the sights by following these sensible guidelines.

Anyone can see what you post unless you set your profile to private. If you are using a social networking site you should look at your privacy settings. Sites like Facebook let you control who sees what on your profile. Do not post or give away personal information, like your phone number, date of birth, address or your full name.

Never accept a friend request from someone you don't know in real life.
Pick a username that is appropriate and doesn't give away your full name.

Use a strong password to make sure nobody can guess it and don't tell it to anyone.

Think to yourself before you put up a picture or post, will this cause embarrassment later?

Learn how to use your privacy settings, so no strangers can access your profile, don't know how to? Ask a friend who does.
Facebook

Facebook can be safe if you use it responsibly and use the privacy settings correctly. Facebook gives you control over what you post or share. Who can see certain things but not see others, like certain photo albums or posts. It also gives you the ability to completely block people so you don't come up when they search your name. Always make sure that you know everyone in real life that is on your friend list. Predators use these sites to 'groom' young people by pretending to be someone else.

Cyber bullying

What is Cyber bullying?

Cyber bullying is when someone is targeted by another using mobiles, gaming consoles, computers or anything that is a digital interactive console. It could be a threatening or offensive email, text message, phone call or a post on a website. Posts on web sites can be embarrassing photos or videos taken and posted without permission.

Children and young people have physically injured one another and some have even committed suicide after having been involved in a cyber-bullying incident.

Cyber bullying is usually not a once only communication; often it is repetitive and persistent.

Sometimes it can be a group of children or young people targeting another. Vulnerable adults can also be targeted.

Cyber bullying might get so out of hand that the cyber bully is criminally charged.

Preventing Cyber bullying

To prevent cyber bullying, people need to be educated and taught how to respect others. A good, fun way to educate children about cyber bullying is to have a go on Budd:e. Budd:e is a program on the internet developed in Australia.

The web address for this website is:


What to do if you are being cyber bullied

✔ Ignore the person/s who are bullying you

✔ Block or ban the bully/bullies

✔ Save the evidence

✔ Set up new accounts
Tell a trusted adult

Have You Ever Cyber bullied Someone?

Answer the following questions to find out. Have you:
1. Signed on with someone else's username and password to collect information about them or post inappropriate items?
2. Teased or threatened someone in a SMS, IM or on a social networking site?
3. Not told someone who you really are online?
4. Forwarded or posted something that might be personal without asking?

For more information go to: http://www.stopcyberbullying.org/

Mobile Phones

Mobile phones are a powerful tool for bullies, using a mobile phone they can bully you anytime, anywhere, and it's nearly impossible to get away from. Bullies feel more confident when bullying you over texts or calls because they can't see your face and the damage that their words are doing.

Never give your number to someone you do not know in real life. When giving your number to someone, make sure the person knows not to give your number to anyone else without your permission. They may give it to someone that you do not know or want to have your number.

Never post your number online! If you do, everyone and anyone has access to your number. You may find yourself getting abusive, sexual and bullying texts or calls from all types of people.

If you are getting bullied, DO NOT reply to any nasty texts and do not answer any calls, if you recognise the number as the bullies or don't recognise it at all. You should have all the numbers you need to know saved into your phone, such as family and friends, so that you know when to answer a call.

If you are being bullied, tell a parent or trusted adult. You should never have to deal with being bullied on your own. They might advise you to change your number, and help you to do so.

Predators

An online predator is an adult internet user who uses social networking sites, chat rooms, instant messaging, email and text messages to chat to and form a relationship with a child. They are also known as sexual predators and paedophiles. They generally pretend to be someone they are not; they can take on many personalities. Some online predators have been known to pose as several people at once to talk to one potential victim. The predator can send a message pretending to be any sex, age or personality. Sometimes predators will even pose as the same
age and sex as their intended victim, to get more information about the victim and become closer to them. The same predator may approach the same victim, many times as different personalities, trying to learn as much information about them as possible and trying to win their trust.

Online predators will try very hard to persuade their victims that they are honest, caring and who they think they are. They will talk the same way, about similar topics and pretend to have the same interests. They will spend a large amount of time, trying to make their intended victim like and trust them. Predators’ computers have been found to have details of victims’ likes and dislikes, appearance, interests, hobbies, common online times and daily schedules, as well as other personal information.

Often online predators are attempting to eventually meet their victim in real life. Thousands of predators, however, just operate online, getting their victims to send sexually explicit photos, video footage or use a web cam. Others use the phone and internet and get their victim to engage in sexually based conversations with them. It is important to be aware of and protect yourself against all types of online predators.

How to protect yourself

Always remember

✔️ That there is no easy way to tell if someone on the internet could be a predator.

✔️ That people are not always who they say they are online

✔️ Do not talk to people online unless you've met them in person first.

Useful links:

https://swgfl.org.uk/online-safety/
https://www.mathsdirector.co.uk/online/child-safety/
https://www.ceop.police.uk/safety-centre/
Gloucestershire Safeguarding Children Board

Stalking

With stalking so closely linked to domestic abuse, Gloucestershire Safeguarding Children Board is taking the opportunity to raise awareness of the issue amongst board members and wider professionals working together to keep children safe.

Did you know?

Stalking is far more common than you think
Research shows that 1 in five women and 1 in 10 men are stalked at some point in their life.

Stalking is against the law
Stalking is a specific criminal offence.

What is stalking?

Stalking behaviour can include:

- Nuisance telephone calls
- Sending excessive emails
- Being followed
- Sending gifts or letters
- Death threats
- Monitoring behaviour
- Making false complaints to employers or the police
- Abuse of and through social networking sites
- Criminal damage
- Visiting home or place of work
- Blackmail
- Physical assault
- Sexual assault
- Computer hacking

What can I do?

Stalking is a criminal offence – please report any incidents of stalking to the police on 101.

If stalking is taking place in a domestic abuse situation please encourage the victim to get in touch with Gloucestershire Domestic Abuse Support Service (GDASS) by:
- Calling 0845 602 9035
- Emailing support@gdass.org.uk
- https://www.gdass.org.uk/

In addition, please signpost victims of stalking to support available from the National Stalking Helpline:
- Call 0808 802 0300
- Visit www.stalkinghelpline.org, or https://www.suzylamplugh.org/Pages/Category/national-stalking-helpline
- Email advice@stalkinghelpline.org
CHILD SEXUAL EXPLOITATION (CSE) Screening Tool

All information is treated with respect and in accordance with the Data Protection Act 1998. There is guidance about Information Sharing at the end of this form.

PLEASE COMPLETE SECTIONS 1-9 OF THIS FORM

*Please note, text boxes will expand to accommodate information as it is inputted*

<table>
<thead>
<tr>
<th>1. DETAILS OF PERSON COMPLETING THE FORM</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
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<tr>
<td><strong>Agency and/or relationship to subject</strong></td>
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<tr>
<td><strong>Telephone number</strong></td>
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<td><strong>Email address</strong></td>
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<td><strong>Address</strong></td>
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<td><strong>Date of referral</strong></td>
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<tr>
<td><strong>Is the young person aware of the referral? (Please delete as appropriate)</strong></td>
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<td><strong>Has the young person given their consent? (Please delete as appropriate)</strong></td>
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<tr>
<th>2. DETAILS OF REFEREE IF DIFFERENT FROM PERSON COMPLETING FORM</th>
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<td><strong>Name</strong></td>
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<td><strong>Address</strong></td>
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<tr>
<th>3. YOUNG PERSON’S DETAILS: Please provide as much information as possible</th>
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<tbody>
<tr>
<td><strong>Personal Details</strong></td>
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<tr>
<td><strong>Family name (surname)</strong></td>
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<tr>
<td><strong>Given (first) name(s)</strong></td>
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<tr>
<td><strong>Alternative names / alias / known as</strong></td>
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<tr>
<td><strong>Date of birth</strong></td>
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<td><strong>Address</strong></td>
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<td><strong>Gender</strong></td>
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<td><strong>Ethnicity</strong></td>
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<td><strong>Religion</strong></td>
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<td><strong>Languages spoken (indicate first language)</strong></td>
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<td><strong>Interpreter required? Please state language</strong></td>
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<td><strong>Physical/learning disability/additional needs?</strong></td>
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<td><strong>Sexual orientation if known</strong></td>
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## Family Information

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<th>Details</th>
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<tr>
<td>Parent / Carer Name(s) and relationship</td>
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<td>Parent / Carer Address</td>
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<tr>
<td>Parent(s)/Carer(s) aware? Consent to share?</td>
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<tr>
<td>Are parents/guardians protective and engaged in wanting to keep the young person safe?</td>
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<tr>
<td>Details of any siblings and specific concerns. NB consider whether a separate screening tool or MARF is needed</td>
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## Education, Health and Social Care

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<td>Local Authority with responsibility</td>
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<td>School / Education Establishments attended</td>
<td></td>
</tr>
<tr>
<td>Health Worker name and location</td>
<td></td>
</tr>
<tr>
<td>Is subject known to children’s social care?</td>
<td></td>
</tr>
<tr>
<td>Have child protection procedures been initiated? If yes, provide date</td>
<td></td>
</tr>
<tr>
<td>Are any other agencies providing services or support? Please list</td>
<td></td>
</tr>
<tr>
<td>Has CSE been identified previously with this young person?</td>
<td></td>
</tr>
<tr>
<td>Any cross-border or out of county concerns known?</td>
<td></td>
</tr>
</tbody>
</table>

## 4. LOOKED AFTER STATUS – please indicate with an ‘X’ and provide as much detail as possible

<table>
<thead>
<tr>
<th>Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives with family, no experience of care</td>
<td></td>
</tr>
<tr>
<td>Lives with family, Child in Need</td>
<td></td>
</tr>
<tr>
<td>Lives with family, Child subject of a Child Protection Plan</td>
<td></td>
</tr>
<tr>
<td>Lives with family, previous experience of care</td>
<td></td>
</tr>
<tr>
<td>Child in Care: Foster family</td>
<td></td>
</tr>
<tr>
<td>Child in Care: residential unit</td>
<td></td>
</tr>
<tr>
<td>Care Leaver</td>
<td></td>
</tr>
<tr>
<td>Young person is in Secure Accommodation</td>
<td></td>
</tr>
<tr>
<td>Section 20 - voluntary</td>
<td></td>
</tr>
<tr>
<td>Section 31 - Care Order</td>
<td></td>
</tr>
<tr>
<td>Section 38 – Interim Care Order</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>
## 5. EXPERIENCE OF THE FOLLOWING: Indicate all that apply with an ‘X’ and provide details where possible

<table>
<thead>
<tr>
<th>Experience</th>
<th>Details Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of domestic abuse</td>
<td>Who? Please state/give details</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Who? Please state/give details</td>
</tr>
<tr>
<td>Physical abuse by parent / carer / family member</td>
<td>Who? Please state/give details</td>
</tr>
<tr>
<td>Emotional neglect or abuse by parent / carer / family member</td>
<td>Who? Please state/give details</td>
</tr>
<tr>
<td>Loss of loved one through bereavement or family breakdown</td>
<td>Who? Give details</td>
</tr>
<tr>
<td>Unsuitable or inappropriate accommodation</td>
<td></td>
</tr>
<tr>
<td>Lack of positive relationship with protective or nurturing adult</td>
<td></td>
</tr>
<tr>
<td>Family history of substance abuse</td>
<td></td>
</tr>
<tr>
<td>Family history of mental health difficulties</td>
<td></td>
</tr>
<tr>
<td>Learning disability or difficulty</td>
<td></td>
</tr>
<tr>
<td>Young carer</td>
<td>Who? Please state/give details</td>
</tr>
<tr>
<td>Breakdown of family relationships</td>
<td></td>
</tr>
<tr>
<td>Low self-esteem</td>
<td></td>
</tr>
<tr>
<td>Isolation from peers</td>
<td></td>
</tr>
<tr>
<td>Young person is violent towards others</td>
<td>Add names if known</td>
</tr>
<tr>
<td>Physical violence from boy/girlfriend</td>
<td>Add names if known</td>
</tr>
<tr>
<td>Peers are violent</td>
<td></td>
</tr>
</tbody>
</table>

## 6. BASIS OF CONCERNS REGARDING CSE – REASON FOR REFERRAL

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Details Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure of exploitation?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Can you provide details of any suspects, offenders or perpetrators?</td>
<td>e.g. names, addresses, contact details or locations, dates of incidents, descriptions, cars, other young people encountered if known</td>
</tr>
<tr>
<td>Incident or suspected incident of CSE</td>
<td></td>
</tr>
<tr>
<td>Evidence of sexting, or unusual or increased use of a mobile phone that causes concern</td>
<td></td>
</tr>
<tr>
<td>Unusual or increased use of the internet that causes concern</td>
<td></td>
</tr>
<tr>
<td>Unexplained absences from school or education setting</td>
<td></td>
</tr>
<tr>
<td>Unexplained absences from home or care overnight or for longer periods</td>
<td></td>
</tr>
<tr>
<td>Breakdown in communication with carers</td>
<td></td>
</tr>
<tr>
<td>Living independently and failing to respond to attempts by worker to keep in touch</td>
<td></td>
</tr>
<tr>
<td>Significant change of behaviour e.g.</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>• change of friendship group</td>
<td></td>
</tr>
<tr>
<td>• change in behaviour at school or education setting</td>
<td></td>
</tr>
<tr>
<td>• change in appearance</td>
<td></td>
</tr>
<tr>
<td>• change in routine e.g. keeping different hours, staying out</td>
<td></td>
</tr>
<tr>
<td>Unexplained money or items including food, alcohol, jewellery, clothing or mobile phone</td>
<td></td>
</tr>
<tr>
<td>Self-harming indicators including eating disorders, self-injury, aggression, challenging behaviour</td>
<td></td>
</tr>
<tr>
<td>Unexplained physical injuries</td>
<td></td>
</tr>
<tr>
<td>Evidence of STIs, unprotected sex or accessing emergency contraception, or starting contraception though no known relationship</td>
<td></td>
</tr>
<tr>
<td>Multiple or repeat STIs / pregnancy / miscarriage / termination</td>
<td></td>
</tr>
<tr>
<td>Multiple callers (unknown adults or older young people)</td>
<td>Add details of alleged suspects if known; record details e.g. descriptions, names etc.</td>
</tr>
<tr>
<td>Concerns about relationship with older male(s)/female(s) particularly a controlling individual(s), or group</td>
<td>Add details of alleged suspects if known</td>
</tr>
<tr>
<td>Disclosure of sexual or physical assault, bullying or emotional abuse from that controlling person or group</td>
<td>Add details of alleged suspects if known</td>
</tr>
<tr>
<td>Sexual activity with that controlling person</td>
<td>Add details of alleged suspects if known</td>
</tr>
<tr>
<td>Frequenting potentially dangerous places (known gang areas, area known for solicitation)</td>
<td></td>
</tr>
<tr>
<td>Entering/leaving vehicles driven by unknown persons</td>
<td>Add any details if known</td>
</tr>
<tr>
<td>Associates of young person are known/ suspected to be involved in prostitution or CSE</td>
<td></td>
</tr>
<tr>
<td>Unsure of sexual orientation, or family unaware of same-sex relationship</td>
<td></td>
</tr>
<tr>
<td>Evidence of gang-related involvement</td>
<td></td>
</tr>
<tr>
<td>Accepting something (money, food, make-up, clothes) for performing sexual act, but running away before performing sexual act (‘clipping’)</td>
<td></td>
</tr>
<tr>
<td>Involvement in offending</td>
<td></td>
</tr>
<tr>
<td>Alcohol/drug misuse</td>
<td></td>
</tr>
<tr>
<td>Preventative work as subject already identified as ‘at risk’</td>
<td>Please give details</td>
</tr>
</tbody>
</table>
7. ANY ADDITIONAL INFORMATION OR CONCERNS?

8. WHAT SAFEGUARDING PRACTISES HAVE ALREADY BEEN IMPLEMENTED?

9. ARE YOU AWARE OF ANY OTHER SCREENING TOOLS COMPLETED (substance misuse, domestic abuse)

Upon completion this form may contain data categorised as ‘official sensitive’. You therefore need to be very careful how this data is submitted.

<table>
<thead>
<tr>
<th>Allocated GCC social worker</th>
<th>Once form is recorded on Liquid Logic please send a copy to your manager to sign and then send to the CSE Tray within Liquid Logic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal GCC (but not the allocated social worker)</td>
<td>If you are an internal GCC staff member use the ‘Egress’ system to send the email securely to <a href="mailto:childrenshelpdesk@gloucestershire.gov.uk">childrenshelpdesk@gloucestershire.gov.uk</a></td>
</tr>
</tbody>
</table>
| Non GCC | • If your organisation has access to government secure e-mail (GCSX / PSN / .net / CJSM) please use Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk  
• You can also use the ‘Egress’ system to send the email securely to childrenshelpdesk@gloucestershire.gov.uk |
| By post | If you do not have access to any of these email addresses or systems please send the document in the post recorded delivery or deliver it by hand, marked ‘official sensitive and confidential’ and ‘For the attention of the Children and Families Helpdesk’ to Shire Hall main reception, Westgate Street, Gloucester. |

If you need help completing the form then you can call the Public Protection Bureau on 01452 753037.

Sections 10 is for the CSE co-ordinator or allocated team manager to complete

If you are the allocated social worker this section must be completed prior to sending it to the CSE Team. If the risk level is not complete it will not be accepted by the CSE Team.

10. RISK MANAGEMENT CATEGORIES

<table>
<thead>
<tr>
<th>Category 1 - Mild risk of CSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable child or young person with one or two risk indicators.</td>
</tr>
</tbody>
</table>
### Category 2 & 3 - Moderate risk of CSE

Vulnerable child or young person with a number of risk indicators present e.g. periods of going missing, lack of protective networks, changes in behaviour, appearance or routine, spending time with inappropriate adults, sexting, STI's, use of substances.

### Category 4 - Significant risk of CSE

Vulnerable child or young person with multiple risk indicators present e.g. regular periods of going missing, disengaged from professionals, isolated, unexplained sums of money or goods, relationships with an older or controlling person, entering vehicles driven by unknown adults, disclosure of harm, STI's, use of substances.

**How we use this information**

The information you give us will be used to help us assess whether a child or young person may be the subject of, or at risk of, sexual exploitation. To do this we may need to share some or all of the details you provide with other organisations; this includes, but is not limited to, Gloucestershire County Council, Gloucestershire Constabulary and Gloucestershire Youth Support (Prospects). Ideally you should complete the form with the child or young person present, but this is not essential. If this is not possible they should still be informed, and their consent sought.

In situations where consent is not given or to seek it may put the child or young person at increased risk of significant harm there may still be a legal duty to share the information. For further advice please refer to the latest Government guidance “Information sharing advice for safeguarding practitioners” which can be found at: [safeguarding practitioners-information sharing advice](#)

All information is treated with respect and in accordance with the Data Protection Act 1998.
Adult Safeguarding Concerns: Responding & Reporting -

**An abusive act is witnessed**

**Active disclosure made by adult or 3rd party**

**Suspicion or concern that something is not right**

**Evidence of possible abuse or neglect**

Anyone can become aware of Abuse or Neglect of an Adult with Care and Support needs

Unless it is not safe, speak to the Adult concerned to get their views on the concerns or incident and what they would like to see happen next

**Is the Adult in immediate danger?**

- **Yes**
  - Take any immediate actions to safeguard anyone at immediate risk of harm, including calling emergency services or summoning medical assistance

- **No**
  - **Has a criminal offence occurred, or be likely to occur?**
    - **Yes**
      - Contact the police immediately & your Line Manager
    - **No**
      - **Refer the concern to the Adult Help Desk (01452) 426868**

**REPORTING OF CONCERN**
(Indicative timescale – same day)

**RESPONDING TO CONCERN**
(Indicative timescale – same day)
NUDE SELFIES: What Parents and Carers Need to Know

We’re delighted to announce the launch of ‘Nude Selfies: What Parents and Carers Need to Know’. This is a series of four short animated films for parents and carers offering advice on how to help keep their children safe from the risks associated with sharing nude and nearly nude images.

The films aim to help parents and carers:
· Understand young people’s motivations for sending nude selfies.
· Plan to respond positively and constructively to an incident in which their child has shared a nude selfie.
· Gain confidence and skills in initiating preventative conversations.
· Identify risky behaviours or situations and know where to seek help.
· Know how to get help if a child is at risk after sharing an image.

The Nude Selfies films are accompanied by a guidance pack including a suggested session plan and practitioner guidance for delivering an effective workshop. We would encourage practitioners to use all channels available to disseminate these short films to their communities, such as emailing, texting, tweeting links to them from our www.youtube.com/ceop channel.

They are based on research findings from the European Commission-funded SPIRTO (Self-Produce Images: Risk Taking Online) Project and include:

Film One: Understanding Why
Film Two: Talking to your child
Film Three: When should I be worried?
Film Four: How to get help

The films are based on a two-year qualitative investigation led by the University of Edinburgh in partnership with the University of Linköping (Sweden), Innocence in Danger (Germany) and the CEOP Command of the National Crime Agency.

To find out more about the SPIRTO research project, click HERE.

You can download Nude Selfies: What Parents and Carers Need to Know now! You’ll find it under the ‘Parents’ tab in the Resources section of your online account at www.thinkuknow.co.uk/teachers/resources.
Female Genital Mutilation

What is FGM?

Female Genital Mutilation includes all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non medical reasons. It is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

It is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used, and the practice is usually carried out using knives, scissors, scalpels, pieces of glass or razor blades. Girls may have to be forcibly restrained.

There are four main types of FGM:

- **Type 1 – clitoridectomy** – removing part or all of the clitoris.
- **Type 2 – excision** – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).
- **Type 3 – infibulation** – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- **Other harmful procedures** to the female genitals, which include pricking, piercing, cutting, scraping and burning the area.

Anaesthetics and antiseptics are not generally used, and FGM is often carried out using knives, scissors, scalpels, pieces of glass or razor blades.

FGM often happens against a girl's will without her consent, and girls may have to be forcibly restrained.

Effects of FGM

There are no health benefits to FGM. Removing and damaging healthy and normal female genital tissue interferes with the natural functions of girls' and women's bodies.

**Immediate effects**

- severe pain
- shock
- bleeding
- wound infections, including tetanus and gangrene, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C
- inability to urinate
• injury to vulval tissues surrounding the entrance to the vagina
• damage to other organs nearby, such as the urethra (where urine passes) and the bowel
• FGM can sometimes cause death.

Long-term consequences

• chronic vaginal and pelvic infections
• abnormal periods
• difficulty passing urine, and persistent urine infections
• kidney impairment and possible kidney failure
• damage to the reproductive system, including infertility
• cysts and the formation of scar tissue
• complications in pregnancy and newborn deaths
• pain during sex and lack of pleasurable sensation
• psychological damage, including low libido, depression and anxiety (see below)
• flashbacks during pregnancy and childbirth
• the need for later surgery to open the lower vagina for sexual intercourse and childbirth

Psychological and mental health problems

Case histories and personal accounts taken from women indicate that FGM is an extremely traumatic experience for girls and women, which stays with them for the rest of their lives.

Young women receiving psychological counselling in the UK report feelings of betrayal by parents, as well as regret and anger.

Surgical 'reversal'

Surgery can be performed to open up the lower vagina. This is sometimes called "reversal", although it cannot restore sensitive tissue that has been removed. Surgery may be necessary for women who are unable to have intercourse, as the vagina is too narrow. In addition, some pregnant women who have had FGM will need to have their lower vagina opened up before labour, to allow a safer birth.

FGM increases the risk of the vagina tearing during delivery, which causes damage and can lead to heavy bleeding. It can also increase the risk of the baby dying during, or just after birth.

Where does FGM happen?

FGM is prevalent in Africa, the Middle East and Asia.

In the UK, FGM tends to occur in areas with larger populations of communities who practise FGM, such as first-generation immigrants, refugees and asylum seekers.
These areas include London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes.

**Why is it done?**

People who practice it say it is carried out for cultural, religious and social reasons within families and communities. However, it is argued that others who share the same religion and/or culture and do not practice it.

It is often considered a necessary part of raising a girl properly, and as a way to prepare her for adulthood and marriage. FGM is often motivated by the belief that it is beneficial for the girl or woman. Many communities believe it will reduce a woman's libido and discourage sexual activity before marriage.

**The legal situation**

FGM is illegal in the UK. It is also illegal to arrange for a child to be taken abroad for FGM. If caught, offenders face a large fine and a prison sentence of up to 14 years.

**What you must do**

If you are worried about someone who is at risk of FGM or has had FGM, you must report it to a manager. FGM suspicions have to be reported to the Police immediately.

**Training:**
Free Home Office e-learning training can be accessed at: http://fgmelearning.co.uk/
The following are some of the indicators, non-exhaustive list, to look out for where FGM may be about to take place soon:

- A girl talking about a ‘special ceremony’
- A girl talking about ‘becoming a woman’
- Parents or other relatives state that the child will be out of the country for a prolonged period of time
- A girl may talk about a holiday to her country of origin
- A girl may confide in a teacher or another adult if they suspect it might happen to them soon
- Parents may seek to withdraw their child from learning about FGM in school

**TOP TIPS**

- Follow child protection process with any concerns relating to this harmful practice/crime. There is a DUTY to all professionals to act to safeguard girls at risk.
- Use of interpreters - do not use family members or anyone who may know the individual in question or have any influence in the person’s community. Interpreters must be sought very carefully, have the appropriate training about FGM but must not be connected to the local community.
- Do not focus on cultural sensitivity by using a worker from the same culture as the individual. Focus on the safeguarding of the individual like any other child protection matter

www.gloustakeastand.com
To end all types of violence and abuse
Forced Marriage & “Honour-Based” Violence

Forced marriage
A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced.

Honour-based violence
The terms “honour crime” or “honour-based violence” or “izzat” embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/community members. Victims will have multiple perpetrators not only in the UK; HBV can be a trigger for a forced marriage.

Forced Marriage and Arranged Marriage
There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage, but the choice of whether or not to accept the arrangement still remains with the prospective spouses. However, in forced marriage, one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced.

The provision of consent is essential within all marriages – only the spouses themselves will know if they their consent is provided freely.

Capacity to consent to marriage
If a person does not consent or lacks capacity to consent to a marriage, that marriage must be viewed as a forced marriage whatever the reason for the marriage taking place. Capacity to consent can be assessed and tested but is time and decision-specific. People with learning difficulties who are assessed as lacking capacity to make a decision to marry, are vulnerable to forced marriage.

Motives prompting forced marriage
Perpetrators who force their children or other family members into marriage often justify their behaviour as protecting their children, building stronger families and preserving ‘so-called’ cultural or religious beliefs. When challenged on this practice, they often do not see anything wrong in their approach. The act of forcing another person into marriage cannot be justified on religious grounds; every major faith condemns it and crucially, freely given consent is a prerequisite of all religions.
In some instances, an agreement might have even been made about marriage when a child is an infant.

Many young people will therefore be living through their entire childhoods with the expectation that they will marry someone of their parents’ or other family members’ choosing. What needs to be communicated to all of those at risk is that forced marriage is a CRIME and that they have a fundamental human right to be able to choose their future spouse.

Some of the key motives that have been identified are:

1. Controlling unwanted sexuality (including perceived promiscuity, or being lesbian, gay, bisexual or transgender) - particularly the behaviour and sexuality of women.

2. Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in, what is perceived to be, a “westernised manner”.

3. Preventing "unsuitable" relationships, e.g. outside the ethnic, cultural, religious or caste group.

4. Protecting “family honour” or “izzat”.

5. Responding to peer group or family pressure.

6. Attempting to strengthen family links.

7. Achieving financial gain.

8. Ensuring land, property and wealth remain within the family.

9. Protecting perceived cultural ideals.

10. Protecting perceived religious ideals which are misguided.

11. Ensuring care for a child or adult with special needs when parents or existing carers are unable to fulfil that role.

12. Assisting claims for UK residence and citizenship.

13. Long-standing family commitments.

The victim
Isolation is one of the biggest problems facing those trapped in, or under threat of, a forced marriage. They may feel there is nobody they can trust to keep this secret from their family and they have no one to speak to about their situation – some may not be able to speak English. These feelings of isolation are very similar to those experienced by victims of other forms of domestic abuse and child abuse. It is only rarely that someone will disclose the fear of forced marriage. Consequently, they will
often come to the attention of practitioners for behaviour that is consistent with distress.

People forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents or wider family members and be threatened with disownment if they do – consequently they may suffer emotionally, often leading to depression and self-harm. All of these factors can ultimately contribute to impaired social development, limited career and educational opportunities, financial dependence and lifestyle restrictions.

A learning or physical disability or illness may also add to a person’s vulnerability and may make it more difficult for them to report abuse or to leave an abusive situation. Their care needs may make them entirely dependent on their carers.

**Consequences**

Women forced to marry may find it very difficult to initiate any action to end the marriage and may be subjected to repeated rape (sometimes until they become pregnant) and ongoing domestic abuse within the marriage. In some cases they suffer violence and abuse from the extended family, often being forced to undertake all the household chores for the family.

Victims frequently end up trapped in a relationship marred by physical and sexual abuse. The impact this has on children within the marriage is immense. Children may learn that it is acceptable to be abusive and that violence is an effective way to get what you want. They may learn that violence is justified, particularly when you are angry with someone. Children witnessing abuse can be traumatised because witnessing persistent violence undermines children’s emotional security and capacity to meet the demands of everyday life. Children’s academic abilities can be affected. Witnessing violence as a child is often associated with depression, trauma-related symptoms and low self-esteem in adulthood.

Both male and female victims of forced marriage may feel that running away is their only option. For many of these individuals, especially those from black, minority ethnic and refugee communities, leaving their family can be especially hard. Finding accommodation for themselves and their children can also be very difficult – especially for those who do not have leave to remain and therefore do not have recourse to public funds. UK Visas and Immigration has developed a scheme to strengthen the way in which domestic violence cases are considered, enabling those vulnerable to access additional support. This is known as the Destitution Domestic Violence Concession.

Living away from home with minimal support can make a person, particularly a woman, more isolated, thus making it more likely that they will return to the abusive situation. In addition, leaving their family (or accusing them of a crime or simply approaching statutory agencies for help) may be seen as bringing shame on their ‘honour’ and on the ‘honour of their family’ in the eyes of the community. This may lead to social ostracism and harassment from the family and community. For many, this is simply not a price they are prepared to pay.
Those who do leave often live in fear of their own families, as they will go to considerable lengths to find them and ensure their return. Families have also been known to solicit help of others to find victims who have run away, or involve the police by reporting them missing, or on occasion falsely accusing the victim of a crime e.g. theft. Some families have also traced individuals through medical and dental records, bounty hunters, private investigators, local taxi drivers, members of the community and shopkeepers or through National Insurance numbers, benefit records, school and college records. Sometimes having traced them, the family may subject them to further violence or abuse, or at worst resort to murder claiming it to be a so called “honour killing”.

Women trapped in a forced marriage often suffer violence, rape, forced pregnancy and forced childbearing. Many girls and young women are withdrawn from education early. Some are taken and left abroad for extended periods, which isolates them from help and support – this limits their choices so that often they go through with the marriage as the only option. Their interrupted education limits their career choices. Even if the woman manages to find work, however basic, they may be prevented from taking the job or their earnings may be taken from them. This leads to economic dependence, which makes the possibility of leaving the situation even more difficult. Some may be unable to leave the house unescorted – living virtually under “house arrest”.

**Potential warning signs or indicators**

Both women and men facing forced marriage may become anxious, depressed and emotionally withdrawn with low self-esteem. They may come to the attention of practitioners for a variety of reasons, some of which are described below. Whilst the factors listed might be an indication that someone is facing forced marriage, it should not be assumed that it is forced marriage simply on the basis that someone presents with one or more of these warning signs. These warning signs may indicate other types of abuse that will also require a multi-agency response.

There have been occasions when women have presented with less common warning signs such as cut or shaved hair as a form of punishment for disobeying or perhaps "dishonouring" her family. In some cases, a girl might report that she has been taken to a private practice to be examined to see if she is a virgin. There have been reports of women presenting in the NHS with symptoms associated with poisoning. In certain communities, it is considered important that women undergo female genital mutilation (FGM) before being able to marry – usually this will be performed during childhood, but there have been reports of young girls or young women undergoing FGM just before a forced marriage.

**POTENTIAL WARNING SIGNS OR INDICATORS**

These indicators are not intended to be an exhaustive list:

**EDUCATION**

- Absence and persistent absence.
- Request for extended leave of absence and failure to return from visits to country of origin.
• Fear about forthcoming school holidays
• Surveillance by siblings or cousins at school.
• Decline in behaviour, engagement, performance or punctuality.
• Poor exam results.
• Being withdrawn from school by those with parental responsibility.
• Removal from a day centre of a person with a physical or learning disability
• Not allowed to attend extra-curricular activities
• Sudden announcement of engagement to a stranger
• Prevented from going on to further/higher education

FAMILY HISTORY

• Siblings forced to marry
• Early marriage of siblings
• Self harm or suicide of siblings
• Death of a parent
• Family disputes
• Running away from home
• Unreasonable restrictions e.g. kept at home by parents

HEALTH

• Accompanied to doctors or clinics
• Self harm/attempted suicide
• Eating disorders
• Depression
• Isolation
• Substance misuse
• Unwanted pregnancy
• Female Genital Mutilation
Forced marriage can affect girls and boys, the Forced Marriage Unit have dealt with cases from as young as 5 years old.

The following are some of the indicators, non-exhaustive list, to look out for where a Forced Marriage maybe about to take place soon

Absence and persistent absence

Request for extended leave of absence and failure to return from visits to country of origin

Fear about forthcoming school holidays

Surveillance by siblings or cousins at school/college

Decline in behaviour, engagement, performance or punctuality

Being withdrawn from school by those with parental responsibility

Not allowed to attend extra curricular activities

Sudden announcement of engagement to a stranger

Prevented from going on to further/higher education

TOP TIPS

- Follow child protection process with any concerns relating to this harmful practice/crime. There is a DUTY to all professionals to act to safeguard girls at risk

- Use of interpreters: do not use family members or anyone who may know the individual in question or have any influence in the person's community. Interpreters must be sought very carefully, have the appropriate training about FGM but must not be connected to the local community.

- Do not focus on cultural sensitivity by using a worker from the same culture as the individual. Focus on the safeguarding of the individual like any other child protection matter.

www.gloucestershire.gov.uk/protecttoendviolence
Terrorism

The terrorist threat remains real and there is no room for complacency. You should remain alert and aware of your surroundings at all times.

Terrorists have to live somewhere. They store their equipment and materials somewhere. They need vehicles. They have people who help them - and these people might come and go at strange times of the day and night. They may make unusual financial transactions or use false documents to hide their real identities. They may be behaving differently to how you’ve known them to behave in the past.

What do I do now?

If something strikes you as suspicious and out of place, trust your instincts:

- if you think you have seen a person acting suspiciously or if you see a vehicle or unattended package or bag which might be a threat, immediately move away and call 999

- if you have suspicions about somebody’s activities or behaviour or if you have any information that might be relevant, where you see threat to life or property call the Anti-Terrorist hotline on 0800 789 321. Let the police decide if the information you have is important; what might seem insignificant on its own could actually provide a vital link in a wider investigation.

If you have concerns that someone you know is becoming radicalised towards terrorism, has extremist views or is considering travelling abroad to join a terrorist organisation:

- make a note of what is concerning you
- call us on 101, or
- call the Anti-Terrorist Hotline confidentially on 0800 789321
- speak to someone trusted within a community or organisation, such as a community leader, a teacher or a school principal

What happens next?

Police will begin an investigation based on your information and take immediate action where appropriate. We will continue to engage with and support anyone for whom there is concern about terrorism or radicalisation.
Radicalisation:

See the “Let’s Talk About It” website:  http://www.ltai.info/

Spot the signs:
Individuals can be drawn towards the process of radicalisation in a number of ways, many of which may overlap.

- Susceptibility to Indoctrination
- Social networks involvement in Extremism
- Being at a transitional time of life
- A need for identity, for belonging
- Being controlled by a group
- Opportunistic Involvement
- Feelings of grievance and injustice
- Feeling under threat
- Some mental health issues
- A desire for status
- A desire for excitement and adventure
- A need to dominate and control others
- A desire for political or moral change

The Governments Prevent strategy:

- Responds to the ideological challenge we face from terrorism and aspects of extremism, and the threat we face from those who promote these views;
- Provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support; and
- Works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that we need to deal with.

Prevent uses a range of measures to challenge extremism including:

- Supporting people who are at risk of being drawn into terrorist or extremist activity through the Channel process, see the What is Channel section to find out more about this
- Working with and supporting community groups and social enterprise projects who provide services and support to vulnerable people
- Working with faith groups and institutions to assist them in providing support and guidance to people who may be vulnerable; and
- Supporting local schools, local industry and partner agencies through engagement, advice and training.

The main aim of Prevent is to stop people from becoming terrorists or supporting terrorism. At the heart of Prevent is safeguarding children and adults and providing early intervention to protect and divert people away from being drawn into terrorist activity.
Gloucestershire GSCB’s guidance to the Prevent Referral Pathway

What is Prevent?
Prevent is the Government’s strategy to stop people becoming involved in violent extremism or supporting terrorism. Prevent works within the non-criminal space, using early engagement to encourage and support individuals to challenge ideologies and behaviours.

What is Channel?
Channel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremism or terrorist behaviour. Channel works in a similar way to existing safeguarding partnerships aimed at protecting vulnerable people.

Who does Channel work with?
Channel is designed to work with people of any age who are at risk of being exploited by extremist or terrorist ideologies.

How does Channel work?
The Channel Panel is chaired by the local authority and brings together a range of multi-agency partners to collectively assess the risk and decide whether a support package is necessary. The partnership approach ensures that those with specific knowledge and expertise around the vulnerabilities of those at risk. In Gloucestershire, we have core channel panel members and we invite bespoke professionals known to or working with the individual in question.

How will the person be involved in this process?
A person will always be informed first if it is felt they would benefit from Channel support. The process is voluntary and their consent would be needed before taking part in the process. The process of seeking consent is carefully managed by the Channel Panel and a decision is made at Stage One about who should seek consent and how this will be achieved.

Who can make a referral?
Anyone can make a referral – Please see the attached referral pathway. What happens with the referral?
Every agency should have a Single Point of Contact (SPOC) and concerns should be discussed with them in the first instance. Prevent officers are available for advice. If it is agreed a referral is required, this will first be screened by The Prevent officers in Special Branch who will make a decision as to whether this will be considered by the Channel Panel.

Raising a Concern
If you believe that someone vulnerable is being exploited or radicalised, please use the established safeguarding or duty of care procedures within your organisation to escalate the concerns to the appropriate leads. Please follow the attached process map to make a referral for a person who is under the age of 18.

For advice:
Specialbranch@gloucestershire.pnn.police.uk
childrenshelpdesk@gloucestershire.gov.uk
MODERN SLAVERY

DUTY TO NOTIFY THE HOME OFFICE OF POTENTIAL VICTIMS OF MODERN SLAVERY - GUIDANCE FOR SPECIFIED PUBLIC AUTHORITIES

WHAT IS THE ‘DUTY TO NOTIFY’?

From 1 November 2016, specified public authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

It is estimated that there were between 10,000 and 13,000 potential victims of modern slavery in the UK in 2013. In 2015, 3,266 potential victims were identified and referred to the National Referral Mechanism (NRM). The Duty to Notify is intended to gather better data about modern slavery in England and Wales.

The ‘duty to notify’ provision is set out in the Modern Slavery Act 2015, and applies to all police forces and local authorities in England and Wales, the Gangmasters Licensing Authority and the National Crime Agency.

Home Office staff within UK Visas and Immigration, Border Force and Immigration Enforcement are also required, as a matter of Home Office policy, to comply with the duty to notify.

VOLUNTARY NOTIFICATIONS BY AGENCIES NOT COVERED BY THE DUTY

Other organisations, including NGOs, are also encouraged to put forward notifications where they encounter a potential victim of modern slavery who does not want to enter the NRM.

WHAT INFORMATION SHOULD BE PROVIDED?


This information can be provided by completing a National Referral Mechanism (NRM) form or an MS1 (Notification of a Potential Victim of Modern Slavery) form.

The NRM form should be used if the victim is an adult and consents to provide their personal details and would like to receive Government funded specialist support, or for a child victim (where consent is not needed). NRM forms and associated guidance are available on the gov.uk website (https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms).

An MS1 form should only be used if the potential adult victim wants to remain anonymous and does not want specialist support (or if you are not able to contact the potential victim and do not know their personal details). The MS1 form is available on the gov.uk website (www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery).

For more information about when to use an NRM or MS1 form please see the chart overleaf. To complete and download the forms and guidance for completing forms visit:


A+ility Limited: Child Protection and Safeguarding of Vulnerable Adults
v 1.11: August 2019

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How to report a victim of Modern Slavery

If you have encountered someone who may be a victim of modern slavery. (Modern slavery is defined by the Modern Slavery Act 2015 and can include human trafficking, forced labour and sexual exploitation). Please follow the steps below.

Do you think the victim is over 18?

- No
  - Complete an NRIM form

Yes

Is the victim willing to be identified and provide their personal details?

- No
  - Complete an anonymous duty to notify (MDT) form

Yes

Does the victim want to receive specialist support?

- No
  - Complete an NRIM form (but indicate on the form that support is requested)

Yes

Complete an NRIM form (and indicate on the form that support is requested)

*Please note that setting safeguarding processes should still be followed in tandem with the notifications outlined above. If the person you have encountered or anyone connected to them may be in immediate danger, you should call the police as normal.*
Please note this form is for monitoring purposes only. **THIS IS NOT A REFERRAL.**

The purpose of this form is to collate prevalence data within Gloucestershire. The form will be used by the Honour Based Violence, Forced Marriage and Female Genital Mutilation Sub-Group to direct their action plan, awareness raising activity and community engagement.

**Date of completion:**

1. Name of reporting agency:
   e.g. Health, Police, Member of Public

2. Department / Profession:

3. Location / District of victim:

4. Age of victim (if known):

5. Gender of victim:  **Male ☐ Female ☐**

6. Ethnicity of Victim:  
<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>British</td>
</tr>
<tr>
<td></td>
<td>Irish</td>
</tr>
<tr>
<td></td>
<td>Any other white background</td>
</tr>
<tr>
<td>Mixed</td>
<td>White and Black Caribbean</td>
</tr>
<tr>
<td></td>
<td>White and Black African</td>
</tr>
<tr>
<td></td>
<td>White and Asian</td>
</tr>
<tr>
<td></td>
<td>Any other mixed background</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>Indian</td>
</tr>
<tr>
<td></td>
<td>Pakistani</td>
</tr>
<tr>
<td></td>
<td>Bangladeshi</td>
</tr>
<tr>
<td></td>
<td>Any other Asian background</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>Caribbean</td>
</tr>
<tr>
<td></td>
<td>African</td>
</tr>
<tr>
<td></td>
<td>Any other Black background</td>
</tr>
<tr>
<td>Chinese or other ethnic group</td>
<td>Chinese</td>
</tr>
<tr>
<td></td>
<td>Any other ethnic group</td>
</tr>
</tbody>
</table>
Unknown

7. No. of children in household: 2 (other child male)

8. Issue to be reported

<table>
<thead>
<tr>
<th>Issue</th>
<th>Historical</th>
<th>Current Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honour Based Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Genital Mutilation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forced Marriage</td>
<td></td>
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</tr>
</tbody>
</table>

If this case is a child you believe to be at risk please report to children's helpdesk on 01452 426565 and/or the police central referral unit on 01452 753444

9. Did you know how to help the victim at the time? Yes ☐ No ☐

If you need to make a referral to support services or if you would like some more information on any of these issues please visit www.glostakeastand.com or contact:

GDASS (Gloucestershire Domestic Abuse Support Service) on 0845 603 9035

Forced Marriage Unit on 020 7008 0151

Karma Nirvana on 0800 5999 247

Freedom Charity on 0845 607 0133

Female Genital Mutilation Unit on fgmenquiries@homeoffice.gsi.gov.uk

Do you require further training on any of these issues? Yes ☐ No ☐

Please send this form directly to Sophie Jarrett, Strategic County Domestic Abuse and Sexual Violence Co-ordinator.

Sophie.Jarrett@gloucestershire.pnn.police.uk
Child Protection Process

Professional has concerns
If a Professional has a concern about the well being of a child (or unborn baby), then follow the General Procedures provided.

Consultation with supervisor
Professional discusses concerns with supervisor or Designated Safeguarding Lead to decide next steps

Discussion with parents
Professional discusses concerns with parents/carers of the child and explains what steps they will take next (if this does not put the child at further risk or affect a police investigation)

The Front Door
Where there are urgent concerns, professional contacts Gloucestershire MASH on 01452 426565 (option 1)

Seeking advice from Children’s Social Care
Professional can contact the Children’s Practitioner Advice Line on 01452 426563 (option 3) to discuss their concerns with a qualified social worker and receive advice about whether a referral is appropriate or whether there are alternative ways of addressing their concerns.

Making a Request for Service to Children’s Social Care
Unless there are urgent concerns, professional completes a Multi Agency Service Request Form. This is passed on to a social work team and the caller will be contacted by a social worker within 24 hours (unless there are immediate risks in which case the professional will put through to a social work team straight away). The social work team will discuss whether the referral is appropriate and what action can/will be taken. Please use the Gloucestershire Childrens Services Portal to submit a MARF.