

# BULLERS WOOD SCHOOL

## CHILD PROTECTION/SAFEGUARDING POLICY



<b>Policy created by:</b> Director Of Safeguarding and Child Protection (DSL) (Child Protection)	<b>Date of Adoption:</b> March 2017	<b>Date to be Reviewed:</b> March 2018	<b>To be reviewed by:</b> PPC Committee
--	--	---	--

# Child Protection / Safeguarding Policy

**School/College:** Bullers Wood School

**Designated Child Protection/Safeguarding Officer (DSL):** Deborah Carter

**Deputy Child Protection/Safeguarding Officer:** 1<sup>st</sup> Kim Anderson  
2<sup>nd</sup> Karen Lubbock

**Designated Governor for Child Protection/Safeguarding:** Carrie Goodwin

**Designated Governor for Looked After Children:** Carrie Goodwin

## 1. Introduction

At Bullers Wood School we are committed to safeguarding children and young people, and we expect everyone who works in our school to share this commitment.

Adults in our school take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them. We will always act in the best interest of the child.

## 2. Aims

To support the child's development in ways that will foster security, confidence, and independence ensuring that the following outcomes are achieved as defined in the Children Act (2004):

Protecting children from maltreatment;

- To raise awareness of all staff, including volunteers, of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring children known or thought to be at risk of harm.
- The School will have procedures and protocols which will be followed by all staff in cases of suspected abuse and the need for care.
- To develop and promote working relationships with other agencies.
- To ensure that all adults (including Governors and Volunteers) who have access to children have been checked as to their suitability and have enhanced DBS checks. The School will implement recruitment procedures as recommended in 'Keeping Children Safe in Education (2016)'.

## 2. Procedures

Our procedures will be in line with Bromley and London Child Protection Procedures 2016. We will ensure that:

- We have Designated Members of Staff/Officer who will, in line with recommendations in Keeping Children Safe in Education ((2016) undertake training and refresher training at two yearly intervals (see Annex E). All other staff will undertake training regularly.

- All members of staff develop their understanding of the signs and indicators of abuse or need. See **Annex A**.
- All members of staff know how to respond to a pupil who discloses abuse. See **Annex B**.
- All members of staff are aware that Safeguarding incidents could happen anywhere and they are alert to possible concerns being raised in this school.
- All members of staff may raise concerns directly with Children’s Social Care services.
- All staff will be kept up-dated on safeguarding issues and will be able to identify concerns and understand procedures to protect and safeguard children and young people.

Issues include Children Missing from Care and Home, Children Missing from Education, Child Sexual Exploitation, Domestic Violence, Young Carers, Young Runaways, Forced Marriage, Female Genital Mutilation, Gender-based Violence against Women and Girls, Poor Parenting, Fabricated/induced illness, Preventing Radicalisation, Vulnerability of LAC children and e-safety.

- All members of staff are aware of any immediate/urgent action required to assist the child, e.g. emergency medical treatment.
- All parents/carers will be made aware of the School’s Child Protection/Safeguarding Procedures.
- All staff is responsible for reporting concerns regarding a colleague’s behaviour. See Bullers Wood Procedures for Raising Concern (Whistle-blowing). Staff reporting concerns should contact the Designated Safeguarding Lead (not the head teacher).
- The School’s procedures will be regularly reviewed and updated.
- All staff will have seen a copy of this policy and new staff will be given a copy as part of their induction program.
- Governors will receive regular reports about numbers of child protection referrals, allegations against school staff and other child protection/safeguarding matters.

#### **4. Responsibilities**

The Designated Officer is responsible for:

- Adhering to the London Child Protection Procedures - 5th edition (2016), Bromley Safeguarding Children Board and School/College policies about referring a child if there are concerns about possible abuse. See **Annex C** –checklist for Recording
- Keeping written records of concerns about a child even if there is no need to make an immediate referral.

- Ensuring all records are kept confidentially and securely and are separate from pupil records.
- Ensuring that the following procedures are carried out for any pupil subject to a Child Protection Plan. On day one of any absence from School, a trained member of staff will telephone the home. If there is no reply from the home and there are concerns for the child's wellbeing Social Care, and School's Education Welfare provision should be contacted. See London Safeguarding Children Board Good Practice guidance for "Safeguarding Children Missing from School" procedures 3.23, 3.24, 3.25 and 3.26.

## 5. Supporting Children

- We recognise that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame.
- We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- We know that disabled children are more vulnerable to abuse than non-disabled children, and are especially liable to bullying and intimidation. (See "*Safeguarding disabled children 2009*")

Support will be given to all students by:

- Encouraging self-esteem and self-assertiveness while not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those agencies involved with the safeguarding of children.
- Notifying Social Care as soon as there is a significant concern.
- Providing continuing support to a pupil about whom there have been concerns who leaves the school, by ensuring that appropriate information is forwarded to the pupil's new school under confidential cover.
- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure all children know there is an adult in the School whom they can approach if they are worried or in difficulty.
- Students are taught about safeguarding, including online, through various teaching and learning opportunities, as part of providing a broad and balanced curriculum.

## **6. Confidentiality**

- We recognise that all matters relating to Child Protection are confidential, refer to Information Sharing (2015).
- The Head Teacher or the Designated Officer will disclose any information about a pupil To other staff on a need to know basis only.
- All staff must be aware that they have a professional responsibility to disclose information with other agencies to safeguard children.
- All staff must be aware that they must not tell a child that they can keep secrets.

## **7. Supporting Staff**

- We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the Designated Officer and to seek further support as appropriate.

## **8a. Allegations against Staff (including volunteers)**

- We understand that a pupil may make an allegation against a member of staff has;
  - behaved in a way that has harmed a child, or may have harmed a child;
  - possibly committed a criminal offense against or related to a child; or
  - Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.
- If such an allegation is made, the member of staff receiving the allegation will a) take the allegation seriously b) ensure the child is safe and supported and c) inform the
- Lead safeguarding officer (LADO) as soon as possible. The member of staff should then accurately record what they have been informed / observed.
- The Lead safeguarding officer on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (Lead Officer for Education Safeguarding).
- If the concern does not meet the threshold for an external investigation, the LADO will pass the allegation back to the school to investigate in-house.
- If the allegation meets the threshold for an external investigation, the DSL will pass the information on to the Headteacher and Chair of Governors to investigate.
- If an allegation is made against the Headteacher or Lead safeguarding officer, then the Chair of Governors must be informed, and they will then discuss the allegation with the Local Authority Designated Officer (LADO).
- The School will follow the most recent London and Bromley's Safeguarding Children Boards protocols for managing allegations and consult section 4 of the policy Keeping Children Safe in Education (2016).

- Support for the individual is vital to fulfilling this duty. Individuals should be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action unless there is an objection by the children's social care services or the police.
- The individual should be advised to contact their trade union representative if they have one, or a colleague for support. They should also be information to contact Bromley Wellbeing for counselling or medical advice.
- The school make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. The Education Act 2002 introduced reporting restrictions preventing the publication of any material that may lead to the identification of a teacher who has been accused by, or on behalf of, a pupil from the same school (where that identification would identify the teacher as the subject of the allegation).

#### **8b. Allegations against another pupil**

- We understand that a pupil may make an allegation against another pupil.
- If such an allegation is made, the member of staff receiving the allegation will a) take the allegation seriously b) ensure the child is safe and supported and c) inform the
  - Lead safeguarding officer as soon as possible. The member of staff should then accurately record what they have been informed / observed.
- The Lead safeguarding officer on all such occasions, will discuss the content of the allegation with the Local Authority Designated Officer (Lead Officer for Education Safeguarding) and report the allegation to Children's Social Care services and the police.
- The School will follow the most recent London and Bromley's Safeguarding Children Boards protocols for managing allegations.

#### **9. Safer Recruitment**

- The School will implement their responsibilities for safer recruitment strategies as recommended in Keeping Children Safe in Education (2016).
- This will include appropriate training for the Headteacher and others who recruit and select staff and volunteers. These staff will attend the CWDC (formally NCSL) Safer Recruitment training.
- As part of the Safer Recruitment process, all staff being offered positions within the School should have their offers made subject to enhanced DBS checks.
- These checks should be renewed every three years.

#### **10. Making A Child Protection Referral:**

**MASH team Telephone 0208 461 7379/7026/7373/7014**

Civic Centre, Stockwell Close, Bromley, BR1 3UH

Email: [mash@bromley.gov.uk](mailto:mash@bromley.gov.uk)

Emergency Out-of-Hours Service on 020 8464 4848

- Seek advice from the Duty Social Worker if you are unsure whether to make a referral.
- 
- All referrals should be sent in writing using the Multi-Agency Referral Form. The exception is in the case of urgent child protection, where the referral will be taken over the telephone and followed up in writing by the next working day (24-72 hours).
- With few exceptions, the parents should be informed if a referral is being made. If you are unsure, consult a Duty Social Worker before sending the referral.

### **11. Common Assessment Framework (CAF)**

The CAF is designed as an assessment tool to facilitate early intervention and cooperation between agencies to improve outcomes for children/young people with additional needs, the Head of Year for the student will complete the CAF.

You might use a CAF:

- If you are concerned about how the child/young person is progressing regarding their health, welfare, behavior, learning or any other aspect of their wellbeing.
- You receive a request from the child/young person or parent/carer for more support.
- You are concerned about the child/young person's appearance or behaviour, but their needs are unclear or are broader than you can address.
- You want to use the CAF to help you identify the needs of the child/young person and to pool knowledge and expertise with other agencies to support the child/young person better.

Please refer to the Bromley Safeguarding Thresholds Guidance or that of any other borough in which the child resides (e.g. Lewisham).

### **12. Child Protection Case Conferences**

- If invited to a Child Protection Case Conference, the DSL will be given priority to attend.
- A report should be completed for the Case Conference using the Bromley Multi-agency Child Protection Conference Report Annex D, or that of any other borough in which the child resides.
- The report should be provided to and discussed with parents, and children when appropriate, in advance of the conference. It is important that families do not hear new information at the conference and it is the responsibility of the school who have relevant information to make this available to the conference in the form of a written, legible and signed report.
- Once the report has been discussed with the parents, it should be provided to the Quality Assurance Unit for the Conference Chair at least 48 hours before an initial conference and five working days in advance of a review conference.

- Please also refer to the School's policies on Bullying, e-safety, Behaviour, Attendance, Health and Safety, First Aid, Procedures for Raising Concern (Whistle-blowing), Staff Code of Conduct and Preventing Radicalisation.

### **Definitions of Child Abuse and Neglect**

Whenever a concern is raised that a child may be being harmed in one or more of the following ways:

#### **Physical abuse**

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

#### **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 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 the normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious 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.

#### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

#### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment. It may also include neglect of or  
Unresponsiveness to a child's basic emotional needs.

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

Child sexual exploitation (CSE) involves exploitative situations, contexts, and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

- Staff should be aware of the key indicators of children being sexually exploited which can include:
- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

There are three main types of child sexual exploitation:

**Inappropriate relationships:**

Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser.

**Boyfriend/Girlfriend:**

Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafés or shopping centers. A seemingly consensual sexual relationship develops but later turns abusive. Victims may be required to attend parties and sleep with multiple men/women and threatened with violence if they try to seek help.

**Organised exploitation and trafficking:**

Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.

## **FGM**

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

- low level of integration into UK society
- mother or a sister who has undergone FGM
- girls who are withdrawn from PSHE

- visiting female elder from the country of origin
- being taken on a long holiday to the country of origin
- talk about a 'special' procedure to become a woman

#### Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include:

- Difficulty walking, sitting or standing and may even look uncomfortable.
- Spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- Frequent urinary, menstrual or stomach problems.
- Prolonged or repeated absences from school or college, especially with noticeable behavior changes (e.g. withdrawal or depression) on the girl's return
- Reluctance to undergo normal medical examinations.
- Confiding in a professional without being explicit about the problem due to embarrassment or fear.
- Talking about pain or discomfort between her legs

#### **Also record**

Explanation for the injury:

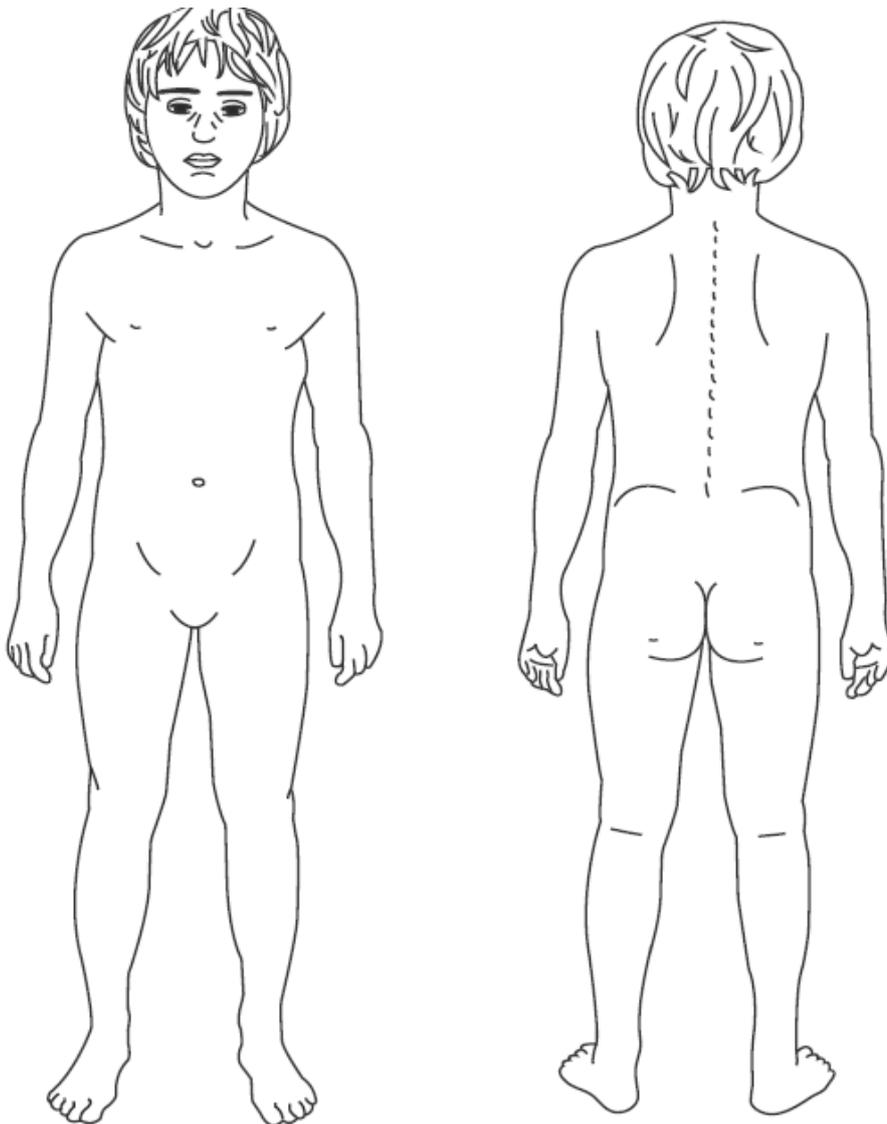
Child (use child's own words)

- General appearance of the child:
  - Clothing
  - Hygiene
- Child's attitude/demeanour
- Parent's attitude
- Action taken/proposed or in your views, does the child need treatment?
- Your name, designation, agency, telephone number
- Date and time of your observation

# Body Chart

**Students name**.....

This chart must be used together with the Concern Form Show clearly the location of your concern and label with a number and a brief description, eg. '1. Burn about 4cm.' On the Concern Form refer to the injury using the same number and description.



Observations made by Signed .....

Date.....

What to do when a child discloses abuse

- Stay calm and reassuring
- Arrange a time and place to talk privately immediately after the child has initiated contact
- Explain that you cannot promise to keep what the child tells you a secret - you may have to contact a social worker or the police
- Don't make any other promises to the child - the situation may cause you to react emotionally
- Listen and reassure
- Do not press for details - this is likely to need further and possibly extensive investigation. It is better for the child if s/he does not have to repeat the details unnecessarily. This could also compromise a potential criminal investigation.
- Tell the child that s/he was right to tell - that s/he is not to blame for the incident. Let the child know that you understand how difficult it is to talk about such experiences. Thank the child.
- As soon as possible afterward, record your conversation with the child. Remember the child's exact words. Record your statements to the child
- Refer to Deborah Carter (Deputy Headteacher) in her absence Kim Anderson.

Note: A wide range of situations can fall into the category of "disclosure." Because it is impossible to know in advance what a child will say, it is advisable to always follow these suggestions.

Many victims of child abuse say that having the first person they told be supportive was the first step in recovering from their experience.

## Child Protection Procedures – Physical Injury to Children

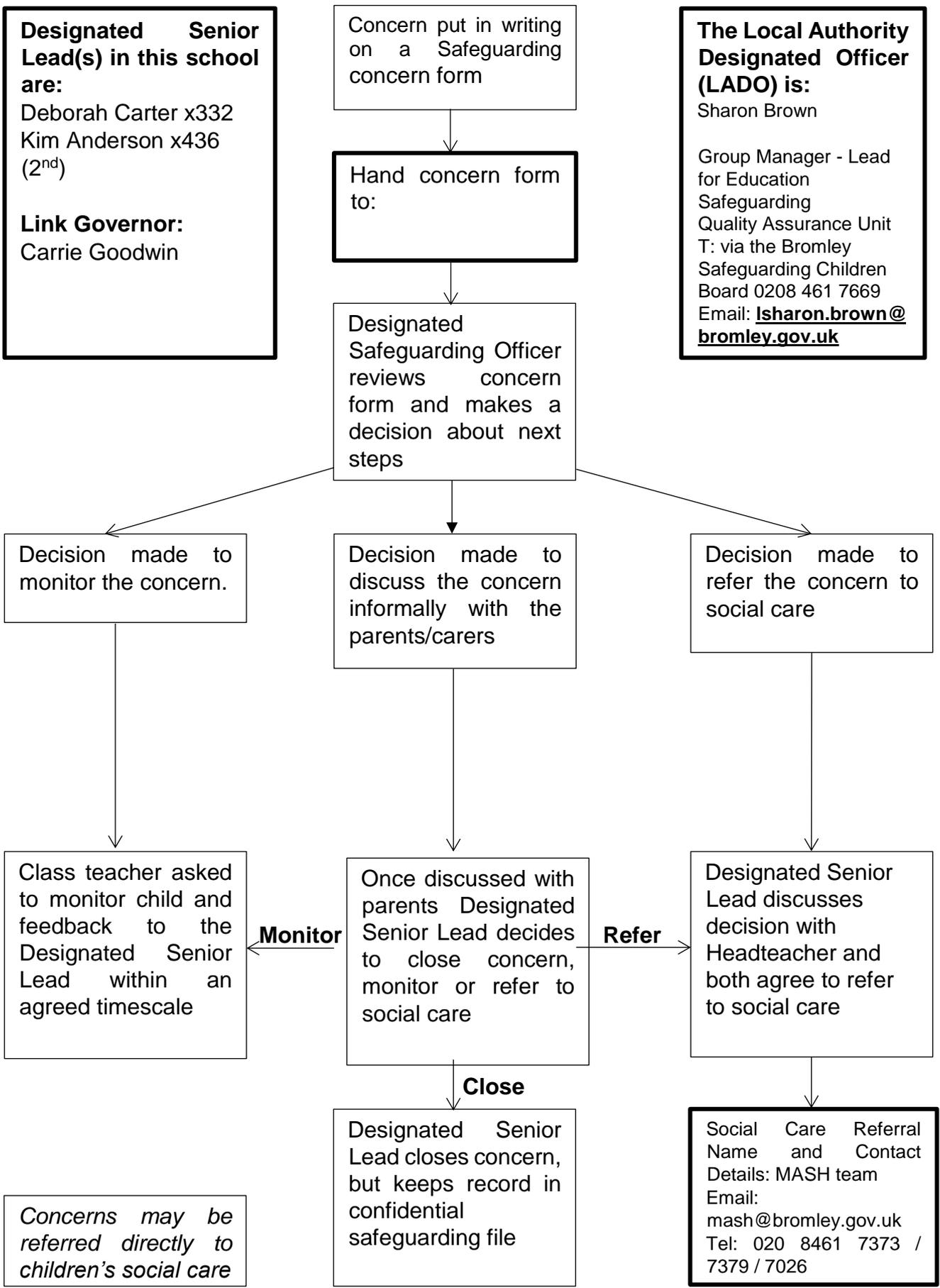
### Checklist for Recording

- When you notice an injury to a child which needs to be recorded, try to record the following information in respect of each mark:
- Exact position of injury on the body, e.g. upper outer arm/left cheek
- Size of injury - in approximate centimeters or inches (or use indicators e.g. size of one pence coin, etc.)
- Approximate shape of injury, e.g. round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff, etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot/does the child feel hot?
- Does the child feel pain?

Note: Do not attempt to guess at things beyond your own field of expertise, e.g. age of injury.

Only record visible injuries; do not strip children. If the child is injured, Children's Social Care will arrange for a Child Protection Medical. Do not take photographic evidence.

# Flow Chart for Raising Safeguarding Concerns



## Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to Deborah Carter or Kim Anderson if they have a safeguarding concern about a child in our school.

Full name of child	Date of Birth	Tutor/Form group	Your name and position in school

Nature of concern/disclosure	
Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.	
Was there an injury? Yes / No	Did you see it? Yes / No
Describe the injury:	
Was anyone else with you? Who?	
Has this happened before?	Did you report the previous incident?
Who are you passing this information to?	
Name:	
Position:	
<b>Your signature:</b>	
<b>Time:</b>	
<b>Date:</b>	

Action taken by DSL

Referred to...?

Attendance  
Improvement  
Officer

Police

School  
Nurse

Children's  
Services

PSA  
Adviser

Guidance

Other

Parents informed? Yes / No (If No, state reason)

Feedback given to...?

Pastoral team

Tutor

Student

Person who recorded disclosure

Full name: Deborah Carter

DSL Signature:

Date:

**CHILDREN'S SOCIAL CARE REFERRAL FORM**

This form is to be used by all agencies when referring a child to the London Borough of Bromley Children's Social Care.

For guidance about the threshold criteria for referrals to Children's Social Care, please see the Bromley Safeguarding Children Board (BSCB) *Partnership model for providing services to support children and families in Bromley.*

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate or acute risk of suffering significant harm, telephone Children's Social Care immediately and then complete this form to confirm your referral within 24 hours of your call.

If a professional is unclear about whether to make a referral they should first consult with their designated Child Protection lead within their agency. Following this, advice can be sought from the Children's Social Care Referral and Assessment Team.

If a Common Assessment Framework (CAF) has been fully completed within the last three months for the child or young person, you can attach the completed CAF and complete Sections A to C of this form only. It is your responsibility to ensure that all of the basic information required is included as part of your referral. If you are relying on information from a completed CAF, please ensure this is up to date. Failure to do so will cause a delay in addressing the child's needs.

The referral form should be completed with as much relevant information as possible. If referring more than one child in the same household, a separate referral form is not needed for each child, but the referral must state which children are being referred for a service.

Consent should always be sought for a child in need referral and for relevant information to be shared.

In most child protection cases, parents should be informed that a referral is being made and what the concerns are about the child. However, there are exceptions where this is not appropriate, namely if to inform the parent / carer would:

- Place the child at increased risk of significant harm
- Place a member of staff at risk by the response it may prompt
- Lead to the risk of loss of evidence eg someone destroying evidence of a crime, or influencing a child about a disclosure issue

**Bromley Children's Social Care Contact Details**

Referral & Assessment Team	Phone: 020 8461 7373 / 7379 / 7026 / 7404
London Borough of Bromley	Admin: 0208 461 7309 / 7014 / 7428
Civic Centre, St Blaise	E-mail: <a href="mailto:Mash@bromley.gov.uk">Mash@bromley.gov.uk</a>
Stockwell Close	
Bromley BR1 3UH	Fax: 0208 313 4400

Emergency Duty Team (at weekends and outside normal working hours)  
Phone: 020 8464 4848

<b>Section A – Basic referral details (to be completed in all cases)</b>	
<b>Date of Referral</b>	
<b>This is a:</b>	<input type="checkbox"/> New Referral <input type="checkbox"/> Repeat Referral
<b>Child's Name</b>	
<b>Do you consider the young person to be at risk of significant harm?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If a child or young person is at immediate risk of significant harm, an immediate telephone referral to the Referral &amp; Assessment Team should be made. Do not delay whilst parental permission is sought</b>	
<b>Has the child/ young person and their parent/ carer been advised that the case has been referred to Children's Social Care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, please state why:</b>	
<b>Are you aware of any of the following difficulties being experienced by the family?</b>	
Domestic Abuse <input type="checkbox"/>	Parental Substance Misuse <input type="checkbox"/>
Parental Mental Illness <input type="checkbox"/>	Child Sexual Exploitation <input type="checkbox"/>
<b>Section B – Referrer details (to be completed in all cases)</b>	
<b>Name of Referrer</b>	
<b>Designation/ Title</b>	
<b>Department &amp; Agency</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email address</b>	

Sec

**Section C – Summary of reason for referral (to be completed in all cases)**

Please state clearly the reason why you have made this referral. If you have indicated that any child (or children) may be at risk of **significant harm** you need to tell us how you have come to your view and detail any significant incidents or events.

How do you consider Children’s Social Care will be able to meet the needs of the child (or children) you are referring? Please indicate if any children have special needs.

**If you are working with a child or young person for whom a Common Assessment Framework (CAF) HAS BEEN FULLY COMPLETED WITHIN THE LAST 3 MONTHS, YOU DO NOT NEED TO COMPLETE FURTHER SECTIONS. Instead, attach the completed CAF and any recent Delivery Plan and Review documents. It is your responsibility to ensure that all of the relevant information required is included as part of your referral, either on this form or in the completed CAF. Failure to do so will cause delay in addressing the child’s needs.**

Have you attached a completed CAF to this form?  Yes  No

Are there any other children in the family who need to be referred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Please list any other children in the family who need to be referred in Section F below

If you have not attached a completed CAF for the child or young person, please complete sections D – I.

**Section D – Child or Young Person’s details**

If you are referring more than one child in a family, please complete this section for the child/ young person you have the primary concern about. List the other children in Section F.

<b>Family Name</b>	
<b>First Name</b>	
<b>Date of Birth or expected delivery date</b>	<b>(DD/MM/YY)</b>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone</b>	

<b>What is the child/ young person’s first language</b>	
<b>Is an interpreter/ signer needed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the child/ young person disabled?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the child/ young person privately fostered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**What is the child/ young person’s ethnicity?**

<b>White</b>	<b>Black or Black British</b>	<b>Asian or Asian British</b>	<b>Mixed/ Dual Background</b>	<b>Chinese or other</b>
<input type="checkbox"/> White British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White & Black African	
<input type="checkbox"/> Traveller of Irish heritage	<input type="checkbox"/> Any other Black Background	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Gypsy/ Roma		<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Any other Mixed background	
<input type="checkbox"/> Any other white background				

If other, please specify:

What is the child/ young person's religion?

What is the child/ young person's nationality?

**Section E – Parent/ Carer details**

Name	Date of Birth (DD/MM/YY)	Relationship to child/ young person	Ethnicity (using ethnicities list on pg. 4)	First Language	Parental Responsibility
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an interpreter/ signer required?		Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Other main carers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are any of the main carers disabled?		Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Other main carers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Section F – Household details**

If you are referring more than one child, please complete details of one of the children in detail in Section D. List the other children below.

Please list below the names and details of all children and adults who are currently residing with the child/ young person

Family name	First name	Date of Birth (DD/MM/YY)	Ethnicity (using ethnicities list on pg. 4)	Relationship to child/ young person	Tick if you are also referring this child

					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**Section G – Services working with this family**

**Please list below the details of other professionals/ agencies currently or recently involved with the child/ young person (Please include names and contact telephone numbers)**

	Name	Address	Phone
<b>GP</b>			
<b>Health Visitor</b>			
<b>Midwife</b>			
<b>School</b>			
<b>Early Years</b>			
<b>Other agency (please state)</b>			
<b>Lead Professional (if applicable)</b>			

**Section H – Wider family network**

**Please list below the names and contact details of any other family members or significant adults in relation to this child or young person**

<b>Name</b>	
<b>Relationship</b>	

<b>Address</b>	
<b>Postcode</b>	
<b>Contact number</b>	
<b>Any additional information</b>	
<b>Name</b>	
<b>Relationship</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact number</b>	
<b>Any additional information</b>	

### **Section I – Background Information**

**Please consider the BSCB Partnership Model, Continuum of Need and threshold guidance assist you to consider any identified areas of need or welfare concerns.**

**1. Relevant information about the development of unborn baby, child or young person – Health, behaviour, family relationships, social presentation, learning, substance misuse etc.**

**2. Relevant information about parents and carers – safety and protection, emotional warmth, stimulation, domestic abuse, mental health, substance misuse etc.**

**3. Relevant information about family and environment – housing, neighbourhood, extended family, support networks, community resources, immigration status etc.**

**4. Any other comments**

**ACKNOWLEDGEMENT OF REFERRAL** This slip is to be completed by Children's Social Care staff and sent to the referrer as acknowledgement of receipt of the referral

Name of Referrer:

Referrer Agency:

Date referral received:

**Thank you for your referral in respect of:**

Name & D.O.B:

Address:

- Children's Social Care have decided that no further action is required from this service however the family have been offered advice and/or have been referred on to another provider
- Children's Social Care have decided to commence an Initial/Core Assessment

The Social Worker allocated to this family's case is: \_\_\_\_\_ and can be contacted on 020 8 \_\_\_\_\_

**Thank you for your cooperation**

### **The role of the designated senior person**

This role is key to ensuring that proper procedures and policies are in place and are followed about child protection issues and that there is a dedicated resource available for other staff, volunteers, and governors to draw upon.

The designated senior person is a senior member of the school's leadership team who is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the local authority (LA), and working with other agencies. The designated person need not be a teacher but must have the status and authority within the school management structure to carry out the duties of the post, including committing resources to child protection matters and, where appropriate, directing other staff.

### **Broad areas of responsibility for the designated senior person for child protection**

- Refer cases of suspected abuse or allegations to the relevant investigating agencies.
- Act as a source of support, advice, and expertise within the educational establishment when deciding whether to make a referral by liaising with relevant external agencies.
- Liaise with Headteacher to inform him or her of any issues and ongoing investigations and ensure there is always cover for this role.
- Provide information and reports to the school's Governing body.

### **Training**

- To recognize how to identify signs of abuse and when it is appropriate to make a referral.
- To have a working knowledge of how Local Safeguarding Children Boards (LSCBs) operate and the conduct of a child protection case conference, and be able to attend and contribute to these effectively when required to do so.
- To ensure each member of staff has access to and understands the School's Child Protection Policy, especially the new or part-time staff who may work with different educational establishments.
- To ensure all staff have induction training covering child protection and can recognise and report any concerns immediately, they arise. (This is essential in respect of staff that are perhaps part time or work with more than one school, such as Connexions personal advisors, trainee teachers and supply teachers.)
- To be able to keep detailed, accurate and secure written records of referrals or concerns.
- To obtain access to resources and attend any relevant or refresher training courses at least every two years.

### **Raising awareness**

- Ensure the Child Protection Policy is updated and reviewed annually and work with the governing body regarding this.
- Ensure parents see copies of the Child Protection Policy, which alerts them to the fact that referrals may be made and the role of the establishment in this, so as to avoid conflict later.
- Where children leave the establishment, ensure that their child protection file is copied for new establishment as soon as possible but transferred separately from main pupil file. If a child leaves and the new school is not known, DCSF should be alerted so that these children can be included in the database for lost pupils.

DCSF has clear guidelines on what schools, governing bodies and LAs should do if they suspect that a child has been abused or assaulted. It is not, however, the responsibility of teachers and other staff in schools to investigate suspected abuse. They should not take action beyond that agreed to the procedures established by their LSCB.