

**Safeguarding**

**(Includes Child Protection) Policy**

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**Reviewed and updated:**

**Approved by Governors**

Signature …………………………………. Date ……………………

Head Teacher

Signature ………………….………………. Date ….…………………

Chair of Governors

**Policy Review**

This policy will be reviewed in full by the Governing Body annually.

The policy was last reviewed and agreed by the Governing Body on <*insert date>*.

It is due for review on <*insert date>* (up to 12 months from the above date).

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| 1. **INTRODUCTION** |

**The Designated Safeguarding Leads at Fairfield are:**

* Sue Gaston
* Jayne Conway (DDSL)
* Pippa Hart (DDSL)
* Ben Chappell (DDSL)

**The Designated Person for LAC students is:**

* Kaye Darling

**The Designated Person for Prevent awareness (Single point of contact) is:**

* Pippa Hart

**The senior teacher responsible for online safety is:**

* Matt Eggerton

*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.

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| **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**  **West Midlands Safeguarding Children’s 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/>  Inter-agency safeguarding children procedures will be shared within a consortium of ten local safeguarding children boards from across the West Midlands.  **The West Midlands safeguarding children procedures manual will be made up of 3 levels:**  •Level A - Statutory Child Protection Procedures  •Level B - Regional Safeguarding Guidance  •Level C - Local Area Specific Safeguarding Information and Procedures  <http://westmidlands.procedures.org.uk/> |
| **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. |

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| 1. **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 2018)
* Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2018) – APPENDIX A
* Working Together to Safeguard Children (DfE 2018)
* 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)
* Children Missing In Education (September 2016)

Working Together to Safeguard Children (DfE 2018) requires that we follow the procedures for protecting children from abuse which are established by the Herefordshire Safeguarding Children Board (HSCB).

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| **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: **Sue Gaston**

There should be a Deputy Designated Safeguarding Lead (DDSL)

The Deputy Designated Safeguarding Lead at Fairfield is:

NAME: **Jayne Conway**

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 and Deputy Safeguarding Leads will undergo formal training every two years. They 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:

* 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 EHA process
* 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
* 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
* Be alert to the specific needs of children in need, those with special educational needs and young carers
* 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
* Be able to keep detailed, accurate, secure written records of concerns and referrals
* Obtain access to resources and attend any relevant or refresher training courses
* 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.

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| **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 and Annex A of Keeping Children Safe in Education (DfE 2018) 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) 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 2018**)
* Having a designated governor to take leadership responsibility for safeguarding arrangements at Fairfield

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| 1. **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 disproportionally 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/551575/6.2439_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. See Appendix 12.

**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.

**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

**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 and Mobile Phones policies)

**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 Lead and Deputy Designated Safeguarding Leads will undertake the Home Office developed ‘Workshop to raise awareness of Prevent (WRAP) training and the e learning package for ‘Channel’.

**Supervision**

Supervision is an accountable process which should provide a safe environment for critical reflection, challenge and professional support that operates alongside an organisations appraisal process. It should support, assure and develop knowledge, skills and values of the individual, group or team. The purpose is to improve the quality of their work to achieve agreed objectives and outcomes. The school will provide appropriate supervision for those with responsibility for safeguarding.

**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 Lead/Designated Person for Prevent awareness or the Deputy Designated Safeguarding Leads** using the usual methods for reporting other safeguarding concerns. When there are significant concerns about a pupil, the Designated Safeguarding Lead 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

The school operates a policy of first day calling for all absences and the school admission form requires for 3 contact numbers to be given for each child in order to ensure that a parent/guardian or their named emergency contact can be reached.

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| **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 Safeguarding Lead 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.***

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| **7. RECORD KEEPING** |

All concerns, discussions and decisions made and the reasons for those decisions should be recorded via ‘My Concern’ an online secure safeguarding package. 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 My Concern (online reporting software) wherever possible or the school record of concern sheet if the online recording system is unavailable
* 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 sent 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.

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| **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.

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| **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) via the My Concern online safeguarding programme. 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 2018): 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. The recording should be on the My Concern software programme.

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.

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| 1. **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 is 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:

Terry Pilliner (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 for detailed information on policy and practice).

**APPENDIX 1 : KEEPING CHILDREN SAFE IN EDUCATION (DfE 2018)**

**Part One/Annex A: Information for all school and college staff**



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

-children missing from education

- child sexual exploitation

-‘honour based’ violence

-FGM mandatory reporting duty

-forced marriage

- preventing radicalisation

-peer on peer abuse and sexting

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 2018)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and I am familiar with the contents of the following documents. I understand my role and responsibilities as set out in these documents.

1. Fairfield High School Safeguarding Policy
2. Part 1/Annex A of ‘Keeping Children Safe In Education’ DFE Guidance 2018
3. Fairfield High School Behaviour Policy
4. Fairfield High School Staff Behaviour Policy/ Code of Conduct

I understand what the safeguarding response is to CME (Children Missing in Education).

I am aware that the DSL/DDSLs in Fairfield High School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand what their role is and I am able to discuss any safeguarding concerns that I may have about students or staff with them. I know that further guidance together with copies of the policies and guidance mentioned above are available from the DSL/DDSL and the school website.

I can confirm that I have been given a MyConcern login and understand the process of passing on a concern.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Flowchart**

**APPENDIX 4: INDICATORS OF ABUSE AND NEGLECT**

**The framework for understanding children’s needs:**



***Working Together to Safeguard Children (DFE, 2015)***

|  |  |
| --- | --- |
| **Physical abuse**  ***Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.*** | |
| **Child** | |
| Bruises – shape, grouping, site, repeat or multiple | Withdrawal from physical contact |
| Bite-marks – site and size  Burns and Scalds – shape, definition, size, depth, scars | Aggression towards others, emotional and behaviour problems |
| Improbable, conflicting explanations for injuries or unexplained injuries | Frequently absent from school |
| Untreated injuries | Admission of punishment which appears excessive |
| Injuries on parts of body where accidental injury is unlikely | Fractures |
| Repeated or multiple injurie | Fabricated or induced illness - |
| **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 |  |

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| --- | --- |
| **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

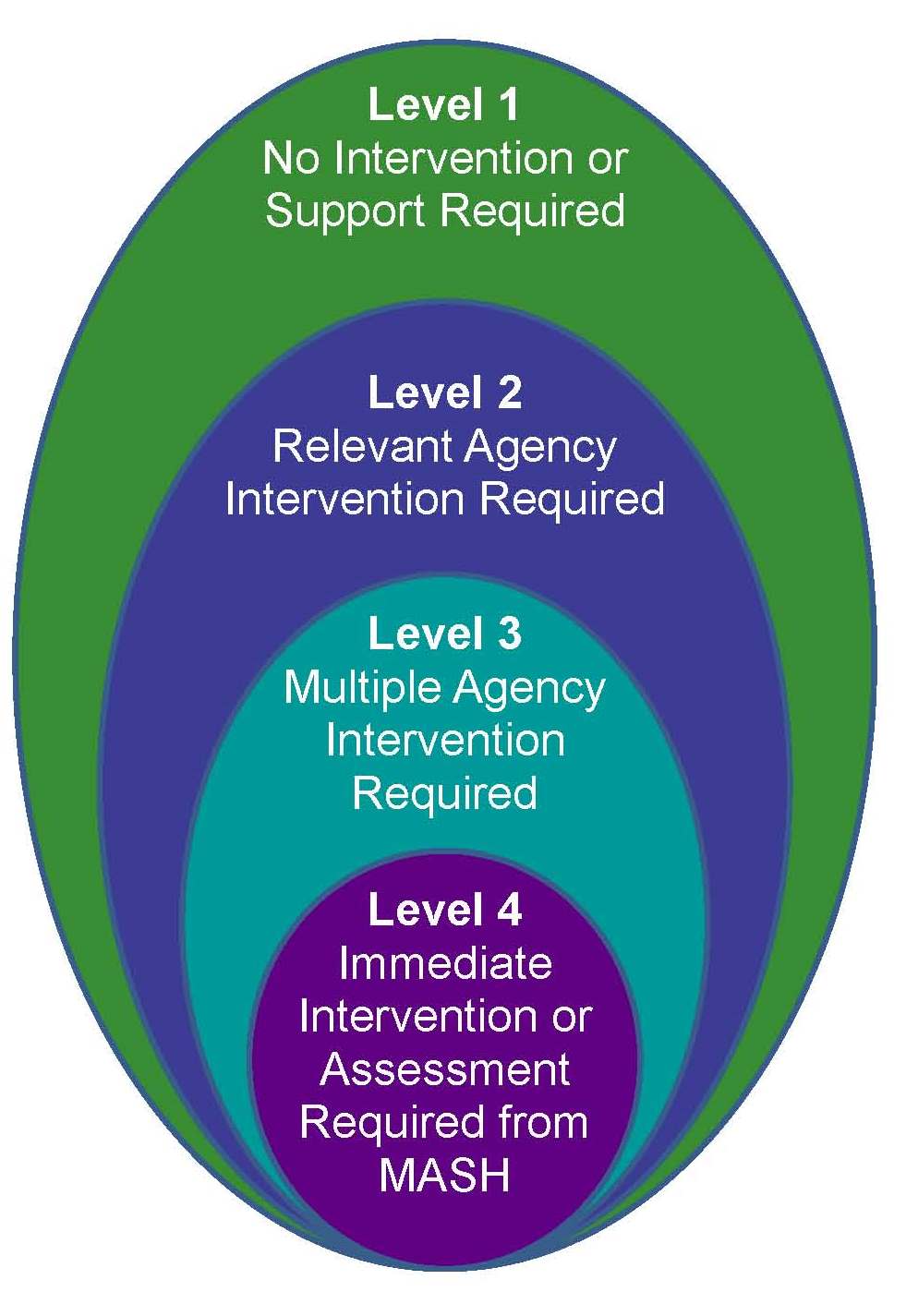
**Child sexual exploitation**

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 are trained to make these referrals or in their absence, the Head Teacher.

The designated safeguarding leads are also trained to complete and lead on Early Help Assessments (EHA). An EHA 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**

* **The MASH** (01432) 260800
* **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 Designated and Deputy Designated Safeguarding Leads: Sue Gaston; Jayne Conway; Pippa Hart; Ben Chappell**

**Herefordshire PCT Safeguarding Advice:** 01432 363916

**APPENDIX 7: Levels of staff safeguarding training**

**Universal (All staff) -t**

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.**argeted**

**Targeted (Head Teacher, Designated Safeguarding Leads and Deputy Designated Safeguarding Leads, 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.

Operational managers at all levels including: practice supervisors; front line managers and managers of child protection units. Senior managers responsible for the strategic management of services; NHS board members. Members of the LSCB including: board members; independent chairs; directors of children’s services; elected members; lay members; members of executive and sub/task groups; business support team; inter-agency trainers.

**APPENDIX 8: Fairfield teacher concern recording form**

**Teacher Safeguarding Concern Referral Form**

**Please complete the following if you have a safeguarding concern about a student/students.**

**Please return this form to the Designated Safeguarding Leads either as a paper copy or in electronic format**

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form: \_\_\_\_\_\_\_

Name of referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of concern: \_\_\_\_/\_\_\_\_/\_\_\_\_

Concern raised:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Continue overleaf if you need to)

**Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_**

**Action taken:**

**By whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

**APPENDIX 9: HSCB referral form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Herefordshire Multi-Agency Referral Form**  **Amended February 2017** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **z~ HSCB Round Ribbon Logo** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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](https://herefordshiresafeguardingboards.org.uk/media/1294/standards-and-guidance-for-multi-agency-referrals-to-social-care-2014-10-v11.pdf)* * *[Herefordshire Levels of Need Threshold Guidance](https://herefordshiresafeguardingboards.org.uk/media/1011/hscb_levels_of_need_full_guide_nov_2014.pdf)*   ***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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **If an up to date Common Assessment Framework (CAF) is available please attach and provide additional information using this form.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Consent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you informed the child/family that you are making this referral?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | | **No** | |  |
| **If ‘no’, please state why not:** | | | | | | | | | | | **Do not leave blank** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Has consent been obtained for the sharing of information between agencies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | | **No** | |  |
| **Who gave the consent?** | | | | | | | | | | **Do not leave blank** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Whose information is covered by the consent?** | | | | | | | | | | **Do not leave blank** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| **Male** | | |  | | **Unknown** | | | | | | |  | | **Date of Birth or Expected Due Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Female** | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | |  | | | | **School /nursery/college attended:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | |  | | | | | | | | | | | | | | |  | | | | **Health Professionals – insert NHS Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Post Code:** | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **Child’s first language:** | | | | | | | | | | | | | | | | |  | | | | | |
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| **Contact Phone Number for Carer/Parent:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **Parent’s first language:** | | | | | | | | | | | | | | | | |  | | | | | |
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| **Is an interpreter or signer required?** | | | | | | | | | | | | | | | | **Yes** | | | |  | | | | |  | | | | | | | **No** | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |
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| **Does the child have a disability?** | | | | | | | | | | | | | | | | **Yes** | | | |  | | | | |  | | | | | | | **No** | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |
| **If yes, please give details** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | |  | | | | | | **No** | | |  | |  | | | | | | | | | | | | | |
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| **Referral Information**  **Please refer to the** [Herefordshire Level of Needs and Service Response Guidance](https://herefordshiresafeguardingboards.org.uk/media/1011/hscb_levels_of_need_full_guide_nov_2014.pdf) **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.),** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Any other relevant information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do not leave blank - state *None* if that is the case** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other agencies involved with the child/family** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency:** | | | | | | | | | **Contact name:** | | | | | | | | | | | | **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Telephone number:** | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Your details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Contact Phone No.:** | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Organisation:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date:** | | |  | | | | | | | | | | | | | | | **Signed:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is this confirmation of a telephone referral?** | | | | | | **Yes** | | | | | | |  | | **If yes, date and time of telephone referral:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | | |
|  | | | | | | **No** | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Time** | | | | | | | | | | | |
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| **Other information attached:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Examples: Completed CAF, Genogram, Body map, School attendance record, Chronology etc** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please specify** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please contact MASH after 24 hours if you have not heard outcome of referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **If you have completed the Multi Agency Referral Form (MARF) electronically please email the form from a secure email address to:** [cypd@herefordshire.gcsx.gov.uk](mailto:cypd@herefordshire.gcsx.gov.uk)**. If you have hand written the form, scan the form and send securely via email as above.**  **For further guidance please telephone MASH by calling 01432 260800. If you do not have access to a secure email account, please see the guidance at the bottom of this page.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**APPENDIX 10: DSL Job Description**

**Job description for the role of the Designated Safeguarding Lead:**

The Designated Safeguarding Lead (DSL) must be a senior member of the school leadership team. They have a legal responsibility for dealing with safeguarding issues, providing advice and support to staff, liaising with the Local Authority, and working with a range of other agencies. The Designated Safeguarding Lead may delegate some of these responsibilities and activities to the Deputy Designated Safeguarding Leads (DDSL) however the ultimate responsibility for child protection, remains with the designated safeguarding lead.

**Areas of responsibility:**

* Act as a champion of the school’s safeguarding policy and procedures by ensuring all staff have access to and understand them
* Ensure that new members of staff are inducted with regard to the school, HSCB and West Midlands safeguarding policies and procedures
* Ensure the school safeguarding policy is updated and reviewed annually
* Ensure the safeguarding policy is publicly available e.g. on the school website
* Ensure that safeguarding information is reported to governors on a termly basis and that a detailed annual report is sent to governors
* Ensure that the teacher responsible for LAC completes the annual LAC report to governors

**Reporting concerns:**

* Recognise how to identify signs of abuse and when to make a referral
* Respond appropriately to disclosures or concerns relating to the well-being of a child
* Refer allegations or cases of suspected abuse to the relevant investigating agencies, ensuring they have access to the most relevant up to date information
* Liaise with the Head Teacher to inform them of any issues and ongoing investigations
* Liaise with the Governor who has safeguarding responsibilities
* Ensure that relevant, detailed and accurate written records of referrals/concerns are kept and that these are stored securely
* When pupils move school, ensure their safeguarding file is sent to the new establishment immediately and securely
* Refer cases to the Channel programme where there is a radicalisation concern as required
* Support staff who make referrals to the Channel programme
* ***It is not the role of the DSL to investigate allegations of abuse or neglect by members of staff working or volunteering with children in school.*** This falls to the Head Teacher or to the Chair of Governors where the allegation is against the Head Teacher.

**Multi Agency working:**

* Ensure that pupils who are victims of abuse are supported appropriately and sensitively and that all actions from planning and intervention meetings are carried out and monitored
* Attend and contribute effectively to Child In Need meetings, Child Protection conferences, planning and review meetings
* Liaise and coordinate with colleagues and outside organisations to provide Early Help as soon as a problem emerges, at any point in a child or young person’s life working with the Early Help providers. Acting as Lead Professional as appropriate e.g. In a EHA (Early Help Assessment).
* Ensure that actions resulting from meetings are SMART and that they are carried out in a co-ordinated way; making the difference which was anticipated

**Training:**

* Ensure all staff have safeguarding induction as soon as possible and receive frequent updates (at least annually) so that they are able to recognise and report any concerns immediately
* Attend relevant training every 2 years and on an annual basis attend forums/roadshows to reinforce and enhance Safeguarding knowledge and practice in order to ensure that the ‘at least annual training criteria is met
* Represent the school at Designated Lead forums and disseminate the information to colleagues

**Knowledge and skills:**

* Act as a source of support, advice and expertise within the school
* Have a working knowledge of how the Herefordshire Safeguarding Children’s Board operates
* Ensure that staff members are following up to date procedures in line with National, Regional and Local expectations
* Act with integrity; maintaining confidentiality at all times

**General Duties:**

* To undertake such other duties, training and/or hours of work as may be reasonably required and which are consistent with the general level of responsibility of this job.
* To ensure that the Section 175 Audit published by Herefordshire Safeguarding Children’s Board (HSCB) is completed bi-annually and returned by deadline and reviewed regularly.

**APPENDIX 11: Touch and infatuations**

**Infatuations**

Staff need to be aware that it is not uncommon for students to be strongly attracted to a member of staff and/or develop an infatuation. Staff should be aware that such circumstances always carry a high risk of words or actions being misinterpreted and for allegations to be made against staff. A member of staff who becomes aware that a student may be infatuated with himself or herself or a colleague should discuss this at the earliest opportunity with the DSL/DDSL or the Head Teacher so that appropriate action can be taken. In this way, steps can be taken to avoid hurt and distress for all concerned.

**This means that staff should:**

Report to the DSL/DDSL or Head Teacher any indications (verbal, written or physical) that suggest a student may be infatuated with a member of staff. Be mindful if they are alone in a room with a student. Leave the door open if you have to.

**Physical Contact**

There are rare occasions when it is entirely appropriate and proper for staff to have physical contact with students, *but it is crucial that they only do so in ways appropriate to their professional role.*

A 'no touch' approach is impractical and may in some circumstances be inappropriate. When physical contact is made with students this should be in response to their needs at the time, of limited duration and appropriate. Staff should use their professional judgment at all times about the appropriateness of any physical contact.

Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority. If a member of staff believes that an action could be misinterpreted, the incident and circumstances should be made clear to the DSL/DDSL or the Head Teacher. Physical contact, which occurs regularly with an individual student, is likely to raise questions unless the justification for this is part of a formally agreed plan (for example in relation to students with SEN or physical disabilities). Any such contact should be the subject of an agreed and open school policy and subject to review and risk assessment.

**This means that staff should:**

* Be aware that even well intentioned physical contact may be misconstrued by the student, an observer or by anyone to whom this action is described.
* Never touch a student in a way which may be considered indecent always be prepared to explain actions and accept that all physical contact be open to scrutiny
* Report any physical contact immediately if they believe the action could be misinterpreted

**This means that Fairfield High School will have:**

* A system in place for recording serious incidents (staff safeguarding file) and the means by which information about incidents and outcomes can be easily accessed by senior leadership.

**And Fairfield High School will:**

* Provide staff, on a "need to know" basis, with relevant information about vulnerable students in their care

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| **Appendix 12**  **Peer on peer Abuse** |

Staff are alert to the fact that abuse can take place from peer to peer, as well as from adult to child. This is covered in the annual safeguarding training for all staff. All images of a sexual nature concerning children should be reported- the following guidelines outline procedures for peer to peer abuse.

Where allegations of sexual abuse between two students within the school are made a detailed risk assessment will be drawn up to allow both the alleged perpetrator and alleged victim to be supported. Advice will be sought from the police and social care via the MASH Team about how to deal with any such allegations.

When an incident involving youth produced sexual imagery comes to the school’s attention:

• The incident should be referred to the DSL as soon as possible.

• The DSL should hold an initial review meeting with appropriate school staff.

• There should be subsequent interviews with the young people involved (if appropriate).

• Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.

• At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children’s social care and/or the police immediately.

• All members of staff (including non-teaching) are made aware of how to recognise and refer any disclosures of incidents involving youth produced sexual imagery. This is covered within staff training.

• Any direct disclosure by a young person should be taken very seriously. A young person who discloses they are the subject of sexual imagery is likely to be embarrassed and worried about the consequences. It is likely that disclosure in school is a last resort and they may have already tried to resolve the issue themselves. The initial review meeting will consider the initial evidence and aim to establish:

• Whether there is an immediate risk to a young person or young people

• If a referral should be made to the police and/or children’s social care

• If it is necessary to view the imagery in order to safeguard the young person – in most cases, imagery should not be viewed

• What further information is required to decide on the best response

• Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown.

• Whether immediate action should be taken to delete or remove images from devices or online services

• Any relevant facts about the young people involved which would influence risk assessment

• If there is a need to contact another school, college, setting or individual

• Whether to contact parents or carers of the pupils involved - in most cases parents should be involved.

An immediate referral to police and/or children’s social care will be made if at this initial stage:

1. The incident involves an adult

2. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)

3. What we know about the imagery suggests the content depicts sexual acts which are unusual for the young person’s developmental stage, or are violent

4. The imagery involves sexual acts and any student in the imagery is under 13

5. There is reason to believe a student is at immediate risk of harm owing to the sharing of the imagery, for example, the student is presenting as suicidal or self-harming

If none of the above apply then the school may decide to respond to the incident without involving the police or children’s social care (the school can choose to escalate the incident at any time if further information/concerns come to light). The decision to respond to the incident without involving the police or children’s social care would be made in cases when the DSL is confident that they have enough information to assess the risks to students involved and the risks can be managed within the school’s pastoral support and disciplinary framework and if appropriate local network of support.

The circumstances of incidents can vary widely. If at the initial review stage a decision has been made not to refer to police and/or children’s social care, the DSL will conduct a further review (including an interview with the student(s) involved) to establish the facts and assess the risks. When assessing the risks the following will be considered:

• Why was the imagery shared? Was the student coerced or put under pressure to produce the imagery?

• Who has shared the imagery? Where has the imagery been shared? Was it shared and received with the knowledge of the student in the imagery?

• Are there any adults involved in the sharing of imagery?

• What is the impact on the students involved?

• Do the students involved have additional vulnerabilities?

• Does the student understand consent?

• Has the student taken part in this kind of activity before?

DSLs will use their professional judgement in conjunction with their colleagues to assess incidents.

**Securing and handing over devices to the police**

If any devices need to be seized and passed onto the police then the device(s) should be confiscated and the police should be called. The device should be turned off and placed under lock and key until the police are able to come and retrieve it.

**Children’s social care contact and referrals**

If the DSL is aware that children’s social care are currently involved with a student involved in an incident of youth produced sexual imagery then they will contact children’s social care. They will also contact children’s social care if they believe they may be involved, or have been involved with a student in the past. If as a result of the investigation the DSL believes there are wider issues which meet the threshold for children’s social care involvement then they will make a referral. DSLs are aware of, and familiar with, relevant local policies, procedures and contact points/names which are available to support schools in responding to youth produced sexual imagery, and work closely with the Multi-Agency Safeguarding Hub (MASH).

**Searching devices, viewing and deleting imagery**

Viewing the imagery:

Adults should not view youth produced sexual imagery unless there is good and clear reason to do so. Wherever possible responses to incidents should be based on what DSLs have been told about the content of the imagery. The decision to view imagery will be based on the professional judgement of the DSL. Imagery should never be viewed if the act of viewing will cause significant distress or harm to the student. If a decision is made to view imagery the DSL would need to be satisfied that viewing:

• is the only way to make a decision about whether to involve other agencies (i.e. it is not possible to establish the facts from the student(s) involved)

• is necessary to report the image to a website, app or suitable reporting agency to have it taken down, or to support the student or parent in making a report

• is unavoidable because a student has presented an image directly to a staff member or the imagery has been found on a school device or network.

**If it is necessary to view the imagery then the DSL will:**

• Never copy, print or share the imagery; this is illegal.

• Discuss the decision with the Headteacher.

• Ensure viewing is undertaken by the DSL or another member of the safeguarding team with delegated authority from the Headteacher.

• Ensure viewing takes place with another member of staff present in the room, ideally the Headteacher or a member of the senior leadership team. This staff member does not need to view the images.

• Wherever possible ensure viewing takes place on school or college premises, ideally in the Headteacher or a member of the senior leadership team’s office.

• Ensure wherever possible that images are viewed by a staff member of the same sex as the student in the imagery.

• Record the viewing of the imagery in the school’s safeguarding records including who was present, why the image was viewed and any subsequent actions.

If youth produced sexual imagery has been unavoidably viewed by a member of staff either following a disclosure from a student or as a result of a member of staff undertaking their daily role (such as IT staff monitoring school systems) then DSLs should ensure that the staff member is provided with appropriate support. Viewing youth produced sexual imagery can be distressing for both students and adults and appropriate emotional support may be required.

**Deletion of images**

If the school has decided that other agencies do not need to be involved, then consideration should be given to deleting imagery from devices and online services to limit any further sharing of the imagery. The Searching, Screening and Confiscation advice highlights that schools have the power to search students for devices, search data on devices and delete youth produced sexual imagery. School staff should not search through devices and delete imagery unless there is good and clear reason to do so. In most cases students will be asked to delete imagery and to confirm that they have deleted the imagery. Students will be given a deadline for deletion across all devices, online storage or social media sites. Students will be reminded that possession of youth produced sexual imagery is illegal. They will be informed that if they refuse or it is later discovered they did not delete the image they are committing a criminal offence and the police may become involved. All of these decisions will be recorded in ‘My Concern’. Parents and carers will also be informed unless this presents a further risk to the student.

The school may also invoke its own disciplinary measures to discourage students from sharing, creating or receiving images in line with its behaviour policy.

**Useful guidance:**

In December 2017 the DFE published the following guidance for schools:

<https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges>