

SAFEGUARDING AND CHILD PROTECTION POLICY

*This policy reflects the DfE guidance Keeping Children Safe in Education Sept 2016.
School leaders may adopt or use this model as a starting point for a school safeguarding
and child protection policy.*

Agreed: May 2017

Foreword

St Peter's RC Primary School and the LBBD Local Safeguarding Children Board recognise the overriding priority of ensuring that schools and settings have an effective policy and procedures in place to support safeguarding and child protection. The policy and procedures must reflect the needs of the children and young people and the context of the work of the individual school and setting. It should also reflect the procedures and requirements of the LBBD Local Safeguarding Children Board (LSCB).

The Safeguarding and Child Protection Policy, reviewed, revised and adapted each academic year, must be underpinned by relevant legislation and statutory guidance. The most recent version of 'Keeping children safe in education - statutory guidance for schools and colleges. (September 2016) [Keeping Children Safe in Education \(September 2016\)](#) is an extremely important document. The safeguarding of children and young people is of paramount concern to all those involved in education. I would like to express my appreciation and those of my colleagues for all the work which schools and settings undertake.

**The Governing Body
St Peter's RC Primary School**

School St Peter's RC Primary School

Headteacher Mr D Craft

Named personnel with designated responsibility for Child Protection

Academic Year	Designated Safeguarding Lead	Deputy Designated Safeguarding Lead	Designated Governor for Safeguarding & Child Protection	Chair of Governors
2016/2017	Mr D Craft	Miss R Lumber Miss G McBride	Mr C Casey Mrs G Mwangi	Mr G Lopez

Policy Review

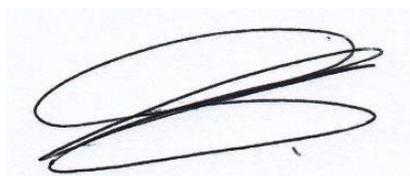
The school commissioned a Safeguarding Audit in January 2017 and following the recommendations the policy has been reviewed and refined by the SLT and sent to governors for comment to be approved at SIP on May 18 2017.

This policy is due for review in September 2018

Chair of Governors

Signature

Date 18.05.2017

A handwritten signature in black ink, consisting of several overlapping loops and a horizontal stroke across the middle.

1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best outcomes.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and families has a role to play in safeguarding: identifying concerns, sharing information and taking prompt action. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.

Safeguarding encompasses the arrangements that are in place for all children. Child protection refers to the policy and procedures for children who have been significantly harmed or are at risk of harm.

This Safeguarding and Child Protection Policy forms part of a suite of documents and policies which encompass the safeguarding responsibilities of the school. (Appendix 1 Linked Policies and Procedures) In particular this policy should be read in conjunction with the school's Code of conduct / Staff behaviour policy (including ICT Acceptable Use), the Safer Recruitment policy, the Online policy and the Anti-Bullying policy.

The Aims of this policy are to:

- provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities;
- ensure consistent good practice across the school.

All staff, volunteers and governors should know and understand this child protection and safeguarding policy and their responsibility for implementing it. This will involve all staff reading, at a minimum, Part one and all governors reading Parts one and two of [Keeping Children Safe in Education \(September 2016\)](#).

This policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the designated safeguarding lead and through staff performance measures.

School Staff and Volunteers

All staff have a responsibility to provide a safe environment in which children can learn. School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop, because they have daily contact with children and young people.

In order that all members of staff have the knowledge and skills required to fulfil their duties, school leaders will:

- provide induction for all new members of staff, including newly-qualified teachers, which includes safeguarding and child protection training. They will be expected to read and understand [Keeping Children Safe in Education \(September 2016\) Part One](#) and be familiar with our safeguarding and child protection policy and the staff code of conduct. Temporary staff will be made aware of the safeguarding policies and procedures and the school will ensure that staff provided by other agencies have received the required child protection training, commensurate with their roles, before being deployed;
- provide all staff with appropriate safeguarding and child protection training which is updated regularly. In addition all staff will receive safeguarding and child protection updates as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. School leaders will keep a record of staff induction and training.

Mission Statement

In delivering our safeguarding duties, we will:

- provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child;
- identify concerns early and prevent concerns from escalating;
- establish and maintain an environment where children feel respected, secure, are encouraged to talk and are listened to when they have a worry or concern;
- establish and maintain an environment where school staff and volunteers feel well informed about safeguarding and child protection and are listened to when they have concerns about the safety and wellbeing of a child;
- ensure children know that there are adults in the school whom they can approach if they are worried;
- ensure that children who have unmet needs are supported appropriately. This could include a referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected;
- where there is a safeguarding concern, take the child's wishes and feelings into account when determining what action to take and what services to provide and ensure that there a systems in place for children to express their views and give feedback;
- when concerned about the welfare of a child, always act in the best interests of the child;
- work with parents to build an understanding of the school's responsibilities for the welfare of all children, including the need for referrals to other agencies in some situations;
- include opportunities across the curriculum, including within Personal Social Health Education (PSHE) and Information Technology (IT), for children to be taught about safeguarding and to develop the skills they need to recognise danger, protect themselves from risks and stay safe from abuse; maintain an attitude of **“it could happen here”** where safeguarding is concerned.

2. STATUTORY FRAMEWORK & GUIDANCE

In order to safeguard and promote the welfare of children, this policy and our safeguarding and child protection procedures have been developed in accordance with the following legislation and guidance:

- [The Children Act 1989](#)
- [The Children Act 2004](#) (section 10 and section 14B)
- [The Education Act 2011](#)
- [Education Act 2002](#) (section 175 and 157)
- [The Education \(Pupil Information\) \(England\) Regulations 2005](#)
- [Regulation 9 of the School Staffing \(England\) Regulations 2009](#)
- [Children and Families Act 2014](#)
- [Safeguarding Vulnerable Groups Act \(2006\)](#)
- [Serious Crime Act 2015 counter Terrorism and Security Act 2015 \(Section 26\) \(PREVENT duty\)](#)
- LBBB multi agency threshold
http://www.proceduresonline.com/lbbd/cs/pdfs/multi_agency_thresh.pdf
- [Working Together to Safeguard Children \(DfE 2015\)](#)
- [Keeping Children Safe in Education \(DfE September 2016\)](#)
- [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)
- [Revised Prevent duty guidance for England and Wales](#): guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism
- [Inspecting education in early years, education and skills settings](#): Guidance for inspectors undertaking inspection under the common inspection framework (23 August 2016)

[Working Together to Safeguard Children \(2015\)](#) requires all schools to have a clear line of accountability and senior leadership of safeguarding arrangements. There should be a culture of listening to children and taking account of their wishes and feelings. Staff should feel able to raise issues about safeguarding and should know the procedures for whistle blowing. There should be suitable supervision and training for all staff. The school should follow the procedures for protecting children from abuse which are established by the Local Safeguarding Children Board.

Schools are expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse – these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

[Keeping Children Safe in Education \(September 2016\)](#) places the following responsibilities on all schools:

- have the knowledge and skills to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life from the foundation stage through to the teenage years. Staff may be required to support other agencies and professionals in an early help assessment;
- train staff to be alert to signs of abuse, know to whom they should report any concerns or suspicions and understand the difference between a concern about a child and immediate danger or risk of harm, and the actions that should follow each;
- have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse and procedures for handling suspected cases of peer on peer abuse;
- appoint a designated safeguarding lead who, in line with a clear job description for the role, will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care;
- ensure that staff with the designated safeguarding lead role undergo formal child protection training which is updated at least every two years and additionally receive updates at least annually to keep up with any developments relevant to their role and provide them with the required knowledge and skills;
- that all staff read at least [Part One of Keeping Children Safe in Education \(September 2016\)](#) and that there are mechanisms in place to assist staff to understand and discharge the role and responsibilities outlined in Part one;
- have in place safer recruitment procedures and checks that are, or may be required for any individual working in any capacity at or visiting the school;
- embed an overarching approach to online safety which includes training for pupils and staff and appropriate filters and monitoring systems which don't impose unreasonable restrictions.

[Keeping Children Safe in Education \(September 2016\)](#) also states:

Governing bodies and proprietors should ensure there are appropriate policies and procedures in place including a child protection policy and a staff behaviour policy (code of conduct). Both should be provided to all staff – including temporary staff and volunteers – on induction. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the LSCB, be updated annually and be available either publicly either via the school or college website or by other means.

3. THE DESIGNATED SAFEGUARDING LEAD

Governing bodies and proprietors should appoint an appropriate senior member of staff from the leadership team to take lead responsibility for safeguarding and child protection. This designated safeguarding lead should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting or directing other staff.

The designated safeguarding lead for Child Protection in this school is:

NAME Mr. Mr D Craft

The deputy designated safeguarding lead for Child Protection in this school is:

NAME **Miss R Lumber/Miss GMcBride**

Whilst the activities of the designated safeguarding lead are sometimes delegated to an appropriately trained deputy, the ultimate lead responsibility for safeguarding and child protection remains with the designated safeguarding lead. Our deputy designated safeguarding lead is trained to the same standard as the lead.

During term time our designated safeguarding lead or deputy will always be available (during school hours) for staff to discuss any safeguarding concerns. We will ensure appropriate cover arrangements for any out of hours/out of term activities.

The role and responsibilities of our Safeguarding lead are explicit in the post holder's job description and take account of [Keeping Children Safe in Education \(September 2016\) Annex B: Role of the designated safeguarding lead.](#)

The broad areas of responsibility for the designated safeguarding lead are:

Managing Referrals

The designated safeguarding lead is expected to refer all cases of suspected abuse to LBBB children's social care and to:

- the Police (where a crime has been committed);
- the Channel programme where there is a radicalisation concern;
- the Disclosure and Barring Service where a person is dismissed or left due to risk/harm.

The designated safeguarding lead will understand the requirements of the Prevent duty and provide advice to staff on protecting children from the risk of radicalisation.
ropriate, supporting or directing other staff.

The designated safeguarding lead for Child Protection in this school is:

NAME **Mr D Craft**

The deputy designated safeguarding lead for Child Protection in this school is:

NAME **Miss Rowena Lumber and Miss Gail McBride**

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The designated safeguarding lead will understand the requirements of the Prevent duty and provide advice to staff on protecting children from the risk of radicalisation.

Work with Others

The designated safeguarding lead is expected to:

- as required, liaise with the "case manager" and the local authority designated officer (LADO) in cases regarding allegations against staff;
- act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Support staff who make referrals.
- liaise with the local authority and work with other agencies in line with [Working Together to Safeguard Children \(2015\)](#). This includes providing a coordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans;
- take into account the inter-agency safeguarding procedures set up by the LSCB, including understanding and reflecting local protocols for assessment and the LSCB's thresholds document as well as supplying information as requested by the LSCB;
- share information with appropriate staff in relation to a child's looked after (LAC) status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility;
- ensure s/he has details of the child's care arrangements and the levels of authority delegated to the carer by the authority looking after her/him. The designated safeguarding lead should have details of the child's social worker and the name of the virtual school headteacher in the authority that looks after the child. We have a designated teacher for looked after children. We keep a list of children looked after by the Local Authority. We monitor their progress and wellbeing carefully.

The Designated Teacher for Children Looked After is

Mrs M Hazleton

Training

The designated safeguarding lead (and deputies) will undertake formal training, to provide her/him with the knowledge and the skills required to carry out the role, at least every two years. Training should include Prevent awareness training. In addition her/his knowledge will be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, but at least annually, to allow her/him to understand and keep up to date with any developments relevant to her/his role so s/he:

- understands the assessment process for providing early help and intervention, for example through locally agreed shared assessment processes, such as early help assessments;
- has a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensures every member of staff has access to and understands the school's child protection policy and procedures, especially new and part-time staff;
- is alert to specific needs of children in need, those with special educational needs and young carers;
- keeps detailed, accurate, secure written records of concerns and referrals;
- understands and supports the school with regards to the requirements of the Prevent duty and provides advice and support to staff on protecting children from the risk of radicalisation;
- obtains resources and attends any relevant or refresher training courses;
- encourages a culture of listening to children and taking account of their wishes and feelings, among all staff, and any measure the school or college may put in place to protect them.

Raising Awareness

The designated safeguarding lead will:

- ensure this safeguarding and child protection policy is known, understood and used appropriately;
- ensure the policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and will work with the Governing Body regarding this;
- ensure this child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this;
- link with LBBB LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding;
- where children leave the school, ensure the file for safeguarding and any child protection information is sent to any new school as soon as possible but transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt.

Summary of procedures

Following a report from a member of staff or volunteer, the designated safeguarding lead will consider the level of need by applying the thresholds for referral which LBBB Local Safeguarding Children Board (LSCB) has agreed for use by all agencies and professionals who are worried or concerned about a child's safety or welfare.

Using the levels of need described in the LBBB LSCB and Government Documents, [What to do if you are worried a child is being abused](#) [Safeguarding Our Children](#) s/he will decide whether the child is in immediate danger or is at risk of harm, in which case a referral must be made without delay to children's social care and the police immediately:

LBBB CPAT (Child Protection and Assessment Team)

Ground Floor, Roycraft House, 15 Linton Road Barking, IG11 8HE

0208 8227 3811

childrens@lbbd.gov.uk

making a clear statement of the known facts, any suspicions or allegations, whether or not there has been any contact with the child's family.

The designated safeguarding lead will confirm any referrals in writing via a Multi-Agency Referral Form (MARF). S/he will clarify with the police or children's social care whether the parents should be told about the referral and when and by whom.

If early help is appropriate the designated safeguarding lead will support the relevant member of staff in liaising with other agencies and setting up an inter-agency assessment, as appropriate. If early help, or other support is appropriate, the case will be kept under constant review and consideration given to a referral to children's social care if the child's situation does not appear to be improving.

4. THE GOVERNING BODY

It is the responsibility of the Governing Body to ensure that it complies with duties under legislation. The Governing Body must also have regard to [Keeping Children Safe in Education \(September 2016\)](#) to ensure that our school's policies, procedures and training are effective and comply with the law at all times.

The Governing Body should ensure there is a senior leader to take leadership responsibility for safeguarding arrangements. Although the Governing Body takes collective responsibility to safeguard and promote the welfare of children and young people, there is also a designated governor who champions safeguarding within the school.

The designated governor for safeguarding and child protection is:

NAME: Mr G Lopez

This Governing Body will meet the responsibilities placed upon it in law, which include:

Inter-agency working

- Ensuring the school contributes to inter-agency working, which includes providing a co-ordinated offer of early help when additional needs of children are identified.
- Recognising the importance of information sharing between professionals and local agencies and ensuring that duties under the Data Protection Act 1998 do not stand in the way of promoting the welfare and safety of children.

Policies

- Ensuring that an effective safeguarding and child protection policy is in place, together with a staff behaviour policy that includes acceptable use of technologies, staff/pupil relationships and communications (use of social media). The Governing Body will ensure that the Child Protection policy is in accordance with government guidance and refers locally to agreed inter-agency procedures and LBBB protocols for assessment. Opportunity will be provided for staff to contribute to and shape the child protection policy and the arrangements for safeguarding. The policy will be updated annually.

Leadership of safeguarding

- Appointing a designated safeguarding lead and ensuring that s/he and all deputies undertake formal training to provide them with the knowledge and the skills required to carry out the role at least every two years. In addition to their formal training their knowledge and skills should be updated at regular intervals, and at least annually, to keep up with any developments relevant to their role.

Staff training

- Ensuring that all staff members undergo safeguarding and child protection training at induction and, in addition, at least annually.
- Ensuring all staff read at least [Part One of Keeping Children Safe in Education \(September 2016\)](#)

Safer recruitment

- By adhering to statutory responsibilities, undertaking safer recruitment training and having written recruitment and selection policies in place, prevent people who pose a risk of harm from working with children.

Allegations of abuse made against staff

- Ensuring there are procedures in place to handle allegations against staff and refer correctly to the local authority designated officer (LADO).
- Meeting legal duties to make a referral to the Disclosure and Barring Service (DBS) if a person has been dismissed due to safeguarding concerns or would have been had they not resigned.

Allegations of abuse made against other children

- Ensuring that there are strategies to minimise the risk of peer on peer abuse and procedures for investigating allegations in line with guidance by the Child Exploitation Protection Centre (CEOP) and the DfE's searching screening and confiscation advice.
- Ensuring that staff are trained to recognise the different gender issues that can be prevalent when dealing with peer on peer abuse.

Curriculum

- Ensuring that child protection is included in the curriculum to help children stay safe, recognise when they do not feel safe and identify who they might or can talk to.
- Making sure that a broad and balanced curriculum will include personal, social and health education (PSHE) and sex and relationships education (SRE).
- Ensuring a comprehensive curriculum response to e-safety, enabling children and parents to learn about the risks of new technologies, communication and social media and to use these responsibly
- Safeguarding children from potentially harmful and inappropriate online material by ensuring appropriate filters and monitoring systems.
- Ensuring that the school promotes tolerance and respect and prepares children and young people for life in modern Britain

Online safety

The use of technology has become a significant component of many safeguarding issues, for example technology often provides the platform that facilitates child sexual exploitation, radicalisation and sexual predation. There are three categories of risk: content – being exposed to illegal, inappropriate or harmful material; contact – being subjected to harmful online interaction with other users; and contact – personal online behaviour that increases the likelihood of or causes harm.

The Governing Body is committed to doing all it reasonably can to limit children's exposure to the above risks from the school's IT system. As part of this process we will:

- ensure the school has appropriate filters and monitoring systems in place;
- whilst considering our responsibility to safeguard and promote the welfare of children, and provide them a safe environment in which to learn, we will consider the age range of our pupils, the number of pupils, how often they access the school's IT system and the proportionality of costs versus risks;
- ensure the appropriateness of any filters and monitoring is informed in part by the risk assessment required by the Prevent Duty;
- be careful that 'over blocking' does not lead to unreasonable restrictions as to what children can be taught with regard to online teaching and safeguarding.

The Governing Body has referred to the additional information and support in [Keeping Children Safe in Education \(September 2016\) Annex C: Online Safety](#). We have a clear policy on use of mobile technology in the school (link to school policy). We are committed to ensuring that online safety training for staff is integrated and aligned with

our responsibilities to provide them with safeguarding training and ensure children are taught about safeguarding, including online.

Vulnerable children

- Ensuring that staff have the skills, knowledge and understanding necessary to keep looked after children safe and are have the correct details about the child's care arrangements, social worker and LA virtual school headteacher.
- Appointing a designated teacher to promote the educational achievement of children who are looked after. Ensuring that s/he has appropriate training and that s/he works with the virtual school headteacher to discuss how pupil premium plus additional funding is best used to support the progress of looked after children and meets the needs identified in each child's personal education plan.
- Ensuring that staff are alert to the additional barriers that exist and the additional vigilance which is required to identify abuse and neglect for pupils with special educational needs and disabilities. These barriers can include assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration; the potential for children with Special Educational Needs and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing and signs; and communication barriers and difficulties in overcoming these barriers.
- Ensuring that repeated hate incidents, for example racist, homophobic, gender or disability-based bullying, are considered under child protection procedures.

5 THE HEADTEACHER

The headteacher will ensure that the policies and procedures adopted by the Governing Body are fully implemented and that sufficient resources and time are allocated to enable staff members to discharge their safeguarding responsibilities.

Leadership and Management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In our school community any individual can contact the designated safeguarding lead (DSL) if they have concerns about a child or young person.

Quality assurance

On behalf of the Governing Body, the headteacher will ensure that all staff read at least [Part One of Keeping Children Safe in Education \(September 2016\)](#).

The headteacher will ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one of the above guidance.

This will include periodic audits of child protection files and records by the designated safeguarding lead.

The headteacher and designated safeguarding lead will prepare the safeguarding annual report to the Governing Body to enable governors to review the effectiveness of child protection and safeguarding arrangements and, in turn, to influence the annual review of the policy. This enables the Governing Body to monitor compliance with the Education Act 2002 Section 175 and to identify areas for improvement. The views of children, parents and carers and staff members will be sought on child protection and safeguarding arrangements through surveys, questionnaires and other means.

Ofsted inspectors will always report on whether or not arrangements for safeguarding children and learners are effective. In our school in relation to self-evaluation of safeguarding we will take account of <https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015/inspecting-safeguarding-in-early-years-education-and-skills-settings> and the [School inspection handbook](#).

6. SCHOOL PROCEDURES – STAFF RESPONSIBILITIES

It is the responsibility of every member of staff to know and understand the Child Protection and Safeguarding Policy and our safeguarding procedures. As part of your induction when you join the school, you will receive training in this policy and its procedures, about the role of the designated safeguarding lead and the staff behaviour policy. This training will be updated at least every year and whenever the Child Protection and Safeguarding policy is reviewed by the Governing Body. You will be provided with [Part one of Keeping Children Safe in Education \(September 2016\)](#) and will be expected to read and understand it.

You will receive appropriate formal safeguarding and child protection training which is regularly updated. You will receive safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings) as required and at least annually, to provide you with the relevant skills and knowledge to safeguard children effectively.

You should be aware of the signs of abuse and neglect so that you are able to identify cases of children who may be in need of help or protection. Types of abuse and neglect are described in **Appendix 4 Indicators of harm**. Additionally you should be aware of the causes and indicators of current risks that impact upon the safety of children and young people. More guidance is provided in **Appendix 5 Guidance on Specific safeguarding issues**. If you are unsure, you should always seek advice from the designated safeguarding lead.

All staff should know what to do if a child tells them that s/he is being abused or neglected. Staff are expected to know how to manage an appropriate level of confidentiality whilst liaising with relevant professionals. You should never promise a child that you will not tell anyone about an allegation – this may not be in the best interests of the child.

If any member of staff is concerned about a child s/he must inform the designated safeguarding lead. You must record information regarding the concerns on the same day.

The written record must be a clear, precise, factual account of the observations. *Appendix 2*
– Cause for concern

If the allegations raised by the staff member are against another child/children staff should follow the same procedures for referring a concern about a child's safety.

The designated senior lead will assess the information and consider if a child is in immediate danger or is at risk of harm. If the evidence suggests the threshold of significant harm, or risk of significant harm, has been reached, or if s/he is not clear if the threshold is met, the designated safeguarding lead will contact children's social care. **Appendix 3 - LBBB LCSB Thresholds** If it is decided to make a referral to children's services social care this will be discussed with the parents, unless to do so would place the child at further risk of harm. All concerns, discussions and decisions will be recorded in writing.

The exception to this process will be where a teacher discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, this must be immediately reported to the police. This is a statutory duty. The **teacher** must report directly to the police.

You will need to understand your role in the early help process: identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals. Particular attention will be paid to the attendance and development of each child about whom there are concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept. The designated safeguarding lead should be informed of the unexplained absence of any child or young person on a child protection plan.

The designated safeguarding lead is responsible for making colleagues aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

Every member of staff has a duty to refer safeguarding concerns to the designated safeguarding lead. However, if:

- concerns are not taken seriously by school leaders; or
- action to safeguard the child is not taken; and
- the child is considered to be at continuing risk of harm

then staff should speak to the designated safeguarding lead or contact LBBB Children's Services Social Care (including out of hours) on **020 8227 3811**. All staff should therefore be aware of the process for making referrals and for statutory assessments under the Children Act 1989 that may follow a referral, along with the role they may be expected to play in such assessments. It is everyone's responsibility to ensure that concerns are followed up. If you have reported a concern, you should expect to be informed about what has happened following the report. If you do not receive this information, you should be proactive in seeking it out.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately using the Multi Agency Referral Form. **Appendix 7** Anybody can make a referral. If anyone other than the designated safeguarding lead (DSL) makes the referral, they should inform the DSL as soon as possible. If the child's situation

does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess when situations do not improve, sharing information too slowly, lack of challenge to those who appear not to be taking action.

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime. If you do not feel that such concerns have been taken seriously by the senior leadership team, you should use the school's whistle blowing procedures (Link to School Whistle Blowing Policy). If you feel unable to raise an issue with the senior leadership team or feel that your concerns are not being addressed, other whistleblowing channels at LA level are open to you (refer to the school policy).

7. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- physical abuse
- emotional abuse
- sexual abuse
- neglect

All staff and volunteers should be aware of the signs of abuse and neglect. Knowing what to look for is vital to early identification. **Appendix 4 - Indicators of harm**

Generally, in an abusive relationship the child may:

- appear frightened of the parent/s or other household members e.g. siblings or others outside of the home;
- act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups);
- display insufficient sense of "boundaries", lack stranger awareness;
- appear wary of adults and display "frozen watchfulness".

In an abusive relationship, a parent or carer may:

- persistently avoid child health services and treatment of the child's illnesses;
- have unrealistic expectations of the child;
- frequently complain about or to the child and fail to provide attention or praise;
- be absent;
- be misusing substances;
- persistently refuse to allow access on home visits by professionals;
- be involved in domestic violence and abuse;
- be socially isolated.

Serious case reviews have found that parental substance misuse, domestic abuse and mental health problems (sometimes referred to as the ‘toxic trio’), if they co-exist in a family could mean significant risks to children. Problems can be compounded by poverty, frequent house moves or eviction.

8. SPECIFIC SAFEGUARDING ISSUES

All staff should have an awareness of specific safeguarding issues – some of which are listed below. They should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children and young people in danger.

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence / sexual assaults and sexting. Staff should be clear as to the school’s policy and procedures with regards to peer on peer abuse (*Appendix 5 or link to school policy*)

The designated safeguarding lead and her/his team will ensure that members of staff have up to date guidance and practical support on specific safeguarding issues. Expert and professional organisations are best placed to provide this and there is a list of links to these professional and expert websites in *Appendix 6*. Staff can also access government guidance on the government websites listed below:

- [bullying including cyberbullying](#)
- [children missing education](#) – and *Appendix 5* of this policy
- [child missing from home or care](#)
- [child sexual exploitation \(CSE\)](#) – and *Appendix 5* of this policy
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- [female genital mutilation \(FGM\)](#) – and *Appendix 5* of this policy
- [forced marriage](#) - and *Appendix 5* of this policy
- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#) For information only. Guidance commenced on 5 September 2016
- [hate](#)
- [mental health](#)
- [missing children and adults strategy](#)
- [private fostering](#)
- [preventing radicalisation](#) – and *Appendix 5* of this policy
- [relationship abuse](#)
- [sexting](#)
- [trafficking](#)

Appendix 5 of this policy, on specific safeguarding issues contains important additional information about specific forms of abuse and safeguarding issues. School leaders and those staff that work directly with children should read this appendix.

9. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff or volunteer should:

- listen to what is being said without displaying shock or disbelief
- accept what is being said
- allow the child to talk freely – do not put words in the child’s mouth
- only ask questions when necessary to clarify
- reassure the child, but not make promises which it might not be possible to keep
- not promise confidentiality - it might be necessary to refer to children’s social care
- emphasise that it was the right thing to tell
- reassure her/him that what has happened is not her/his fault
- do not criticise the alleged perpetrator
- explain what has to be done next and who has to be told
- make a written record
- pass the information to the designated safeguarding lead without delay
- consider seeking support for yourself and discuss this with the designated safeguarding lead – dealing with a disclosure can be distressing
- TED open all questions with the words “tell”, “explain” and “describe”

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

10. RECORD KEEPING

When a child has made a disclosure, or when an individual has concerns about a child’s welfare the member of staff/volunteer should:

- make brief notes immediately after the conversation;
- make a complete and formal record as soon as possible afterwards. Use the school cause for concern sheet as *Appendix 2*
- not destroy the original notes in case they are needed by a court;
- record the dates and times of your observations;
- record the date, time, place and any noticeable non-verbal behaviour and the actual words used by the child or any discussions you were involved in;
- record explanations given by the child / adult;
- draw a diagram to indicate the position of any injuries;
- record statements and observations rather than interpretations or assumptions;
- sign and date the record.

Report and submit records need to the designated safeguarding lead immediately.

The designated safeguarding lead will maintain case files for pupils where there are concerns, with an overview chronology and a record of all communications and actions.

The designated safeguarding lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

Where children leave the school or college ensure their child protection file is copied for any new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

11. CONFIDENTIALITY, CONSENT AND INFORMATION SHARING

The school recognises that all matters relating to child protection are confidential. We also recognise the importance of information sharing between professionals and local agencies. All staff members who come into contact with children will be given appropriate training to understand the purpose of information sharing in order to safeguard and promote children's welfare.

All staff members must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being.

Concerns about data protection and confidentiality will not come before safeguarding a child. Our approaches to confidentiality and information sharing have taken into account [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)

In a case of female genital mutilation there is a mandatory requirement for the teacher to report directly to the police.

12. COMMUNICATION WITH PARENTS

We will:

- Ensure the safeguarding and child protection policy is published on the school website and on display in the entrance foyer.

Parents should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- the behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuses informed;
- leading to an unreasonable delay;
- leading to the loss of evidential material;
- placing a member of staff from any agency at risk

We will ensure that the parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

13. INTER-AGENCY WORKING

No single professional can have a full picture of a child's needs and circumstances. If children are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Under the leadership of our designated safeguarding lead, we will continue to develop and promote effective working relationships with other agencies, including agencies providing early help services to children, the police and children's social care. In determining levels of need, we will follow the thresholds for referral provided by LBBB Local Safeguarding Children Board (LSCB). [What to do if you are worried a child is being abused](#)

The school will ensure that relevant staff members participate in multi-agency meetings and forums, including child protection conferences and core groups, to consider individual children. We will submit reports and information and we keep our own records of discussions and agreements. When we disagree with the decisions which have been made, we will ask for our rationale and recommendations to be recorded.

The school will participate in serious case reviews, other reviews and file audits as and when required to do so by LBBB Local Safeguarding Children Board. We have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.

14. WHISTLE-BLOWING AND COMPLAINTS

Children cannot be expected to raise concerns in an environment where staff members fail to do so.

All staff members are made aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If necessary, they will speak with the headteacher, the Chair of the Governors, the designated governor for safeguarding and child protection or with the Local Authority Designated Officer.

A clear reporting procedure is in place for children, parents and other people to report concerns or complaints, including abusive or poor or unsafe practice and potential failures in the school's safeguarding regime. For more detail see our *Whistle Blowing Policy*.

15. CONTRACTORS, SERVICE AND ACTIVITY PROVIDERS AND WORK PLACEMENT PROVIDERS

School leaders will ensure that contractors and providers are aware of the school's safeguarding and child protection policy and procedures. Employees and volunteers provided by these organisations will use the school's procedure to report concerns.

Assurances will be sought that employees and volunteers provided by these organisations and working with our children have been subjected to the appropriate level of safeguarding check in line with [Keeping Children Safe in Education September 2016](#). If assurance is not obtained, permission to work with children or use the school premises may be refused.

When the school commissions services from other organisations, it will ensure that compliance with the policy and procedures is a contractual requirement.

16. SITE SECURITY

All staff members have a responsibility to ensure the buildings and grounds are secure and for reporting concerns that may come to light.

The identity of all visitors and volunteers coming into school is checked. Visitors are expected to sign in and out in the office visitors' log and to display a visitor's badge while on the school site. Any individual who is not known or identifiable will be challenged for clarification and reassurance.

The school will not accept the behaviour of any individual, parent or anyone else, that threatens the school security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the school site.

17. SAFER RECRUITMENT

At St Peter's RC Primary School we are vigilant in maintaining a culture of safe recruitment. We have robust recruitment and vetting procedures that help deter, reject or identify people working in any capacity at, or visiting our school, who might abuse children.

The Governing Body will reach a clear and reasonable rationale for its decisions about the suitability of each prospective employee based on statutory checks and evidence including: criminal record checks (DBS checks), barred list checks, prohibition checks and, as appropriate, checks, under the Childcare (Disqualification) Regulations 2009. We will also obtain verification of identity, of mental and physical fitness to carry out work responsibilities and of professional qualifications, as appropriate. We will seek confirmation of the applicant's suitability and capacity through interview and her/his experience and history through references. Individuals who have lived or worked outside the UK will undergo the same checks as all other staff. We will make further checks we consider appropriate, so that any relevant checks that occurred outside the UK can be considered, including a check for information about any teacher sanction or restriction that an EEA professional regulating authority has imposed, using the NCTL Teacher Services system. We will take proportionate decisions on whether to ask for any checks beyond what is required and ensuring volunteers are appropriately supervised.

We have a detailed Safe Recruitment policy which is informed by the guidance in [Keeping Children Safe in Education \(September 2016\)](#) and specifically Part three (Link to School Safer Recruitment policy)

At least one member of every short listing and interview panel will have completed safer recruitment training. The headteacher is responsible for ensuring that safer recruitment training is up to date.

Governors in maintained schools are required to have an enhanced criminal records certificate from the DBS. Those governors who also engage in regulated activity in the school will also undergo a barred list check.

We keep a single central record which covers all staff (including supply staff and teacher trainees on salaried routes), volunteers, governors and contractors. The headteacher and Chair of Governors or designated governor for safeguarding and child protection regularly monitor the single central record and complete a record of their scrutiny and recommendations.

18. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS OR CHILDREN (Peer on Peer)

An allegation is any information which indicates that a member of staff / volunteer may have:

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

This applies to any child the member of staff / volunteer has contact with in their personal, professional or community life. It also applies regardless of whether the alleged abuse took place in our school.

If any member of staff has concerns that a colleague or volunteer might pose a risk to children, it is your duty to report these to the headteacher. Where the concerns or allegations are about the headteacher, these should be referred to the Chair of Governors.

The Chair of Governors in this school is:

NAME: Mr G Lopez CONTACT NUMBER: 0208 2706524

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME: Mr. Eugene McCarthy CONTACT NUMBER: 0208 2706524

To reduce the risk of allegations, all staff and volunteers should be aware of our guidance on safer working practice in the *school code of conduct*.

If an allegation is determined to be unsubstantiated, it will be referred to children's social care to determine whether the child is in need of services or may have been abused by someone else. If an allegation is deliberately invented, the headteacher may take disciplinary action against the pupils or adult who reported the allegation.

It is the duty of the Governing Body to ensure that there are procedures in place to handle allegations against teachers, headteachers, other staff and volunteers. Our procedures are based upon the guidance in [Keeping Children Safe in Education September 2016](#) And [LBBD resolution and escalation](#)

Peer on peer abuse

Peer on peer abuse is when a child might have been abused by another child. There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation etc. This is a matter of professional judgement. If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, any concern must be referred to the DSL/ASL particularly if: • There is a large difference in power (for example age, size, ability, development) between the young people concerned; or • The perpetrator has repeatedly tried to harm one or more other children; or • There are concerns about the intention of the alleged perpetrator. If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused.

Managing allegations against staff or volunteers- Summary of Procedures

The person - usually the headteacher or Chair of Governors - to whom an allegation is first reported becomes the 'case manager' and should take the matter seriously and keep an open mind. Initial actions should include:

- making an immediate written record of the allegation, using the informant's own words and including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present.
- obtaining the signature of the informant and signing and dating this record her/himself.

The case manager will not ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality cannot be promised and the person reporting the allegation will be advised that the concern will be shared on a 'need to know' basis only.

In every instance of a reported concern about a member of staff or volunteer, the case manager will consider whether the allegation meets one or more of the three criteria above. Before taking any further action s/he will discuss the allegation with the local authority designated officer (LADO).

Local Authority Designated Officer

Tel: 0208 427 2466 or 0208 227 3896

E-mail: lado@lbbd.gov.uk

The designated officer and the case manager will consider the nature, content and context of the allegation and agree a course of action. This initial sharing of information may lead to an evaluation that the allegation does not meet the thresholds and no further action is to be taken. The decision, and its rationale will be recorded by both the case manager and the LADO and both will agree what information is put in writing to the member of staff and what actions are to be taken with regard to the individual and those who made the allegation.

In order to enable a decision about how to proceed with an allegation, additional information, for example history of whether similar allegations have been made previously, may be required. The LADO will discuss with the case manager how and by whom such an investigation will be undertaken.

Employers have a duty of care to their employees. It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the child / children and at the same time supports the person who is the subject of the allegation.

The member of staff about whom an allegation has been made will be informed as soon as possible and given an explanation of the likely course of action. The case manager should discuss with the LADO when to do so.

Parents or carers of a child or children involved will be told about the allegation as soon as possible and when there has been agreement with the LADO about what can be disclosed.

It is extremely important that when an allegation is made, we make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated. The case manager will take advice from the LADO, police and children's social care services to agree who needs to know and what information can be shared; how to manage speculation, leaks and gossip; what if any information can be reasonably give to the wider community to reduce speculation; and how to manage press interest if and when it should arise.

If an adult in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned, the headteacher or Chair of Governors must make a referral to the Disclosure and Barring Service (DBS). This is a legal duty and failure to refer when the criteria are met is a criminal offence.

Staff are referred to the detailed guidance on allegations of abuse made against teachers and other staff in [Keeping Children Safe in Education \(September 2016\) Part four](#).

APPENDIX 1– LINKED POLICIES AND PROCEDURES

The following or similarly named policies and procedures are relevant to child protection and safeguarding.

- Anti-Bullying Policy
- Administration of Medicines Policy
- Attendance Policy
- Behaviour Policy
- Complaints Procedure
- Children Missing in Education:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550416/Children_Missing_Education_-_statutory_guidance.pdf
- Drug and Alcohol Education Policy
- E-safety Policy
- Equalities Policy
- Health and Safety Policy and other linked policies and risk assessments
- ICT Acceptable Use Policy
- Offsite Activities and Educational Visits Policy and risk assessments
- Pastoral Care Policy
- Physical Education and Sports Guidance
- Positive Handling and Physical Intervention Policy and Guidance
- Premises Inspection Checklist
- Prevention of radicalisation, extremism and terrorism – with separate and confidential documentation of risk assessments
- Personal, Social and Health Education Policy
- Pupil Images Policy
- Safer Recruitment and Selection Policy and Procedures
- Teachers’ Standards, Department for Education guidance available on GOV.UK website
- Sex and Relationship Education Policy
- Social Media Policy
- Special Educational Needs and Disabilities Policy
- Staff code of conduct/behaviour policy - including policy on the acceptable use of technologies and communications and the use of social media
- Work Experience Handbook

APPENDIX 2: CAUSE FOR CONCERN FORM

Name of Child:

Date:

Teacher/LSA:

Time:

<p>What are the facts?</p> <ul style="list-style-type: none">• How do you know?• Who else knows?• When did you first know?• When did you last know?	
<p>What are the observations?</p>	
<p>What are the opinions/analysis?</p>	

Signed.....Date.....

APPENDIX 3 LBBD MULTI AGENCY THRESHOLD

http://www.proceduresonline.com/lbbd/cs/pdfs/multi_agency_thresh.pdf

APPENDIX 4 – INDICATORS OF HARM

PHYSICAL ABUSE

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Some of the following signs may be indicators of physical abuse.

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechial haemorrhages (pinpoint blood spots under the skin). Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding/eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive – a child does not put on weight and growth and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars

A large number of scars and scars of different sizes and ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanation provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault

Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care

May appear unusually concerned about the results of investigations which may indicate physical illness in the child

Wider parenting difficulties; may (or may not) be associated with this form of abuse

Parent/carer has convictions for violent crimes

Indicators in the family/environment

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Some of the following signs may be indicators of emotional abuse.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self-esteem and lack of confidence

Withdrawn or seen as a "loner" – difficulty relating to others

Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self-harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self esteem
Air of detachment – “don’t care” attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self-esteem, lack of confidence, fearful, distressed, anxious

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators of in the family/environment

Lack of support from family or social network
Marginalised or isolated in the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father.

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure
Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
Self-harm – eating disorders, self-mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention/concentration (world of their own)
Sudden changes in school work habits e.g. truancing
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in parents

Comments made by the parent/carer about the child
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community
History or mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
Family member is a sex offender

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical or emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Some of the following signs may be indicators of sexual abuse.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with old injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea

Unmanaged/untreated health/medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialisation

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self-harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child e.g. anxious

Low self-esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community

Family has history of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

APPENDIX 5 – GUIDANCE ON SPECIFIC SAFEGUARDING ISSUES

5.1 Further information on a child missing from education

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area. Effective information sharing between parents, schools, colleges and local authorities is critical to ensuring that all children are safe and receiving suitable education.

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. School and college staff should follow the school's or college's procedures for unauthorised absence and

for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

Schools and colleges should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, Female Genital Mutilation and forced marriage. Further information about children at risk of missing education can be found in the [Children Missing Education](#) guidance.

Schools

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers. Schools must place pupils on the admission register at the beginning of the first day on which the school has agreed, or been notified, that the pupils will attend the school. If a pupil fails to attend on the agreed or notified date, the school should consider notifying the local authority at the earliest opportunity to prevent the child from going missing from education.

It is important that the admission register is accurate and kept up to date. Schools should regularly encourage parents to inform them of any changes whenever they occur. This can assist the school and local authority when making enquiries to locate children missing education.

Schools should monitor attendance and address it when it is poor or irregular. All schools must inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority.

Where a parent notifies a school that a pupil will live at another address, all schools are required to record in the admission register:

- the full name of the parent with whom the pupil will live;
- the new address; and
- the date from when it is expected the pupil will live at this address.

Where a parent of a pupil notifies the school that the pupil is registered at another school or will be attending a different school in future, schools must record in the admission register:

- the name of the new school; and
- the date on which the pupils first attended or is due to start attending that school.

Schools are required to notify the local authority **within five days** when a pupil's name is added to the admission register. Schools will need to provide the local authority with all the information held within the admission register about the pupil. This duty does not apply to pupils who are registered at the start of the school's youngest year, unless the local authority requests for such information to be provided.

Schools must also notify the local authority when a pupil's name is to be deleted from the admission register **under any of the fifteen grounds set out in the Education (Pupil**

Registration) (England) Regulations 2006 as amended, as soon as the ground for deletion is met and no later than the time at which the pupil's name is deleted from the register. This duty does not apply where the pupil has completed the school's final year, unless the local authority requests for such information to be provided.

A pupil's name can only be deleted from the admission register under regulation 8(1), sub-paragraph (f)(iii) or (h)(iii) if the school and the local authority have failed to establish the pupil's whereabouts after jointly making reasonable enquiries. Advice on carrying out reasonable enquiries can be found in the [Children Missing Education](#) guidance.

Where a school notifies a local authority that a pupil's name is to be deleted from the admission register, the school must provide the local authority with:

- the full name of the pupil;
- the full name and address of any parent with whom the pupil lives;
- at least one telephone number of the parent with whom the pupil lives;
- the full name and address of the parent with whom the pupil is going to live, and the date the pupil is expected to start living there, if applicable;
- the name of pupil's destination school and the pupil's expected start date there, if applicable; and
- the ground in regulation 8 under which the pupil's name is to be deleted from the admission register.

Schools and local authorities should work together to agree on methods of making returns. When making returns, the school should highlight to the local authority where they have been unable to obtain the necessary information from the parent, for example in cases where the child's destination school or address is unknown. Schools should also consider whether it is appropriate to highlight any contextual information of a vulnerable child who is missing education, such as any safeguarding concerns.

It is essential that schools comply with these duties, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be at risk of not receiving an education and who might be at risk of being harmed, exploited or radicalised.

The department provides a secure internet system – school2school – to allow schools to transfer pupil information to another school when the child moves. All local authority maintained schools are required, when a pupil ceases to be registered at their school and becomes a registered pupil at another school in England or Wales, to send a Common Transfer File (CTF) to the new school. Academies (including free schools) are also strongly encouraged to send CTFs when a pupil leaves to attend another school. Independent schools can be given access to school2school by the department.

The school2school website also contains a searchable area, commonly referred to as the 'Lost Pupil Database', where schools can upload CTFs of pupils who have left but their destination or next school is unknown or the child has moved abroad or transferred to a non-maintained school. If a pupil arrives in a school and the previous school is unknown, schools should contact their local authority who will be able to search the database.

APPENDIX 6 – CONTACTS AND USEFUL INFORMATION

Multi Agency Referral Form **0208 227 3951** after consultation with the MASH Team or emailed childrens@lbbd.gov.uk.

Barking	and	Dagenham	Safeguarding	Children	Board
Room		119,	Town		Hall
Barking					
IG11 7LU					
Phone:		020	8227		3578
Email:		lscb@lbbd.gov.uk			

London Borough of Barking and Dagenham contacts

Sarah					Baker
Independent	Chair	Safeguarding	Children		Board
sarah.baker@lbbd.gov.uk					

Chris					Bush
Children's					Commissioner
chris.bush@lbbd.gov.uk					

LADO					Referrals
All referrals	should	be	sent	directly	to:
lado@lbbd.gcsx.gov.uk					

Out of Hours calls to Emergency Duty Team 020 8227 6122

Alec					Parsons
Child	Protection	Advisor			(LADO)
020	8227				2265
alec.parsons@lbbd.gov.uk					

Joy					Barter
Integrated	Family	Services	–	Early	Years
Group	Manager	Early		Years	and
joy.barter@lbbd.gov.uk					

Matthew					Cole
Interim	Manager	Community	Safety	and	Offender
					Management
– YOS					
matthew.cole@lbbd.gov.uk					

Terrie					Handley
Group	Manager-		Housing		Advice
terrie.handley@lbbd.gov.uk					

Mark					Tyson
Commissioning					Director-Adults
mark.tyson@lbbd.gov.uk					

Barking & Dagenham Safeguarding Children Board Team
lscb@lbbd.gov.uk

Department for Education

[What to do if you're worried a child is being abused – Advice for practitioners \(March 2015\)](#)

Keeping children safe online

[UK Safer Internet Centre: appropriate filtering and monitoring](#)

www.thinkuknow.co.uk

www.disrespectnobody.co.uk

www.saferinternet.org.uk

www.internetmatters.org

www.childnet.com/cyberbullying-guidance

www.pshe-association.org.uk

educateagainsthate.com

www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation

www.ceop.gov.uk

www.anti-bullyingalliance.org

www.childline.org.uk

www.nspcc.org.uk

APPENDIX 7 LBBB GUIDANCE AND MULTI AGENCY REFFERAL FORM (MARF)

The more information that is available when discussions are taking place in relation to concerns about a child, the more likely it is that the most appropriate services will be delivered at the earliest opportunity, to best meet the child's needs with the least delay.

When using the MARF, please ensure that it is as fully completed as possible and contains some analysis of; the needs of the child/ren, what support has already been provided to the family and desired outcomes, as this will inform initial decision making about the priority of the response and the appropriate response.

Where concerns and information sharing indicates likely significant harm a response will be triggered from Children's Complex Needs & Social Care Children's Services, including through an assessment and s47 enquiries as appropriate.

Where information sharing indicates that other issues are emerging about a child the focus will be on ensuring that a CAF will be completed and targeted services are meeting the child's needs effectively.

Child Protection Referrals – if there are concerns that a child may be suffering significant harm (for a definition of significant harm please refer to Chapter 4, p2, 4.1 in the London Child Protection Procedures) the information must be telephoned directly to the MASH Team. The MARF must then be completed and forwarded to the MASH Team within 24 hours as a written confirmation of the referral details.

Children in Need referrals- children with high levels of need and/or have a disability. For a full definition of a Child in Need please refer to section at chapter 6, 6.6.17 in the London Child Protection Procedures.

Your MARF needs to be faxed to **0208 227 3951** after consultation with the MASH Team or emailed childrens@lbbd.gov.uk.

Non child protection concerns - where concerns about children do not indicate an immediate risk of significant harm a MARF will trigger information sharing between professionals to evaluate the concerns and agree an appropriate response. This will include consideration of whether a CAF has been completed and whether all preventative/targeted services have been utilised to address the child's needs. Where a CAF has been completed it should be shared between professionals when concerns about a child are being discussed.

The decision about the planned response to a concern about a child will be made within 24 hours and will be communicated to the referrer within 3 days of the concern being shared. It is the referrer's responsibility to ensure that the referral has been received and contact should be made with the MASH to confirm.

Confidentiality – As a professional you cannot remain anonymous if you make a referral to Children’s Social Care the parent/carer will be informed that information has been received; this is a requirement of Children’s Social Care under the Data Protection Act 1989.

Consent – in most circumstances the agreement of the parent / legal guardian of the child must be sought before a referral is made if providing this will not place the child at an increased risk of harm. If a professional has any concern that informing a parent may place a child at risk or may compromise Police evidence, immediate advice must be sought from the MASH team. Should a parent or guardian refuse their agreement to a referral being made, consideration should be given to the impact this may have on the level of concern you have for the child’s welfare, and the parents or guardian’s ability to meet the child’s needs. You may wish to discuss these issues with the MASH Team. If the parents have not been approached in Children in Need cases then the referral may not be accepted. The MASH reserves the right to notify the Safeguarding Lead for the organisation concerned to reiterate the expectation that consent should be sought for Child in Need cases.

Common Assessment Framework (CAF) - when considering a referral with concerns about a child it will be useful to consult the CAF continuum of needs and threshold descriptors. The aim of the CAF is to identify at the earliest opportunity a child’s or young person’s personal additional needs and co-ordinate support from universal and targeted services. Written consent is given by the parent(s)/carer and/or young people before the CAF processes are undertaken.

Reports – any additional detailed reports that provide useful information to the concerns should be attached to the form. If reports are attached please ensure that the consent of the author has been obtained.

Observation of the child- when completing these forms it is important to record your observation of the child. If you have specific expertise in a given area this should be clearly stated.

Third parties – information about third parties should only be included if it is directly relevant to the referral and there is consent unless this is a Child Protection referral.

Parent’s and child’s views – may be included if they are volunteered but care must be taken not to interview either parents or children about the substance of any concerns where it is possible that a criminal offence may have been committed unless advised to do so by the MASH Team.

Legal Proceedings – those completing the form and any accompanying documents, should be aware that the contents of the form may be used in legal proceedings should proceedings follow the referral.



London Borough of Barking and Dagenham

15 Linton Road

Barking

Essex

IG11 8HE

Telephone: 0208 227 3811

Facsimile: 0208 227 3951

This form is to be used by all agencies when referring children about whom there are concerns.

The more information available at the first point of contact, the more likely it is that appropriate service will be delivered at the earliest opportunity to help children and their families.

BEFORE PROCEEDING - PLEASE CONSIDER – Have you consulted within your own agency about this referral?

If so, was it agreed that a referral was required?

Yes No

Has a CAF been in place to support the family? Should this approach be undertaken first?

Is this a Child Protection Referral? YES NO

If you believe that a child/young person is at immediate risk of significant harm please call the MASH Team IMMEDIATELY for advice

Child Protection Referrals: If there are concerns that a child may be suffering from significant harm, the information must be telephoned directly to the MASH Team. (*NOTE: If it is known that the child(ren) has a current allocated Social Worker, please ask to speak to the allocated worker or their Line Manager in the first instance). Upon advice from the MASH team this form should be completed in FULL and faxed to 0208 227 3951 or email to childrens@lbbd.gov.uk as a matter of urgency

Is this a Child in Need Referral? YES NO

Child in Need Referrals: Referrals of children with high levels of need and/or have a disability. Your MARF needs to be faxed to 0208 227 3951 after consultation with the Senior Social Workers in the MASH Team.

IF YOU ARE UNCLEAR WHETHER OR NOT YOU SHOULD FILL IN THE MARF PLEASE CALL 0208 227 3811

AND SPEAK TO ONE OF THE MASH SENIOR SOCIAL WORKERS

REFERRAL INFORMATION

1. Child/Young Person's Details:					
Child's first name/s:			Child's surname:		
Any alternative name:			Young person's personal telephone number applicable:		
Date of birth/EDD:	Gender (M/F)	Religion/Church attended:	Child's age:	Child's first language:	Disability:

2. Child / Young Person's Ethnicity
The categories below are defined by the Department for Education and Skills. In addition to helping us to consider the particular needs of the child / young person being referred, this information will allow better planning of our services.

White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Any other white background (please specify)	<input type="checkbox"/>	Any other Black background (please specify)	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
		Chinese	<input type="checkbox"/>	Any other Asian background (please specify)	<input type="checkbox"/>	Any other mixed background (please specify)	<input type="checkbox"/>
Not stated	<input type="checkbox"/>	Any other ethnic group (please specify)					
Religion							

3. Parent/Carers details:	
Name of parents/carers:	
Parents date of birth:	
Home address:	Any other relevant addresses:

Post code:	Post code:
------------	------------

4. Other significant family members; other adults or children also living in the home or living elsewhere

Name:	D.O.B:	Relationship:	Contact Details:	Household Members:

5. Have you had any consultation in relation to this referral? State who?

What advice were you given? When?

6. Has a CAF been completed in respect of this child? If not why not?

If so please attach or specify date and outcome?

--

7. Is an interpreter needed? If so please detail requirements:

Insert name of professional if involved		Telephone No.	Insert name of professional if involved		Telephone No.
Health Visitor			General Practitioner		
Nursery			Police		
School including child's unique pupil number and named contact person			Midwife		
Youth Offending Officer			Education Welfare Officer,		

			Access &		
			Attendance Officer		
Community Mental Health					
School Nurse			Probation		
Community Paediatrician			Other		

9. Do you believe the child or young person to be at risk of significant harm, if so please specify?

10. Your reasons for making a referral in this case?

What are your concerns? What outcomes would you like for the child?

What else has been tried to prevent this referral?

--

11. Have you spoken to the child?	Yes/No
What is the child's account?	

12. Child's current whereabouts:
<i>When were they last seen? Please supply all emergency contact numbers.</i>

--

13. Supporting Information:

Child development; what information do you know about the child?

Please include all relevant information regarding their development in terms of their health, education, attendance, social relationships, emotional well being, self-esteem and self care skills.

--

14. Supporting Information:

Parents and carers; what information do you know about the child's parent(s)/carer and wider family?

Please include information regarding parent/carer strengths and difficulties in terms of relationships, friendships, behaviour, support, stability, safety and boundaries. Do the parents have any particular needs, e.g. learning disability, mental health issues, substance misuse or domestic violence.

--

15. Supporting Information:

Environmental factors; what information do you know about the wider environmental factors may impact on the child?

Consider for example, housing issues, who is working in the household, financial situation, community and social involvement.

--

16. History of Intervention?

Please provide a brief chronology of significant events and service interventions:

17. Any other relevant information? (including previous referrals)

18. Is there a perceived risk of violence or other matters that could make contact with this family dangerous (such as an unsafe neighbourhood, persons of violent nature, an unrestrained dog, etc)?

Yes / No:

If yes, please specify what the identified risk is?

19. In circumstances where there is a risk of violence (such as domestic abuse) please provide details regarding a safe way to contact the victim and/or child?

--

20. Have you spoken to the parent/carer about making this referral?
--

<p>If so please detail comments.</p> <p>If not please explain why.</p>
--

Parental Agreement (See Guidance Notes)

If you are making a referral of a child protection concern and are unsure about whether to advise the parent/carer of concerns and intention to make a referral (i.e. due to evidence being compromised, or someone being place at risk) you should consult within your own agency about this issue. If you remain unsure about whether the parent/carer should be consulted/informed about the referral please consult with Children’s Social Care in the first instance.

If you are making a Child in Need referral agreement must be sought from the parent/carer (and where appropriate the young person) to make the referral. Where you have not obtained parental agreement it may not be possible to progress child in need referral. Where appropriate, the parent/carer should be asked to sign the referral form.

I agree to the information in this referral being shared with other agencies, including children's social care.

Name of parent/Legal Guardian/Young Person (please print):

Signature of Parent/Legal Guardian/Young Person:
--

Date:

21. Referrer's Details

Name(Print):
Job title:
Agency:
Work address:
Contact Telephone number:
Fax number:
Email address:

Name of Safeguarding Lead in agency?

In what capacity and for how long have you known the child/young person?

Have you consulted the parents and child appropriately before making the referral

Yes/No

Signature.....

Date.....

22. Confirmation of receipt of referral.

To be faxed back to referrer:

Children and Young People's Services received your referral about:

Name:

D.O.B

Address:

Your referral was received on

The decision made regarding further action:

Priority for action:		Response:	
High		Service with 24 hours	
Med		Service in 48 hours	
Low		CAF	
No further action (NFA)			
Allocated worker:		Lead Professional:	

Advice and Action taken/Reason for NFA:

Decision taken by:

Signed: Job Title:

Date:

BODY MAP

The Body Map is intended to be used to record a physical injury to a child particularly if it is felt to be non-accidental or part of a pattern of injuries. **UNDER NO CIRCUMSTANCES SHOULD REFERRERS REMOVE CLOTHING TO OBSERVE DESCRIBED INJURIES UNLESS AUTHORISED TO DO SO AS PART OF A MEDICAL EMERGENCY.**

NAME OF CHILD:

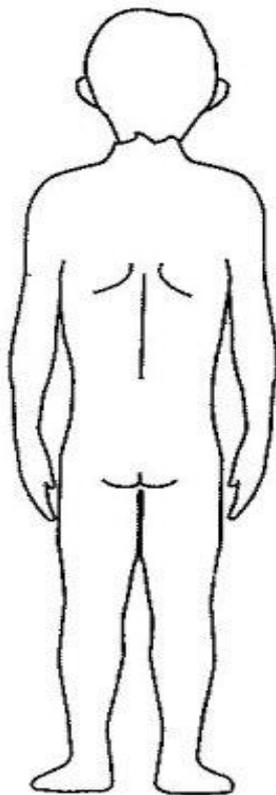
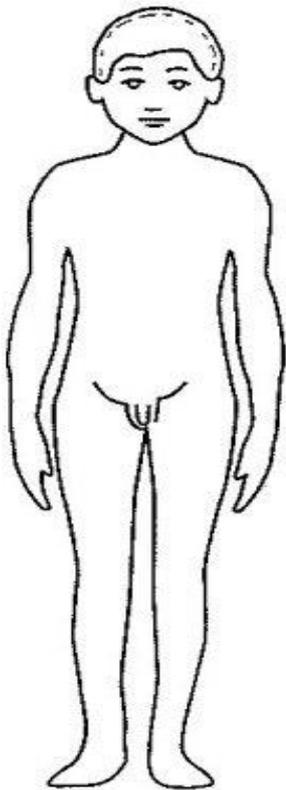
DATE OF BIRTH:

DOCTOR'S NAME

DATE:

GENDER:

SIGNATURE:



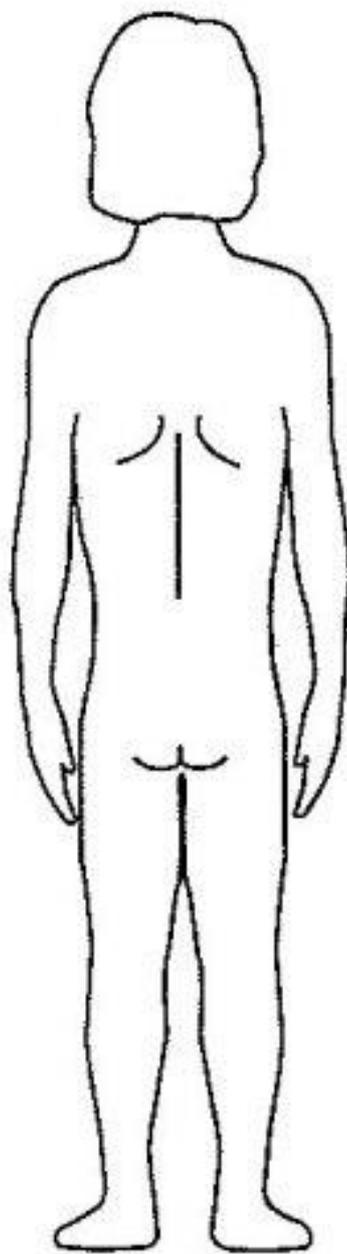
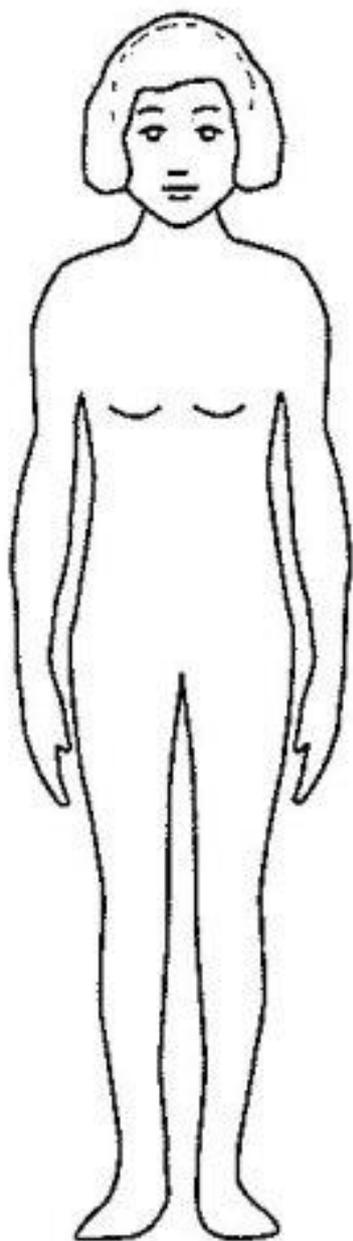
NAME OF CHILD:
DATE OF BIRTH:

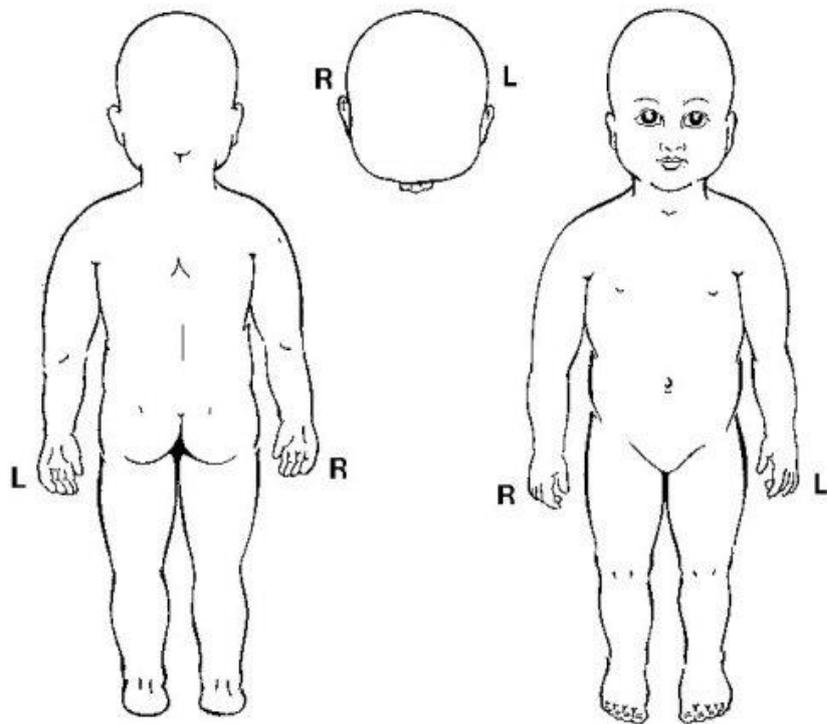
GENDER:

DOCTOR'S NAME

SIGNATURE:

DATE:





NAME OF CHILD:

DATE OF BIRTH:

GENDER:

DOCTOR'S NAME

SIGNATURE:

DATE: