



FAIRFIELD
HIGH SCHOOL

Safeguarding (Includes Child Protection) Policy

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Signature Date

Head Teacher

Signature Date

Chair of Governors

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1. INTRODUCTION

The Designated Safeguarding Leads at Fairfield are:

- Alison Naylor (DSL)
- Pippa Hart and Ben Chappell (DDSL)

The Designated Person for LAC students is:

- Kaye Darling

The Designated Person for Prevent awareness is:

- Alison Naylor

This policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, School Visits Policy, Students with Medical Conditions policy, Whistle Blowing policy, Code of Conduct/Staff Behaviour Policy, E-safety Policy and ICT Acceptable Usage Policy.

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 life chances.

This Safeguarding (including child protection) Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

Purpose of a Safeguarding Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Herefordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

The school follows the procedures established by the Herefordshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Herefordshire working with children and their families.
<https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-board/>

School Staff & Volunteers

All school 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.

All school staff will receive appropriate regular

safeguarding children training, so that staff are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. In addition all staff members will receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. The DSL and DDSL will complete Designated Lead Safeguarding training every two years and will attend as a minimum annual safeguarding CPD and refreshers.

New staff and volunteers will be made aware of the safeguarding policies and procedures during induction including Safeguarding Policy and Staff Behaviour Policy (code of conduct). Temporary staff and visitors will receive an introductory booklet upon arrival at reception.

Fairfield Safeguarding Mission Statement

To establish and maintain an environment where children feel 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 safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being 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 additional/unmet needs are supported appropriately. This could include 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.

Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

Implementation, Monitoring and Review of the Safeguarding Policy

The 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 Senior Lead and through staff performance measures.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (Section 175/157)
Outlines that Local Authorities and School Governing Bodies have a responsibility to “ ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils”.
- Herefordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
- Keeping Children Safe in Education (DfE, September 2016)
- Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2016) – APPENDIX 1
- Working Together to Safeguard Children (DfE 2015)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)

Working Together to Safeguard Children (DfE 2015) requires that we follow the procedures for protecting children from abuse which are established by the Herefordshire Safeguarding Children Board (HSCB).

3. THE DESIGNATED SENIOR LEAD (DSL)

The governing body will ensure that Fairfield designates an appropriate senior member of staff to take lead responsibility for child protection and safeguarding. This person will have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

During term time the designated safeguarding lead and/or a deputy (DDSL) will always be available (during school hours) for staff in the school to discuss any safeguarding concerns:

The Designated Safeguarding Lead for Child Protection at Fairfield is:

NAME: **Alison Naylor**

There should be a Deputy Designated Safeguarding Lead (DDSL)

The Deputy Designated Safeguarding Lead at Fairfield is:

NAME: **Pippa Hart**

NAME: **Ben Chappell**

The broad areas of responsibility for the Designated Safeguarding Lead are:

➤ **Managing referrals and cases**

- Refer all cases of suspected abuse or neglect to the Local Authority Children's Services (Safeguarding and Specialist Services) , Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern
- Liaise with the Head Teacher - especially concerning ongoing enquiries under Section 47 of the Children Act 1989 and police investigations
- 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
- Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

➤ Training

The Designated Safeguarding Lead will undergo formal training every two years. The DSL will also undertake Prevent awareness training. In addition to this training, their knowledge and skills will be refreshed (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments) at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments and the CAF process
2. Have 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
3. Ensure each member of staff has access to and understands the school's safeguarding and child protection policy and procedures, especially new and part time staff
4. Be alert to the specific needs of children in need, those with special educational needs and young carers
5. Understand and support the school with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
6. Be able to keep detailed, accurate, secure written records of concerns and referrals
7. Obtain access to resources and attend any relevant or refresher training courses
8. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them

➤ Raising Awareness

- The designated safeguarding person should ensure the school's policies are known, understood and used appropriately.
- Ensure the school's safeguarding and child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure the safeguarding and 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 the Local Safeguarding Children's Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave Fairfield, 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.

4. THE GOVERNING BODY

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training is effective and comply with the law at all times.

The nominated governor for child protection is:

NAME **Paula James**

The responsibilities placed on governing bodies and proprietors include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective safeguarding policy is in place, together with a staff behaviour policy
- ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2016) – Appendix 1 and are aware of specific safeguarding issues
- ensuring that staff induction is in place with regards to child protection and safeguarding
- appointing an appropriate senior member of staff to act as the Designated Safeguarding Lead and ensuring that there is at least one Deputy Designated Safeguarding Lead (DDSL)
- ensuring that all of the Designated Safeguarding Leads (including deputies) should undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments)
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- ensuring that children are taught about safeguarding in an age appropriate way

- ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material. Additional information to support governing bodies and proprietors is provided in Annex C of **Keeping Children Safe in Education(DFE 2016)**
- Having a designated governor to take leadership responsibility for safeguarding arrangements at Fairfield

5. WHEN TO BE CONCERNED

A child centred and coordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is **everyone's responsibility**. 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.

Schools and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times..

Children who may require early help

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services (MASH) if the child's situation doesn't appear to be improving.

Staff and volunteers working within the School should be alert to the potential need for early help for children also who are more vulnerable. For example:

- **Children with a disability and/or specific additional needs.**
- **Children with special educational needs.**
- **Children who are acting as a young carer.**
- **Children who are showing signs of engaging in anti-social or criminal behaviour.**

- **Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence**
- **Children who are showing early signs of abuse and/or neglect.**

Staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

See Appendix 4 for information on indicators of abuse

Children with special educational needs and disabilities:

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- ❖ Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- ❖ Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- ❖ Communication barriers and difficulties
- ❖ Reluctance to challenge carers , (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- ❖ Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- ❖ A disabled child's understanding of abuse.
- ❖ Lack of choice/participation
- ❖ Isolation

Peer on peer abuse

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/ sexual assaults, sexting, teenage relationship abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

A useful tool when dealing with Peer on Peer sexual abuse is: The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service to help professionals; assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

Guidance on responding to and managing sexting incidents can be found at <http://swgfl.org.uk/magazine/Content/Documents/Online-Safety/Managing-Sexting-Infographics-designs.aspx>

And at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/55157/5/6.2439_KG_NCA_Sexting_in_Schools_WEB__1_.PDF

Please see the school's anti-bullying policy for more details on procedures to minimise the risk of peer on peer abuse.

Preventing radicalisation

This Preventing Radicalisation Policy is part of our commitment to keeping our pupils safe. Since the Education and Inspections Act 2006 schools have a duty to promote community cohesion. Over the last few years, global events have led to a growth of extremist viewpoints, including advocacy of violent extremism. Schools have an important part to play in both educating children and young people about extremism and recognising when students start to become radicalised. In March 2015, new statutory duties were placed on schools by the Counter Terrorism and Security Act 2015 which means they must work to prevent children being drawn into extremism. Safeguarding children from all risks of harm is an important part of a school's work and protecting them from extremism is one aspect of that.

Statutory Duties

The duty to prevent children and young people being radicalised is set out in the following documents:

- Counter Terrorism and Security Act 2015
- Keeping Children Safe in Education 2016
- Prevent Duty Guidance 2015
- Working Together to Safeguard Children 2015

Non-statutory Guidance

- Promoting fundamental British values as part of SMSC in schools: DfE
- Departmental advice for maintained schools 2014

Extremism is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

British Values are democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

Roles and Responsibilities

Role of the Governing Body

It is the role of the Governing Body to ensure that the school meets its statutory duties with regard to preventing radicalisation. The Governing Body has a nominated person, Mrs Paula James (Chair of Governors and Governor with responsibility for safeguarding children) who will liaise with the Head Teacher and other staff about issues to do with protecting pupils from radicalisation.

Role of the Head Teacher

It is the role of the Head Teacher to:

- ensure that the school and its staff respond to preventing radicalisation on a day-to-day basis
- ensure that the school's curriculum addresses the issues involved in radicalisation
- ensure that staff conduct is consistent with preventing radicalisation

Role of Designated Safeguarding Lead

It is the role of the designated safeguarding lead to:

- ensure that staff understand the issues of radicalisation, that they are able to recognise the signs of vulnerability or radicalisation and know how to refer their concerns

- receive safeguarding concerns about students who may be vulnerable to the risk of radicalisation or are showing signs of radicalisation
- make referrals to appropriate agencies with regard to concerns about radicalisation
- liaise with partners, including the local authority and the police
- report to the Governing Body on these matters

Role of staff

It is the role of staff to understand the issues of radicalisation, that they are able to recognise the signs of vulnerability or radicalisation and know how to refer their concerns.

Curriculum

Fairfield High School is committed to ensuring that our students are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. We encourage our students to be inquisitive learners who are open to new experiences and are tolerant of others. Our values support the development of the whole child as a reflective learner within a safe respectful learning environment. Teaching the school's core values alongside the fundamental British values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

Internet Safety

The internet provides students with access to a wide-range of content, some of which is harmful. Extremists use the internet, including social media, to share their messages. The filtering systems used at Fairfield High School blocks inappropriate content, including extremist content. Where staff, students or visitors find unblocked extremist content they must report it to a senior member of staff (See ICT Acceptable Use Policy).

Staff Training

Staff will be given training as part of their initial safeguarding training and refresher training to help them understand the issues of radicalisation, so that they are able to recognise the signs of vulnerability or radicalisation and know how to refer their concerns. The Designated safeguarding Officer and Deputy Designated Safeguarding Officers will undertake the Home Office developed 'Workshop to raise awareness of Prevent (WRAP) training and the e learning package for 'Channel'.

Signs of vulnerability

There are no known definitive indicators that a young person is vulnerable to radicalisation, but there are number of signs that together increase the risk. Signs of vulnerability include:

- underachievement
- being in possession of extremist literature
- poverty
- social exclusion
- traumatic events
- global or national events
- religious conversion
- change in behaviour
- extremist influences
- conflict with family over lifestyle
- confused identify
- victim or witness to race or hate crimes
- rejection by peers, family, social groups or faith

Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent)
- secretive behaviour
- online searches or sharing extremist messages or social profiles

- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

Referral Process

Staff and visitors to Fairfield High School **must** refer all concerns about pupils who show signs of vulnerability or radicalisation to the **Designated Safeguarding Officer/Designated Person for Prevent awareness or the Deputy Safeguarding Officer** using the usual methods for reporting other safeguarding concerns. When there are significant concerns about a pupil, the Designated Safeguarding Officer in liaison with the Head Teacher will make a referral to the appropriate body

Children Missing in Education

Children Missing in Education (CME) may cover instances where:

- A child has a repeated pattern of absence
- The reason for a child's absence is unclear or unexplained
- A member of staff has concerns about the nature of a pupil's absence
- A parent informs the school that their child is leaving the school

The school's designated safeguarding lead (DSL), or deputy DSL, will be consulted, and may complete a child protection form (HSCB Referral Form) or may complete the LA CME form when a child has been absent without the schools permission for a period of 10 days or more.

If a pupil leaves, the school will contact the pupil's new school to ensure that he/she has started to attend. However, if a pupil leaves and a new school is not identified, the LA's CME officer will be contacted.

The school will also notify the LA if a pupil:

- Fails to attend school regularly
- Has been absent without the school's permission for a continuous period of 10 school days or more

6. DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead.

If a staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy– *Allegations involving school staff/volunteers*.

7. RECORD KEEPING

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the designated safeguarding lead.

When a child has made a disclosure, the member of staff/volunteer should:

- Make a record of the disclosure as soon as possible after the conversation. Use the school record of concern sheet wherever possible.
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

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

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. SCHOOL PROCEDURES

Please see Appendix 3: What to do if you are worried a child is being abused: flowchart.

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead or in their absence the Deputy Safeguarding Lead (DDSL). The Designated safeguarding Lead will decide whether the concerns should be referred to Children's Services (MASH) using the Levels of Need as a guide. If it is decided to make a referral to Children's Services (MASH) this will be discussed with the parents, unless to do so would place the child at further risk of harm.

While it is the DSLs role to make referrals, any staff member can make a referral to Children's Services (MASH). If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

If a **teacher** (persons employed or engaged to carry out teaching work at schools and other institutions in England) , in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the **teacher** must report this to the police. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2016): Annex A for further details.

The MASH

Herefordshire Children's Services (01432) 260800

Emergency Duty Team

(01905) 768020 (out of hours number for when MASH are unavailable)

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

Visitors

Visitors should sign in at reception where they will be issued with a visitor's badge. Staff should be alert to strangers and immediately report concerns to the school office or a member of SLT.

10. COMMUNICATION WITH PARENTS

Fairfield will ensure the Safeguarding (Child Protection) Policy is available publicly on the school website. Paper copies can be requested from the school office.

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 abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;

(The school may also consider not informing parent(s) where it would place a member of staff at risk).

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

What staff should do if they have concerns about safeguarding practices within the school?

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Head Teacher. Where there are concerns about the Head Teacher, this should be referred to the Chair of Governors as appropriate.

The Chair of Governors is:

NAME: **Paula James**

In the absence of the Chair of Governors, the Vice Chair should be contacted.

Procedures:

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher/Chair of Governors will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer:

Paul Rooney (01432) 260680

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

The Head Teacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

Where a staff member feels unable to raise an issue with their employer/through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

Safer working practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the school code of conduct / staff behaviour

12. Safer Recruitment

The school is responsible for ensuring safer recruitment best practice (see Safer Recruitment Policy). When recruiting staff the school will follow the guidelines in this check list:

Checklist

- The Safeguarding policy is up to date and a statement about the organisation's commitment to safeguarding is included in all recruitment and selection materials
- There is an up to date job description and person specification for the role(s) we wish to recruit to and these have been agreed with the Head Teacher
- An appropriate advertisement is prepared that contains all necessary information about the role, timetable for recruitment and our commitment to safeguarding
- A suitable candidate information pack is compiled containing all the required information about the organisation, role, recruitment timetable, safeguarding policy/statement and application form
- Each application received will be scrutinised in a systematic way by the shortlisting panel in order to agree our shortlist before sending invitations to interview
- Ensure that all appropriate checks have been undertaken on our shortlisted candidates, including references and DBS checks
- Ensure that all shortlisted candidates receive the same letter of invitation to interview, supplying them with all necessary information
- Ensure each interview panel has at least one person who has been trained in safer recruitment
- Ensure that a face-to-face interview is conducted for ALL shortlisted candidates based on an objective assessment of the candidate's ability to meet the person specification and job description
- Ensure that all specific questions designed to gain required information about each candidate's suitability have been asked, including those needed to address any gaps in information supplied in the application form
- Ensure that we are able to make a confident selection of a preferred candidate based upon their demonstration of suitability for the role
- Ensure that our preferred candidate is informed that the offer of employment (including volunteer positions) is conditional on receiving satisfactory information from all necessary checks.

Prohibition order checks

A prohibition order check ensures the teacher is not prohibited from teaching. This requirement has been statutory since 3 April 2014 but there is no requirement to retrospectively check teachers who commenced their current employment prior to that

date. Existing staff will have been checked in line with previous guidance for checking QTS status.

The National College for Teaching and Leadership (NCTL) maintains the database of all teachers eligible to teach in the maintained sector in England. The database is called the Employer Access Service

(<https://www.education.gov.uk/help/contactus/nctl>). It **replaces** the database previously managed by the GTCE which listed any teacher who may have been the subject of a suspension or conditional order and confirmed that a teacher had QTS and had completed their induction.

To undertake prohibition order checks, the school has registered with the 'Employer Access Service'. This is a free service and enables employers and potential employers to view the record of any teacher with qualified teacher status or any teacher with an active restriction. We can check whether a teacher we are considering employing has:

- qualified teacher status (QTS)
- completed their induction
- a mandatory qualification for teachers of hearing impaired or visually impaired pupils
- an active teaching restriction
- been the subject of a decision by the Secretary of State not to impose a prohibition order for unacceptable professional conduct, conduct that may bring the teaching profession into disrepute or conviction of a relevant offence
- been prohibited from teaching
- a suspension or conditional order imposed by the General Teaching Council for England that is still current
- failed their induction or probation period

Please note: The prohibition order check is different to the barred list check operated by the DBS. Some new appointments will require an enhanced DBS check, a barred list check and a prohibition order check.

APPENDIX 1 : KEEPING CHILDREN SAFE IN EDUCATION (DfE 2016)

Part One: Information for all school and college staff

Annex A: Further information

On publication of this Child Protection Policy (July 2016), the May 2016 version of the statutory guidance '**Keeping Children Safe In Education**' available online, has been denoted by DfE as 'for information only'. The guidance commences on 5th September 2016. The DfE have confirmed that this guidance will be updated annually thereafter.

The existing version of the statutory guidance mentions that there will be also be updates likely before September 2016 in respect to the definition of Child Sexual Exploitation and also regulations relating to Children Missing from Education.

The CPSLO Service have therefore decided to provide the hyperlink only to Keeping Children Safe in Education in this policy rather than the document in its entirety, due to likely frequent change in content.

It is **essential** that **all** staff have access to this online document and read Part 1 and Annex , which provides further information on:

- children missing from education
- child sexual exploitation
- 'honour based' violence
- FGM mandatory reporting duty
- forced marriage
- preventing radicalisation

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

We highly recommend that staff are asked to sign to say they have read these sections (please see Appendix 2) and should subsequently be re-directed to these online documents again should any changes occur.

Link to Keeping Children Safe in Education:

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

APPENDIX 2: DECLARATION FOR STAFF
Child Protection Policy and Keeping Children Safe in Education (DfE 2016)

Fairfield High School Academic Year 2016/2017

(Please sign and return to Alison Naylor DSL by 3/10/2016)

I, _____ have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s)

- (1) The School/College's Child Protection Policy
- (2) **Part 1 and Annex A** of 'Keeping Children Safe in Education' DFE Guidance, 2016
- (3) The Staff Behaviour Policy/Code of Conduct

I am aware that the DSLs are:

.....

.....

.....

.....

and I am able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available from the DSL and DDSL as well as the school website

Signed _____ Date _____

APPENDIX 3: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2015)

Flowchart

Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training , staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead (DSL) .

Question behaviours

- Talk and listen to the views of children, be non - judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice , refer to the HT or principal, if the concerns is about the HT or Principal, report to Chair of Governors. Utilise whistleblowing procedure.

Ask for help

- Record and share information appropriately with regard to confidentiality
- If staff members have concerns, raise these with the school's or college's Designated Safeguarding Lead (DSL)
- Responsibility to take appropriate action, do not delay.

Refer

- DSL will make referrals to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Children's Services (01432) 260800.

APPENDIX 4: INDICATORS OF ABUSE AND NEGLECT

The framework for understanding children's needs:



Working Together to Safeguard Children (DFE, 2015)

Physical abuse	
<i>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</i>	
Child	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size	Aggression towards others, emotional and behaviour problems
Burns and Scalds – shape, definition, size, depth, scars	Frequently absent from school
Improbable, conflicting explanations for injuries or unexplained injuries	Admission of punishment which appears excessive
Untreated injuries	Fractures
Injuries on parts of body where accidental injury is unlikely	Fabricated or induced illness -
Repeated or multiple injurie	
Parent	Family/environment
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.

Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of 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, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

Child

Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour

Parent

Family/environment

Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

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.

Child

Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships

Parent

Family/environment

--	--

Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

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 or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.

Child

Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	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	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
Parent	Family/environment
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

Female Genital Mutilation

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

There are 4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities

- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

Child sexual exploitation

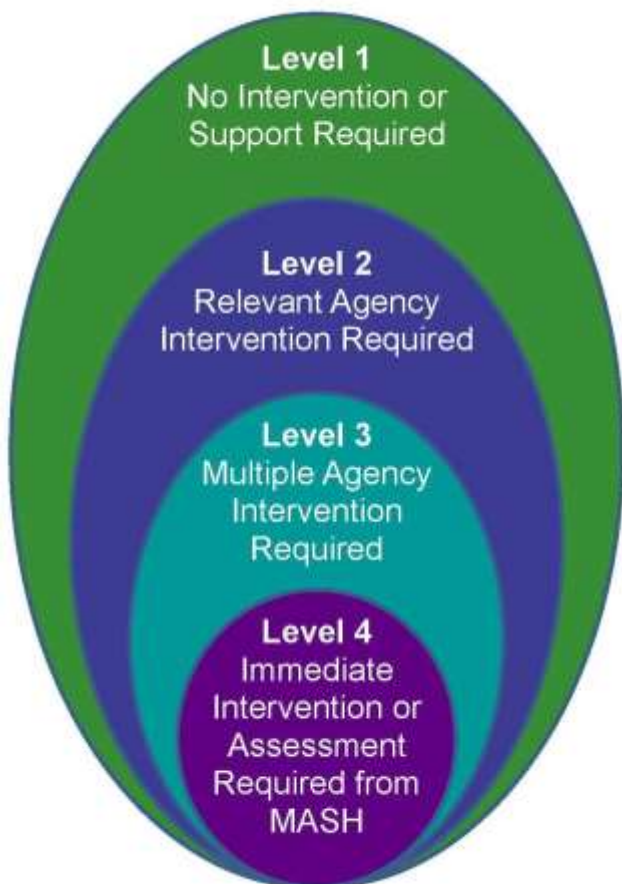
The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)

- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

APPENDIX 5: Herefordshire Levels of Need



Above is the Herefordshire Levels of Need Diagram. This diagram is to help and support professionals reach a judgement about individual cases. If a concern reaches Level Four of the Levels of Need Pathway a referral must be made to the Herefordshire MASH. The designated Safeguarding Leads, Alison Naylor and Pippa Hart are trained to make these referrals or in their absence, the Head Teacher. Pippa Hart, Kaye Darling and Alison Naylor are also trained in CAF. A CAF should be instigated when a child or family's needs require the engagement of a range of agencies. This could be at either Level 2 or Level 3 on the levels of Need Diagram.

APPENDIX 6: Contacts/sources of advice

Herefordshire Children's Service

- **In office hours:** The Referral and Assessment Team **01432 261663**
- **Out of office hours:** the emergency duty team **01905 768020**
- **West Mercia Police:** **0300 333 3000**

Herefordshire Safeguarding Children Board: 01432 260100

NSPCC Helpline: 0808 800 5000

Fairfield High School Child Protection Officer: Pippa Hart or Alison Naylor

Herefordshire PCT Safeguarding Advice: 01432 363916

APPENDIX 7: Levels of staff safeguarding training

Universal (All staff)

Staff who have contact or work with children/young people and/or families/carers who may be in a position to identify concerns regarding the safeguarding of those children/young people and/or families/carers.

Targeted (Head Teacher, Designated Safeguarding Officer and Deputy Designated Safeguarding Officer, Chair of Governors and Governor with responsibility for safeguarding)

Members of the workforce who work predominantly with children, young people and/or their parents/carers and who could potentially be involved in the assessing, planning, intervening and taking part in multi-agency processes where there are safeguarding concerns.

Specialist

Members of the workforce who have particular responsibilities in relation to undertaking section 47 enquiries, including professionals from health, education, police and children's social care; those who work with complex cases and social work staff responsible for co-ordinating assessments of children in need. For example:

Professional advisors named and designated lead professionals.




APPENDIX 9: HSCB referral form

Herefordshire Multi-Agency Referral Form

Amended October 2014



This form is to be used by all professional agencies referring a child/young person to Children's Well Being Services (Children's Social Care) for assessment as a child in need of:

-  support services;  child protection; or  accommodation (to become looked after).

It is your responsibility to provide as much information as possible and to inform the parent/carer of your referral unless in doing so you believe that the child/young person would be placed at risk of significant harm.

To assist your decision in whether a referral to social care is the correct option for the child and for support in ensuring you submit a good quality referral you should refer to the following guidance when completing this form:

-  [HSCB's Standards and Guidance for Multi-Agency Referrals to Children's Social Care](#)
-  [Herefordshire Levels of Need Threshold Guidance](#)

If you are still unsure whether a referral is appropriate, please telephone the Multi Agency Safeguarding Hub on (01432) 260800.

If a referral is made by telephone/direct contact the MARF should be completed within two working days.

If you do not have any relevant information for specific sections please state "No Information Available" or "Not Applicable". Please do not leave sections blank.

Guidance on how to submit this form securely is included within the Standards and Guidance Document above.

If an up to date Common Assessment Framework (CAF) is available please attach and provide additional information using this form.

Consent

Have you informed the child/family that you are making this referral? Yes No

If 'no', please state why not:

Has consent been obtained for the sharing of information between agencies? Yes No

Who gave the consent?

Whose information is covered by the consent?

Details of the child(ren)

Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith

Name: AKA/Previous Names:

Male Unknown Date of Birth or Expected Due Date:

Female

Address:

School /nursery/college attended:

Health Professionals – insert NHS Number:

Schools/Colleges – insert Unique Pupil Number (UPN):

Religion:

Ethnicity:

Post Code:

Child's first language:

Contact Phone Number for Carer/Parent:

Parent's first language:

Is an interpreter or signer required? Yes No

Does the child have a disability? Yes No

If yes, please give details

Family composition/significant others (attach genogram if available)

(e.g. family structure including siblings, other significant adults etc; who live with the child and who do not live with the child and parents/carers/siblings. Significant adults also includes those not related to the child, eg lodger etc)

Name:	Date of Birth:	Relationship to child:	Parental responsibility	Address (if different from child above)
			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 <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Referral Information

Please refer to the [Herefordshire Level of Needs and Service Response Guidance](#) in completing this section, and communicating your specific concerns as to how the child's health and development are being adversely affected by the issues that are causing you concern. Include your professional judgement, backed up by an

explanation of the evidence which that is based upon including:

What is the foundation/evidence for your concerns and how and why has the concerns arisen?

What appear to be the needs of the children? And what appear to be the needs of the family that are impacting on the children? Consider the domains and dimensions of the Framework for the Assessment of Children in Need and their Families.

- **Child's development needs**

This includes: health, education, identity, self-care skills, social presentation, family & social relationships and emotional & behavioural development, any special needs/disabilities:

- **Parenting capacity**

This includes: basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability.

- **Family and social environment factors**

This includes: community resources, family's social integration, income, employment, housing, wider family, history and functioning (this includes adult factors that may be impacting on parenting capacity and child development, e.g. drug or alcohol misuse, mental health problems, domestic abuse, special needs /disability, history of offending behaviour etc.),

Which Level of Need do you feel this referral meets?

Level 3

Level 4

Communicate your specific concerns as to how the child's health and development are being adversely affected by the issues that are causing you concern. Include your professional judgement, backed up by an explanation of the evidence which that is based upon including:

What is the foundation/evidence for your concerns and how and why has the concerns arisen?

What appear to be the needs of the children? And what appear to be the needs of the family?

Do not leave blank - this whole box will expand to accommodate the information

Is a CAF in Place?

Yes

No

Has a CAF been Offered?

Yes

No

Has a CAF been offered but declined? Yes No

Are the parents/carers/family engaging in the CAF? Yes No

Has CAF been effective – if not why not? Yes No

If a CAF has been in place, but has not been effective, please explain why not:

Any other relevant information

Do not leave blank - state *None* if that is the case

Other agencies involved with the child/family

Agency:	Contact name:	Address:	Telephone number:

Is there likely to be any risk to staff when they contact the family?

Do not leave blank - state *None* if that is the case

Your details

Name: Contact Phone No.:

Address: Organisation:

Role:

Date: Signed:

Is this confirmation of a telephone referral? Yes No If yes, date and time of telephone referral:

Date
Time

Other information attached:

Examples: Completed CAF, Genogram, Body map, School attendance record, Chronology etc

Please specify

Please contact MASH after 24 hours if you have not heard outcome of referral

*Please note that for all referrals made by Wye Valley NHS Trust practitioners, the referrer should send a **copy** to:*

*Safeguarding Children Administrator, Wye Valley NHS Trust, Vaughan
Building, Belmont, Hereford, HR29RP*

Email: wvt.safeguardingchildren@nhs.net

