Appendix 1

Roles, Responsibilities and Entitlements

Role of the Designated Safeguarding Lead(s)

Also see Annex C 'Role of the designated safeguarding lead' in 'Keeping children safe in education' Sept. 2021

The DSL should be a member of the school's senior leadership team. The post of DSL should form part of their job description.

Entitlements
To:

- Appropriate support from the Head Teacher, Governors and all other staff in child protection matters.
- Access to regular training to enable him/her to be aware of responsibilities, current issues and best practice in safeguarding and child protection.
- Dedicated time to perform their duties.
- Support from other agencies e.g. Durham Children and Young People's Services (DCYPS) involved in child protection issues, including colleagues in Education Durham.
- A policy framework for management of and guidance covering child protection within overall safeguarding arrangements in school, reviewed at least annually.
- An understanding that partners all will carry out their role in line with local partnership safeguarding procedures and the 'Working Together Protocol' (2015)

Responsibilities
For:

- Have a working knowledge of local partnership Child Protection/Safeguarding Procedures as they apply to the roles and responsibilities of schools.
- Enacting those procedures when cases of abuse are reported, including making referrals to appropriate agencies and bodies.
- Ensuring that all staff are aware of their responsibilities in connection with child protection issues and child abuse cases, and that they regularly remind staff of signs and symptoms, how to respond to disclosures and the importance of recording concerns appropriately.
- Liaising with DCYPS and other agencies regarding individual cases, and on general issues in connection with child protection.
- Ensuring that all written procedures are readily available and are correctly followed in cases of actual and suspected abuse.
- Having appropriate in-house forms available to ensure staff document their concerns to add to the DSLs on-going chronology of events.
- Understanding the Prevent duty, providing support and information to staff.
- Promoting the voice of children and creating a listening cuture.
- Being responsible for ensuring that relevant staff training is arranged that places CP within the overall context of safeguarding. New staff and volunteers need inducting into their responsibilities

- The Designated Safeguarding Lead must also ensure that he/she is trained appropriately for their role including refresher training every two years.
- Attending strategy meetings where appropriate.
- Ensuring that the school is represented when invited to Initial and Review child protection conferences, and that those representing the school are aware of the procedures and requirements of the conference in terms of timescales for report completion, sharing and providing a single-agency chronology.
- In conjunction with the Head Teacher, ensuring that those arrangements emanating from any child protection conference which relate to the school are carried out fully.
- Ensuring that information on individual cases is passed to colleagues on a 'need to know' basis.
- Ensuring that child protection information and records are kept securely and passed on to other schools securely as necessary.
- Working with the Head Teacher and other curriculum leaders to integrate safeguarding and child protection themes within the curriculum.
- Liaise with other professionals to promote safeguarding.
- Supporting any staff involved in reporting child abuse cases or in the event of the death of a child (including through natural causes).
- Liaising with receiving schools on transfer to ensure necessary information and documentation is correctly exchanged.
- Liaising with the Head Teacher on monitoring and reviewing the policy.
- A system of regular monitoring and review of all on-going concerns ensuring effective communication between pastoral and Designated Teacher colleagues.
- Act as a point of contact for any LADO referrals.
- Support and engage with parents, carers and families.
- Promote educational outcomes for children and young people with safeguarding concerns.

Role of the Head Teacher

Entitlements
To:

- Support from governors, staff and the Local Authority (LA) and other partners in child protection in relation to child protection matters.
- A policy framework for management of child protection from Governors.
- Training/advice/information/support from the LA and other agencies on child protection matters.
- Access to advice from the LADO (Local Authority Designated Officer) in cases of allegations against staff.
- All partners in child protection will carry out their role as prescribed by local partnership safeguarding and child protection procedures.
- Effective communication and information from Police, DCYPS, and other partner agencies in line with local partnership safeguarding and child protection procedures and 'Working Together Protocol' (2010)

Responsibilities
For:

- Protecting children from abuse.
- The effective day to day management of child protection in accordance with local partnership procedures within the overall context of safeguarding and promoting the welfare of children.
- Ensuring that there is a Designated Teacher for Child Protection at an appropriate senior level, who is in a position to liaise with DCYPS and Police as appropriate. In addition further colleagues to share this role within school.
- Disciplinary issues relating to staff (including suspension where appropriate), liaising with the LADO and conducting internal investigations.
- Providing a clear lead and sense of direction to the school on child protection matters within safeguarding.
- Ensuring that the policy framework agreed with Governors is implemented.
- Undertaking the relevant Safer Recruitment training as detailed in local partnership procedures
- Informing governors of staff suspensions where allegations against staff have been made.
- Recognising and identifying the individual needs of children.
- Giving privacy, support and information to children who have, or it is suspected, have been abused
- Creating an ethos in school where children know that they can disclose their concerns and fears to adults yet recognising that confidentiality cannot always be offered to those who disclose.
- Working with Governors and staff towards creating a 'safe' school.
- Ensuring all staff receive appropriate Safeguarding, Early Help and Child Protection training and that the Designated Teacher receives specialist training every two years.
- Encouraging designated staff and other pastoral staff to enhance their basic training with further Level 3 courses

provided by local multi-agency partners.

- Ensuring that the school child protection policy is communicated to staff, parents and volunteers.
- Practice safe and secure recruitment policy and practice which reflects child protection issues.
- Maintaining an up-to-date Single Central Record along with records of staff training.
- Ensuring compliance with the LA Policy on the Use of Restrictive Physical Interventions.

Role of School Staff (including Support Staff and Voluntary Helpers)

Entitlements
To:

- Training at a minimum of every 3 years to refresh knowledge about child protection within safeguarding
- Regular 'in-house' reminders about roles, responsibilities, signs and symptoms of concern and appropriate response to disclosures
- Regular additional training and updates to increase knowledge and expertise
- Timely reminders and feedback relating to the detailed and accurate recording of information to pass to the Designated Safeguarding Leads in school
- Advice, guidance, information and support from the LA.
- An agreed child protection policy framework established by Governors.
- Appropriate procedures in line with local partnership safeguarding and child protection procedures.
- Clear, and well publicised lines of communication between the school and DCYPS, Police, and other agencies.
- Guidance about the LA Policy on the Use of Restrictive Physical Interventions and the recording of incidents.
- Advice on their own professional conduct including 'Guidance for safer working practice for those working with children and young people in education settings' May 2019
- Support from LA for staff subject to allegations
- Advice about union membership

Responsibilities
For:

- Protecting children from abuse.
- Implementing and working within the framework of the school policy on child protection.
- Acting as positive role models for parents and children.
- Making referrals, preferably via the Designated Safeguarding Lead, to the appropriate agencies in accordance with local partnership procedures.
- Responsibility to act upon concerns including ones related to the confidential reporting code.
- Working in partnership with other agencies and the LA.
- Providing a safe, secure and supportive learning environment for children and young people.
- Listening to children and responding in an appropriate way.
- Managing and supporting abused children and those suspected of being harmed
- Respecting and valuing children as individuals.
- Recognising and addressing the individual needs of children.
- Working towards an ethos in school where children feel they can disclose their concerns and fears to adults, yet recognising that confidentiality cannot always be offered to those who disclose.
- Working with the Head Teacher and governors in creating a 'safe' school.

Role of Governors

Entitlements
To:

- Support/training/guidance/information from the LA regarding child protection matters, at a level appropriate to Governors.
- Guidance and support for the Chair of Governors in the event of an allegation being made regarding the Head Teacher
- To be informed that a member of staff has been suspended.
- Annual, or more frequent termly updates, about Safeguarding and Child protection matters in school and the work of the Designated Safeguarding Leads.

Responsibilities
For:

- The Governor with CP Responsibility will comply with training appropriate to their role
- Ensuring that staff/pupil anonymity is safeguarded in all their procedures.
- Ensuring that LA guidelines and local partnership procedures are followed where allegations are made against the school's Head Teacher.
- Undertaking the relevant Safer Recruitment training as detailed in local partnership procedures.
- Providing a policy framework within which the school staff will manage child protection matters.
- Ensuring that there is a risk assessment made of the school premises, which has regard to Child Protection/Safeguarding matters.
- That policy review and monitoring arrangements are defined and implemented.
- Ensuring appropriate day to day mechanisms are in place and that these adhere to local partnership procedures.
- The allocation of appropriate resources for the Head Teacher and staff to manage child protection in line with expectations in Keeping Children Safe in Education September 2021, Annex B. Ensuring an appropriate training programme is supported and followed in school.
- Ensuring disciplinary action is taken against staff where necessary.
- Supporting the Head Teacher in relation to child protection matters.
- Working with the Head Teacher and staff towards creating a safe school.

Role of Parents/Carers

Entitlements
To:

- A safe, secure and supportive school environment for their child/children.
- Their children being valued and respected as individuals.
- Their children having their individual needs recognised and addressed.
- Their children having the freedom to enjoy the activities and experiences appropriate to their age and developmental stage.
- Their children being safeguarded from inappropriate and damaging influences and experiences.
- Their children attending a school which manages child protection effectively and efficiently.
- Their children having information about the Child Protection Policy and how it relates to them.
- Their children knowing that they can disclose their concerns and fears.
- Their children being listened to, concerns taken seriously and appropriate action being taken. Working positively with the school in all matters pertaining to their child/children's welfare, education and development
- Their children having access to appropriately trained adults to discuss their concerns.
- Their children having privacy, support and information where abuse has been recognised.
- Access to appropriate support.
- Access to relevant school policies and opportunities to contribute to discussion about these, as appropriate.

Responsibilities
For:

- Protecting their child/children from abuse.
- Providing a safe, secure and supportive home environment for their child/children.
- Providing positive role models and experiences for their children in relation to their child/ children's physical, sexual, and emotional development.
- Listening to their child(ren), taking concerns seriously and taking appropriate action following any disclosure of worrying information.
- Showing value and respect for their child as an individual.
- Providing activities or experiences appropriate to the age and developmental stage of the child.
- Working positively with the school in all matters pertaining to their child/children's welfare, education and development.
- Supporting the staff, Governors and children in creating a 'safe' school.
- Keeping school regularly informed of important information needed to safeguard their child(ren): up to date contact numbers including more than one emergency number, address, change of adult with parental responsibility
- Informing the school should their child be absent from school or not in the appropriate place.

Role of Children/Young People

Entitlements
To:

- A safe, secure and supportive school environment.
- A school which manages child protection effectively and efficiently.
- Being valued and respected as an individual.
- Having their individual needs recognised and addressed.
- The freedom to enjoy the activities and experiences appropriate to their age and developmental stage.
- Being listened to, concerns taken seriously and appropriate responses being made.
- Access to appropriately trained adults to discuss their concerns.
- Privacy, support and information where abuse has been recognised.
- Being safeguarded from inappropriate and damaging influences and experiences.
- Information about child protection within overall safeguarding and related issues
- A curriculum that addresses Child Protection (protect) themes, safeguarding and promoting welfare (prevention) in addition to 'increasing resilience' amongst children and young people.

Responsibilities
For:

- Supporting one another by passing on concerns about friends/peers to staff, within an ethos of a 'telling/listening school'.
- Honesty, in relation to any disclosures they make.
- Working with all adults working in school to create a 'safe' school that safeguards and promotes the welfare of all students.
- Following school rules and behaving responsibly.

Role of safeguarding colleagues in Education Durham

Entitlements
To:

- Expecting that schools will work within the framework of the local partnership. Child Protection procedures
- That schools will receive regular training to refresh their knowledge of basic good practice
- That Designated Safeguarding Leads will attend regular relevant training to undertake their role effectively and receive updates on relevant issues following on from Serious Case Review recommendations.
- Requests for information, the annual audit of Designated Safeguarding Leads, will be acted on promptly
- Staff will access important safeguarding and child protection information posted on the Durham Schools extranet and also in local partnership newsletters.

Responsibilities
For:

- Placing CP within the overall framework of safeguarding & promoting the welfare of all children.
- Protecting children from abuse.
- Maintaining a record of whole school training undertaken by establishments.
- Maintenance of a database of Designated Safeguarding Leads at all schools and records of specialist DSL training undertaken.
- Providing guidance, information, support and advice to schools on generic policy and record-keeping
- Providing a range of appropriate training opportunities to schools and publicising local partnership courses.
- Maintaining professional confidentiality.
- Working with other partners in child protection.
- Developing further training materials for in-house use.
- Developing policy with local partnership partners.
- Clear and well-publicised lines of communication between the school and the LA, Police, DCYPS and other agencies.
- Supporting Head Teachers and Governors in relation to Child Protection matters.
- Carrying out the LA role in Child Protection matters according to local partnership procedures and advising on the implementation of any Serious Case Review recommendations.

INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

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

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

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

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

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

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

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

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

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather
Fear of medical help
Aggression towards others
Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

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

EMOTIONAL ABUSE

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

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

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

exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – ‘don’t care’ attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

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

NEGLECT

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

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

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

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature
Underweight
Frequent hunger
Dirty, unkempt condition
Inadequately clothed, clothing in a poor state of repair
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to

cold
Swollen limbs with sores that are slow to heal, usually associated with cold injury
Abnormal voracious appetite
Dry, sparse hair
Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
Unmanaged / untreated health / medical conditions including poor dental health
Frequent accidents or injuries

Development
General delay, especially speech and language delay
Inadequate social skills and poor socialization

Emotional/behavioural presentation
Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

Indicators in the parent
Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

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

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

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

Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

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

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

Indicators in the family/environment
Marginalised or isolated by the community.
History of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

Children's Services **Referral**

If a child is in immediate danger dial 999

If you are worried about a risk of significant harm to a child it is essential that you share your concerns by contacting First Contact on 03000 267979

This form should be used to refer a child and family for;

- ✓ **Early help (level 2)** – targeted provision for children with additional needs which can be met by a single practitioner/agency or where a coordinated multi agency response is needed
- ✓ **A request for targeted provision (level 3)** –for children with multiple issues or complex needs where a coordinated multi agency response is required
- ✓ **A safeguarding child concern (level 4)** – services to keep children safely at home, where a statutory response is required for intensive support

Email the completed form to

firstcontact@durham.gov.uk

First Contact

03000 26 7979

Referral type

Early help referral ☐ Safeguarding referral ☐

Consent

1. Early help support or targeted support – Level 2 & 3

Consent
For an early help referral, **the referral must always be discussed with the family and consent for the referral should always be sought from those with parental responsibility.**

Have you obtained consent from the family to discuss and share information with appropriate agencies?

Yes ☐

We will not be able to progress your request for Early Help unless consent has been agreed

2. Safeguarding concern – Level 4

Consent
For a safeguarding children referral, **it is good practice to inform those with parental responsibility of your referral, unless to do so would place the child at further risk of harm.**

Have you obtained consent from the family to share information with appropriate agencies?

Yes ☐ **No** ☐

If no, reason why

Have you informed the family that you are making a referral?

Yes ☐ **No** ☐

1. Referrer details

Name	
Role/Agency/Team/Department	
Address	
Email address	
Telephone	

1a. Child's details (Please complete Section 1b for further children). **Please gather this information if not known.**			
Name of child		**Religion**	
Also Known As/alias		**Ethnicity**	
Date of Birth or Expected Date of Delivery		**Immigration status**	
Age		**Interpreter/signer needed?**	**Yes ☐ No ☐**
Gender	**M ☐ F ☐ Unknown ☐**	**GP name and practice**	
Education provider/employer		**Does the child have a disability?**	**Yes ☐ No ☐ Unknown ☐**
Own agency reference number (e.g. NHS No, UPN)		**State diagnosis if known and any SEN statement if known**	
Child's address and postcode		**Does the child have an Education, Health and Care Plan? (EHCP)**	**Yes ☐ No ☐**

1b. Siblings and other related children's details								
Child's full name	**DOB EDD**	**Gender**	**NHS No UPN**	**Address**	**Relationship to child referred?** e.g. brother, sister	**Ethnic Origin**	**Mother's full name**	**Father's full name**

2a. Parent/carer details						
Adult's/parent's full name	**DOB**	**Gender**	**Address and contact number**	**Relationship to child referred?** e.g. mother, father, step parents, parental partner	**Ethnic origin**	**Do they have parental responsibility**
						Yes ☐ No ☐ Unknown ☐
						Yes ☐ No ☐ Unknown ☐
						Yes ☐ No ☐ Unknown ☐
						Yes ☐ No ☐ Unknown ☐

2b. Other significant adults details					
Adult's full name	**DOB**	**Gender**	**Address and contact number**	**Relationship to child referred?** e.g. grandparent, aunt, family friend etc	**Ethnic origin**

3. Reasons for referral	
What are you and/or the family concerned about?	
What is the impact on the child(ren)?	
What do you think needs to happen to ensure the safety of the child(ren)?	

4. Development of referred child (Please describe the key areas of need identified)

Think about - disability, young carer, educational attainment, educational attendance, school exclusion, health, social presentation/relationships/behavioural problems/self-esteem, emotional wellbeing, child sexual exploitation, child abuse/neglect, pregnancy.

5. Parental/carer capacity (Please describe the key areas of parental need or risk)

Think about - relationship, disability, learning disability, substance misuse, domestic abuse, mental wellbeing, criminality/anti-social behaviour, 'risk to children' status, looked after child, pregnancy, how these affect parental capacity, do both parents have current contact, support from extended family members.

6. Environment

Think about - home conditions, risk of homelessness, household finances, parents employment status, number of house moves - in last 2 years, anti-social behaviour, relationships in the community, acknowledgement of needs, willingness to engage in offers of support, dangerous animals

Have you completed the Home Environment Assessment Tool? **Yes** ☐ **No** ☐ Have you attached the Home Environment Assessment Tool? **Yes** ☐ **No** ☐

7. What are the strengths/ protective factors?

Think about - support from extended family members/friends, engagement with your/other services, this may include the Voluntary and Community Sector organisations - what is working well.

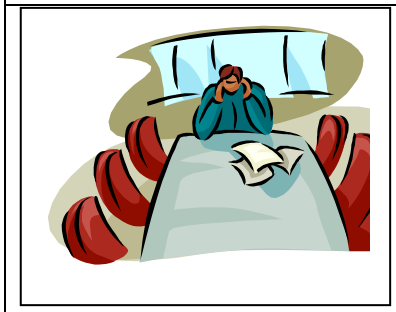
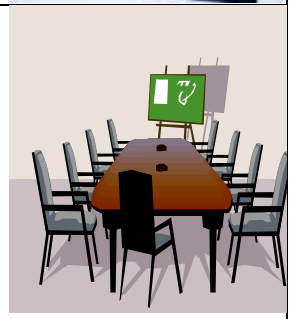
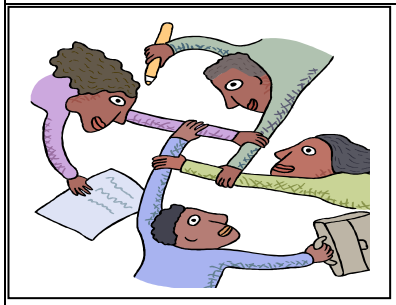
8. Are there any known risk factors to professionals/staff if visiting the family home? (If yes, please explain why)

9. Involvement of other services			
Which other services are **currently or were previously** involved with the child and family (name, agency), if known. This may also include Voluntary and Community Sector Organisations that provide social/community based services and activities for adults, children and young people i.e. drops in services, community projects, sports clubs, art clubs			
Child(ren) /family	**Name/agency**	**Purpose**	**Ongoing or Ended when/why?**

Email the completed form to **firstcontact@durham.gov.uk**

Please remember to include all relevant attachments if available;

- ☐ Chronology
- ☐ Home Environment Assessment
- ☐ Family Engagement Risk Assessment
- ☐ EHCP
- ☐ Other (please state)

	Multi-Agency Meetings	
 **Strategy**	•Referral taken up by First contact Service: 'reasonable cause to suspect child is suffering or likely to suffer significant harm'. •To agree whether to start s47 enquiries and to begin/complete a core assessment under Child Act 1989. •Professionals meeting only •Held at short notice (some professionals may be available by phone).Police Sergeant and investigating officer (VU); Assessment and Intervention Team manager and SW, Health, referrer (if professional) and other relevant colleagues. •Usually held in A&I Team office, hospital. •To PLAN how to look into the concern: share information, consider criminal investigation, medicals, interviews etc.	
 **Initial Child Protection Conference**	•**15 DAYS** after last strategy meeting •Accessible public building: A&I offices •Parents/carers (supporter/legal adviser) and all relevant professionals who work with family members and children attend • Conference is to decide whether the child(ren) are at continuing risk of significant harm and whether CP Plan needs to be put in place. •**Tasks**: prepare a report for the conference on all children in family you work with •Share report with parents and carers at least two working days before the conference (open/transparent procedure so parents can know and question all information in advance).•Ensure that child's views are given •Produce single-agency chronology. •If children not put on list then consideration of services needed, now passes to relevant Child Protection Team.	
 **Core Group**	•**10 DAYS** later. Date for this meeting and first Review Conference is set at the Initial Conference •This 'core' of essential professionals will work with the family and the young person to try and achieve change and improvement so that the child is not still at continuing risk of harm (these safety issues are dealt with before other 'welfare' matters) • Key worker is the social worker •The group complete the Child Protection Plan and complete work on the core assessment as part of this •The chronologies are merged and continuously updated as working documents •Initially meetings quite frequent but generally held about every 4-6 weeks	
 **Review CP Conference**	•**10 WEEKS** (3 months) before first Review conference.• Evaluate effectiveness of Core Group in effecting change and better care of the children • '..to review the safety, health and development of the child against the planned outcomes set out in the child protection plan' •to see whether CP plan should continue to be in place or should be changed •Child's wishes and feelings must be sought and taken into account •if the child is not still at risk of significant harm then they should not require a CP plan •**Tasks**: report needed and shared with parents/carers 7 days prior to conference: evaluation what has changed, the impact on child's welfare against objectives set out in the plan