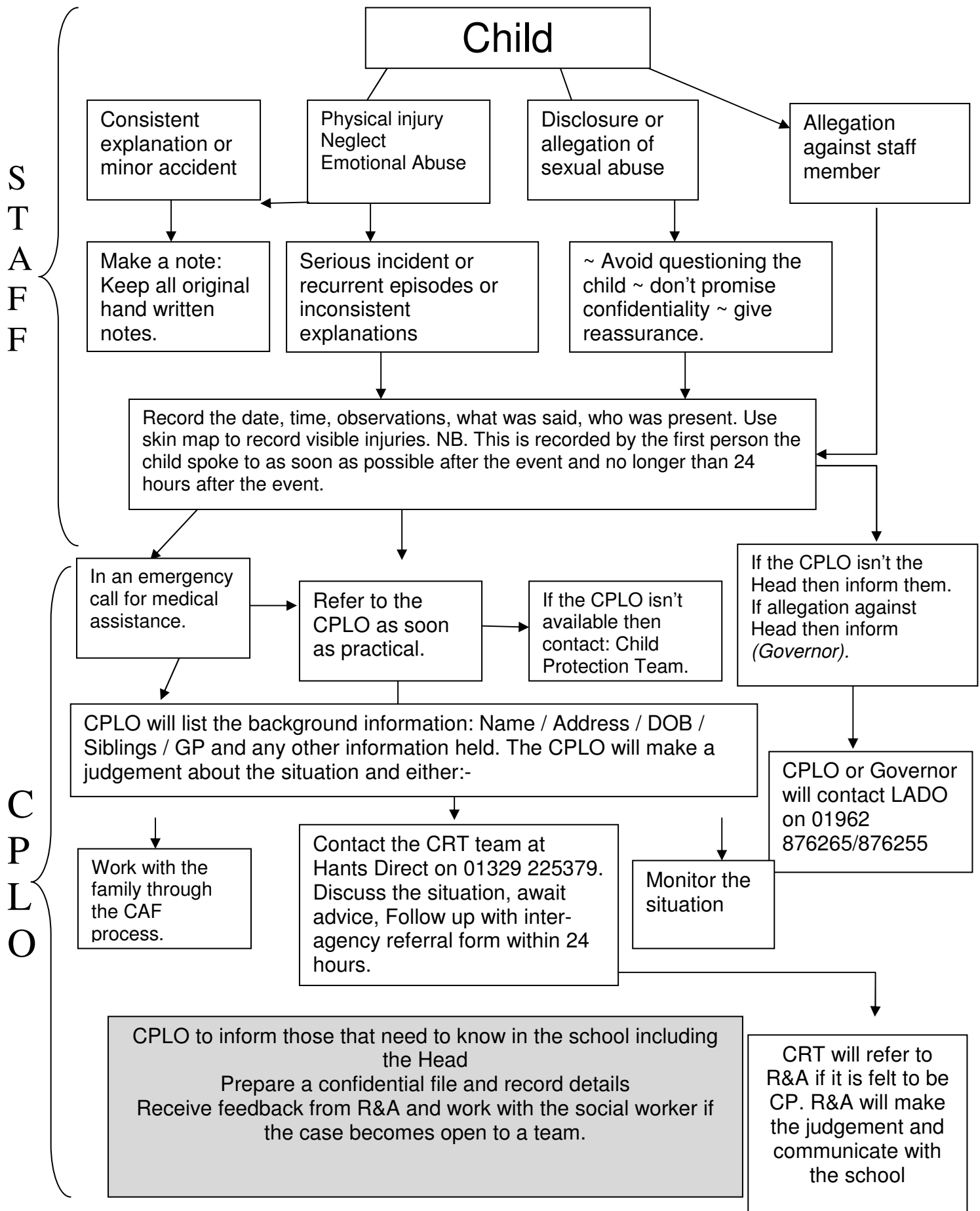


Annex 2



Annex 3

Model Recording Form

Child's Name:

D.o.B.

Name/title of person raising concern:

Date & Time	Details of concern	Action taken - To whom and organisation (Has a CAF or referral to Children's Social Care been considered?)	Outcome of action	Further actions required By whom and when	Review Date	Name and signature of person completing entry

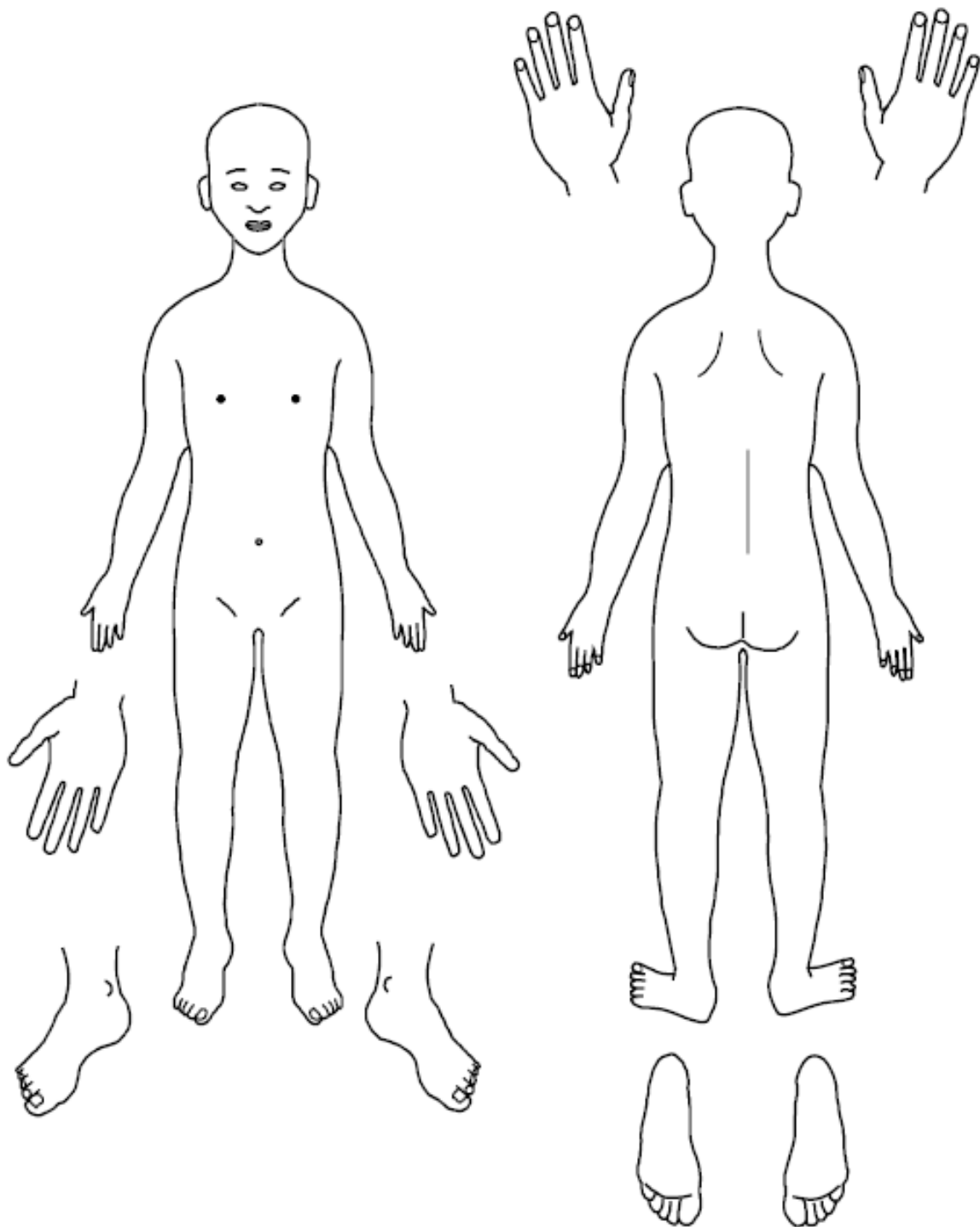
Name:

Designation:

Copied to:

Annex 4

Skin Maps



Name of Child:

Date of birth: _____ Date of recording:

Name of completer:



Any additional information

Annex 5

Guidance

Child Volunteering Information

If a child volunteers information about abuse to a member of staff, it may be done obliquely, rather than directly, e.g. through 'think books', role play etc. Children will talk about their concerns and problems to people they feel they can trust. The person a child talks to will not necessarily be a senior member of staff. The role of the member of staff or volunteer hearing this is to listen but not undertake an investigation of the potential abuse. That is the role of the child protection agencies. Legal action against a perpetrator can be seriously damaged by any suggestion that the child's words have been influenced in any way by the person they told.

When a Child Confides in You:

Things You Should Do:

- Give the child undivided attention.
- Show concern, support and warmth but don't show emotions, distress or negative reaction; be re-assuring (you can say 'that must have been sad/hard for you'; 'it's right to tell someone because you need help'. Ask if the child has told his/her parents if the alleged abuse is outside the home or the other parent if one parent is implicated).
- Rather than directly questioning the child, just listen and be supportive.
- It may be appropriate to check that the child is indicating abuse or neglect.
- Check if the child is hurt or might be in need of medical attention.
- Deal with the allegation in such a way that the child does not have to repeat the information to different people within the school; It is important to know if an incident has happened recently and whom the child is saying has hurt her/him.
- Make careful records of what was said, put the time when the child spoke to you, the time you wrote your transcript and the date, place and people who were present, as well as what was said, using child's own language and colloquialisms. Then sign it, and hand your record to the CPLO straight away.
- Keep any notes that you made at the time, along with your record, as they may be useful later.
- Negotiate getting help.
- Find help quickly.

Things You Should Not Do:

- You must not promise a child complete confidentiality – you should explain that you may need to pass information to other professionals to help keep them or other children safe.
- Malign the character of the alleged perpetrator.
- Jump to conclusions.
- Try to get the child to 'disclose'.
- Ask for lots of details about the alleged event(s).
- Speculate or accuse anybody yourself.
- Make promises you can't keep.
- Pre-empt or prejudice an investigation by leading the child with *closed* questions.

Questioning Skills

To avoid leading questions when clarifying what a child has said, you should use open questions with a child rather than closed questions.

The following table gives some examples of both.

Closed Questions

Do
Did
Can
Would
Could
Are etc.

Open Questions

Tell mewhere
Who
Describe
How
What
When
Show me
Talk

Avoid using 'Why'? This can confuse a child and leads to feelings of guilt.

Initial Responses to a Child

When a child has made a disclosure, it can be a relief for them, however they are likely to feel vulnerable and confused. Here are some examples of what can be said to a child;

Do Say:

'Thank you for telling me'

'I am sorry it has happened to you'

'I am going to help you, and will tell you what I am going to do'

'It should not have happened'

'You are not to blame'

Do Not Say:

'It will be all right soon'

Anything which you will not be able to fulfil

It is anybody's fault

Guidance

Safe Working Practice

It is essential that all staff, Governors & volunteers working in schools are aware of how to pass on any concerns about other members of staff or volunteers and be conscious of how they should conduct themselves to minimise the risk of finding themselves as the subject of any child protection processes.

In dealing with allegations or concerns against an adult in the school all staff, volunteers and Governors should:

- Report to the Headteacher any concerns about the conduct of other school staff, volunteers, Governors or other adults on the school site.
- Inform the Headteacher as soon as practical if a child makes an allegation against a member of staff, volunteer, Governor or other adult on site (within no more than 24 hours).
- If the allegation is against the Headteacher, the concerns need to be raised with the Chair of Governors, or the nominated Governor for dealing with allegations against the Headteacher (within no more than 24 hours).
- In either event the Headteacher or Chair of Governors should contact the Local Authority Designated Officer on 01962 876265.

Safe Professional Culture

All Staff, Volunteers and Governors Should:

- Work in an open and transparent way, avoiding any actions that would lead a reasonable person to question their motivation and/or intentions.
- Dress appropriately for your role.
- Avoid unnecessary physical contact with children. If physical contact is made;
 - Ensure you are aware of and understand the rules concerning physical restraint.
 - Where it is essential for educational or safety reasons, gain pupil's permission for that contact wherever possible.
 - To remove a pupil from a dangerous situation or an object from a pupil to prevent either harm to themselves or others, then this should be recorded on the correct form and reported to the Headteacher.
 - It should not be secretive, even if accidental contact was made, it should be reported.
- Understand their position of power and influence over children and not misuse it in any way. This includes but is not limited to;
 - Accepting regular gifts from children.
 - Giving personal gifts to children.
- Recognise their influence and not engage in activities out of school that might compromise their position within school.
- Not establish or seek to establish social contact with pupils outside of school. This includes;

- Communication with pupils in inappropriate ways, including personal e-mails and mobile telephones.
- Passing your home address, phone number, e-mail address or other personal details to pupils/children.
- The transportation of pupils in your own vehicle without prior management approval.
- Contact through social networking sites.
- Avoid volunteering to house children overnight.

Safe Working Practice

All staff, Volunteers and Governors Should:

- Only use e-mail contact with pupils via the school's system.
- Be careful about recording images of children and do this only when it is an approved educational activity. This can only be done when parents have given their express permission.
- Ensure that areas of the curriculum that may involve sexually explicit information are taught in accordance with school policies.
- Allow children to change clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances.
- Avoid working in one-to-one situations or conferring special attention on one child unless this is part of an agreed school plan or policy.
- Only arrange to meet with pupils in closed rooms when senior staff have been made aware of this in advance and given their approval.
- Not access abuse images (sometimes referred to as child pornography) or other inappropriate material.
- Not allow boundaries to be unsafe in more informal settings such as trips out, out of school activities etc.
- Never use a physical punishment of any kind.
- Not attribute touch to their teaching style.

Informing the Headteacher

All Staff, Volunteers and Governors Should Inform the Headteacher if:

- There are any incidents or issues that might lead to concerns being raised about your conduct towards a child.
- There is any suggestion a pupil may be infatuated with you or taking an above normal interest in you.

If a member of staff is the subject of concerns or allegations of a child protection nature they should contact their professional association or trade union for support.

Annex 7

Guidance - Intimate Care Guidance on Toileting Needs in Schools and Early Years Settings

Introduction

The vast majority of children are appropriately toilet trained and able to manage their own needs competently before they start school. This policy will apply to pupils who, for whatever reason, require toilet training or special arrangements with toileting in preschool, school or other education settings.

This Guidance:

- Identifies the importance of working in partnership with parents/carers.
- Sets out the principles of good practice.
- Provides practical guidance for preschools and schools.
- Clarifies the implications of the Special Educational Needs and Disability Discrimination Acts.
- Sets guidance for all children including those with special educational needs and disabilities.
- Emphasises the employer's duty to safe-guard the health and safety of pupils and staff.
- Provides Child Protection advice.
- Raises awareness of the need to protect the dignity of the child.

Where document refers to child/children, this includes children and young people of pre-school and school age.

Partnership with Parents/carers

Open and supportive communication with parents (including carers) is fundamental to planning for and meeting the child's toileting needs effectively and sensitively. Many parents may feel anxious that their child is not able to use the toilet independently and may have already experienced some difficulties with toilet training and/or experienced negative attitudes from others towards the issue. For some children their toileting needs may be relatively short term and related to initial toilet training, whereas others may require a long term toileting programme. Parents will need to feel confident that the setting is able to support their child's toileting needs and is positive about doing so, and should be encouraged to be open about and able to discuss any concerns in this area.

Partnership with Children and Young People

The active involvement of the child in their toileting programme is vital to make sure they have ownership and understanding of their targets.

Principles of Good Practice

All children have an educational entitlement irrespective of their difficulties with toileting.

- Children or young people who need assistance with toilet training or special toileting arrangements must be treated with respect, dignity and sensitivity.
- Some children who cannot achieve continence and independent toileting will require high levels of assistance.
- Educational establishments should ensure that they work in partnership with parents and carers in planning for toileting needs and effective toilet training, acknowledging that continence and independent toileting may not be achieved by some children.
- It is important to adopt consistent approaches at home and at school.
- The setting, in partnership with parents/carers, child and any other professionals involved, should make and review care plans, working towards achieving maximum independence of the child with toileting.
- The setting, supported by head teachers, governors, and senior managers, should positively address issues raised by toileting needs in a constructive and problem solving way.
- Staff should be provided with access to appropriate resources and facilities and be supported by clear plans, policy guidelines and training. All staff supporting pupils with toileting difficulties must receive appropriate information and specific training as required.
- Headteachers and Managers should be aware of, and ensure implementation of, appropriate health and safety procedures and risk assessments.
- Headteachers, Governors and Senior Managers should be aware of their duties to comply with the SEN and Disability Discrimination Acts.
- Schools must consult the Social Worker whenever planning toilet training or special toileting arrangements for children on the Child Protection Register or whenever any Social Care teams are involved.
- It is important to alert the Educational Welfare Officer if any school attendance difficulties develop as a consequence of toileting concerns.

Definition of Disability in the Disability Discrimination Act (DDA)

The DDA provides protection for anyone who has a physical, sensory or mental impairment or medical condition that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, it is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children and young people with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late achieving independence with toileting; some may never achieve independence with toileting.

Attending Preschool Settings and Starting School

The Children's Services Department, acting through the Early Years Development and Childcare Partnership, believes that children with toileting difficulties should be admitted into pre-schools and into nursery and reception classes with their friends in the same way as any other child. At this stage it is not possible to assume that failure to achieve independence with toileting is in itself an indication of special educational needs. However, there are some children who enter pre-school or reception with special educational needs and/or medical conditions which indicate the need for special toileting arrangements or toileting training. These children fall within the terms of the SEN and Disability Discrimination Acts and the pre-school or school setting must take "reasonable steps" to support them.

Education providers have an obligation to meet the needs of children and young people with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal pre-school or school activities solely because of incontinence.

Any admissions policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues should be dealt with on an individual basis, and settings are expected to make reasonable adjustments to meet the needs of each child.

Before the child begins attendance it is important to:

Gather information from parents, child and any professionals involved.

- Establish effective partnership with parents/carers, child and any professionals involved.
- Focus on health and safety implications and determine whether a risk assessment is required.
- Decide, in consultation with parents/carers, whether you need further advice from Health or Children's Services.
- Arrange for any specialist advice, training, resources to be in place before the child begins attendance.
- Agree a plan with parents/carers and child and make a written note of your agreement.
- Make sure that all staff are informed and clear about their responsibilities.

It is important for all parties to monitor and review the plan regularly to ensure it is still appropriate and meeting the changing needs of the child.

It is reasonable to discuss the level of independence with toileting before a child starts school. However, it is not acceptable to deny, delay or reduce attendance at pre-school or school simply because a child has special toilet requirements. It is important to agree a plan which will work towards maximum independence and support the child's attendance in the educational setting.

Good Practice Guidance

Each child and situation is of course unique. However Headteachers may find the following guidance helpful in deciding what "reasonable steps" should be taken to support pupils who require toilet training.

It is anticipated that existing staff will volunteer to support pupils with toilet training or special toileting arrangements in school and preschool. Where incontinence is caused by an underlying impairment, it is a necessary reasonable adjustment for staff to carry out personal care. When recruiting new staff it is important that duties relating to personal care are specified in the contract of employment (see link to Role Profiles below). Managers should ensure that staff carrying out such procedures feel confident and supported by relevant training and protocols to ensure the dignity of the pupil and protection of the staff.

If the child or young person is not able to use the toilet independently on entry, schools have found a variation on the following procedures usually addresses the difficulty.

- Gather as much information as possible from the parents/carers and child. How have they tried to introduce toilet training at home? What happens at home? Has the child any regular routines or daily patterns which could inform the routine set up by the school? Have the parents/carers noticed any particular difficulties or phobias which the school should be aware of? Can the parents/carers suggest a strategy or procedure for dealing with the problem?
- An appropriate toileting programme will need to be discussed and agreed so that the child, parents/carers and staff are aware of their roles and responsibilities. The plan must have regular monitoring and review arrangements. The plan should give careful consideration to choosing which adults should be involved in toileting care. Schools and pre-school settings should give a written copy of the programme to the parents/carers.
- Clothes should be easy for the child to pull up and down. Wherever possible it is better to train the child with appropriate clothing rather than continuing to rely on the nappy/pad or training pants.
- No child should be left wet or dirty for a parent/carer to change later.
- It is not reasonable to expect parents or carers to be on emergency stand-by to change children during the school day.
- Staff should ask parents/carers to provide the school with a couple of appropriate changes of pants/trousers etc in case of accidents.
- It is the responsibility of parents/carers to deal with wet/soiled clothing. Staff should liaise accordingly and make the necessary arrangements.
- Organise that a member of staff familiar with the child is given the responsibility of taking the child to the toilet at fixed, appropriate intervals throughout the

morning/day. Careful observations and discussions with the child may identify when the child "needs to go".

- Ensure that the routine established in school is strictly maintained from the start and try hard to avoid accidents. If necessary shorten the time between visits to the toilet so that the child gets into the habit of being dry.
- Children may be anxious and pre-occupied by toilet difficulties but usually respond to praise, encouragement and confidence building. It is important to promote self esteem in other areas.
- Drinking water easily accessible for all children and encourage them to have "little and often" rather than in huge amounts at a time.
- Reminders to use the toilet should be discreet and staff may consider the use of signs, pictures or code words.
- Make little fuss over accidents that do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm, low-key way. Give extra attention when they have made the effort to go to the toilet independently.
- After a period of training it may be sufficient to remind the child to go to the toilet on their own. Be positive and patient and praise the child for effort.
- It is important to anticipate toileting needs for these pupils before planning off site activities. Children should not be excluded from off-site activities because of their toileting needs.

Where difficulties persist there may be more complex issues to consider and further guidance and support may be needed from other professionals. It is important to discuss your continuing concerns with parents/carers and seek their agreement before involving further professional guidance and support.

Children with Special Educational Needs and Disabilities

In addition to the good practice guidance described above the following considerations may apply:

- In consultation with parents, Health service staff will provide any relevant medical information, training and advice.
- It may be appropriate to consult the Specialist Teacher Adviser for children with Physical Disabilities who can provide guidance and assistance with risk assessments.
- Specialist equipment may be accessible through the Early Education and Child Care Unit or Specialist Teacher Advisory Service.

Health and Safety Considerations

The LA, Headteachers, Governors and early years settings have a duty to safeguard the Health and Safety of pupils and staff. Schools and other settings registered to provide education will already have hygiene or infection control policies as part of their health and safety policy and will follow these when managing a child with toileting needs. Ensure all known allergies are considered when planning and carrying out each child's toileting programme.

Child Protection concerns

The normal process of changing a nappy/pad should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Few settings will have the staffing resources to provide two members of staff for nappy changing and CRB checks are carried out to ensure the safety of children with staff employed in childcare or education settings. Where there are concerns the usual child protection procedures should be followed.

Role Profiles

LSA role profiles can be seen at:

<http://intranet.hants.gov.uk/hrrp2130.pdf>

<http://intranet.hants.gov.uk/hrrp2131.pdf>

Annex 8

Medical Needs

HAMPSHIRE COUNTY COUNCIL CHILDRENS SERVICES DEPARTMENT EDUCATION and INCLUSION SERVICE

Policy Statement on Provision for Young People Out of School Because of their Medical Needs

1. The Hampshire Education Inclusion Service:

It is possible that, from time to time, schools may need to seek support from the Hampshire Education and Inclusion Service (EIS) for children and young people who are temporarily unable to attend school on a full time basis because of their medical needs. These children and young people are likely to be:

- Children and young people suffering from long-term illnesses.
- Children and young people with long-term post-operative or post-injury recovery periods.
- Children and young people with long-term mental health problems (emotionally vulnerable).

N.B. For the purposes of this policy statement, “long-term” is defined as any period exceeding 15 continuous school days of absence from school because of medical needs. The Education and Inclusion Service considers that education provision for absences of up to 15 days remain the responsibility of the pupils’ home school.

Where it is clear that an absence will be for more than 15 continuous school days then the Education and Inclusion Service provision should begin at the earliest possible date and should not automatically be delayed until the 16th day of absence.

It is important that the referring school must notify the School Nurse service at the point it is identified that the child or young persons medical need is preventing their attendance at school.

At all times during the period of Education and Inclusion Service provision the young person will remain on the roll of their home school and the home school will retain ultimate educational responsibility for the young person.

2. Aim:

The aim of the Education and Inclusion Service, is to provide appropriate, effective education during the period of un-wellness, and to re-integrate pupils back into fulltime education at their home school at the earliest possible opportunity. In order to achieve this, the Education and Inclusion Service will seek to work collaboratively with pupils, parents, schools, and other services and agencies, as appropriate.

3. Referral to the Education and Inclusion Service:

Referral to the Education and Inclusion Service must be made by the young person's home school and must be made via the Education and Inclusion Service referral form. Referrals should normally be supported by either:

- A Hospital Consultant.
- A Senior Clinical Medical Officer.
- A Consultant Child Psychiatrist.
- A General Practitioner (GP).
- A member of the Hampshire Education Psychology Service (HEPS).

And made in partnership with the School Nurse service.

In addition, referrals should be supported by other services and medical agencies as appropriate.

4. Action Required to Initiate a Referral:

Referrals should be submitted to the Area Strategic Manager at the relevant Local Education Office (listed at the end of annex 8).

At the same time the school must convene a multi-agency planning meeting in conjunction with the Locality Team to include:

- The child or young person (if appropriate).
- Parents/carers.
- Appropriate school staff.
- Locality Team manager or representative.
- Education and Inclusion Service representative.
- Health representative.
- Representatives from other services, as appropriate.

And the school should, normally, hold chair, a formulate a plan with agreed named actions and outcomes that are recorded and circulated to the Team Around the Child (TAC) participants. The purpose of this meeting will be to determine whether the Education and Inclusion Service support is appropriate and, if so, to decide:

- A venue for the tuition (e.g. home, school, Education Centre, hospital ward, etc).
- System of ensuring tutor arrangements with parents, school and locality.
- Learning programme and pattern of attendance.
- The levels of contribution from other services and agencies as part of an integrated support programme for the pupil.
- A re-integration plan for the pupil including targets for re-integration.
- Monitoring arrangements.
- The date of the next review meeting.
- Pastoral arrangements by the school.
- Appropriate coursework.

5. Funding and Other School Responsibilities

Schools retain the Age Weighted Pupil Unit (AWPU) funding for pupils during the period of Education and Inclusion Service provision and will be charged according to the agreed formula (Appendix 3).

The home school will also be responsible for:

- Monitoring the agreed action plan for the pupil and informing all relevant parties of any changes.
- Providing or loaning specialist resource materials, where possible (such materials to be itemised and returned to the school at the end of the period of Education and Inclusion Service provision).
- Making examination arrangements (e.g. GCSE, SATs, etc.).
- Examination entry fees.
- Overall collation and assessment of examination coursework.
- Any offsite activity (if appropriate).

And supported by the Education and Inclusion Service.

6. Responsibilities of the Hampshire Education and Inclusion Service:

The Hampshire Education and Inclusion Service will be responsible for:

- The delivery of a suitable and flexible curriculum appropriate to the pupils' needs. (This will be based on a minimum provision of 5 hours per week personalised learning. Wherever possible students will receive fulltime education. It is recognised, however, that for medically unwell students the level of their provision may need to be directed by health professionals).
- Drawing up weekly/monthly reports outlining the pupils' progress and achievements and circulating these as agreed in the action plan.
- Maintaining accurate weekly/monthly attendance records and circulating these as agreed in the action plan.
- Overseeing, in partnership with the home school, the implementation of the agreed re-integration programme.
- Attending new meetings.

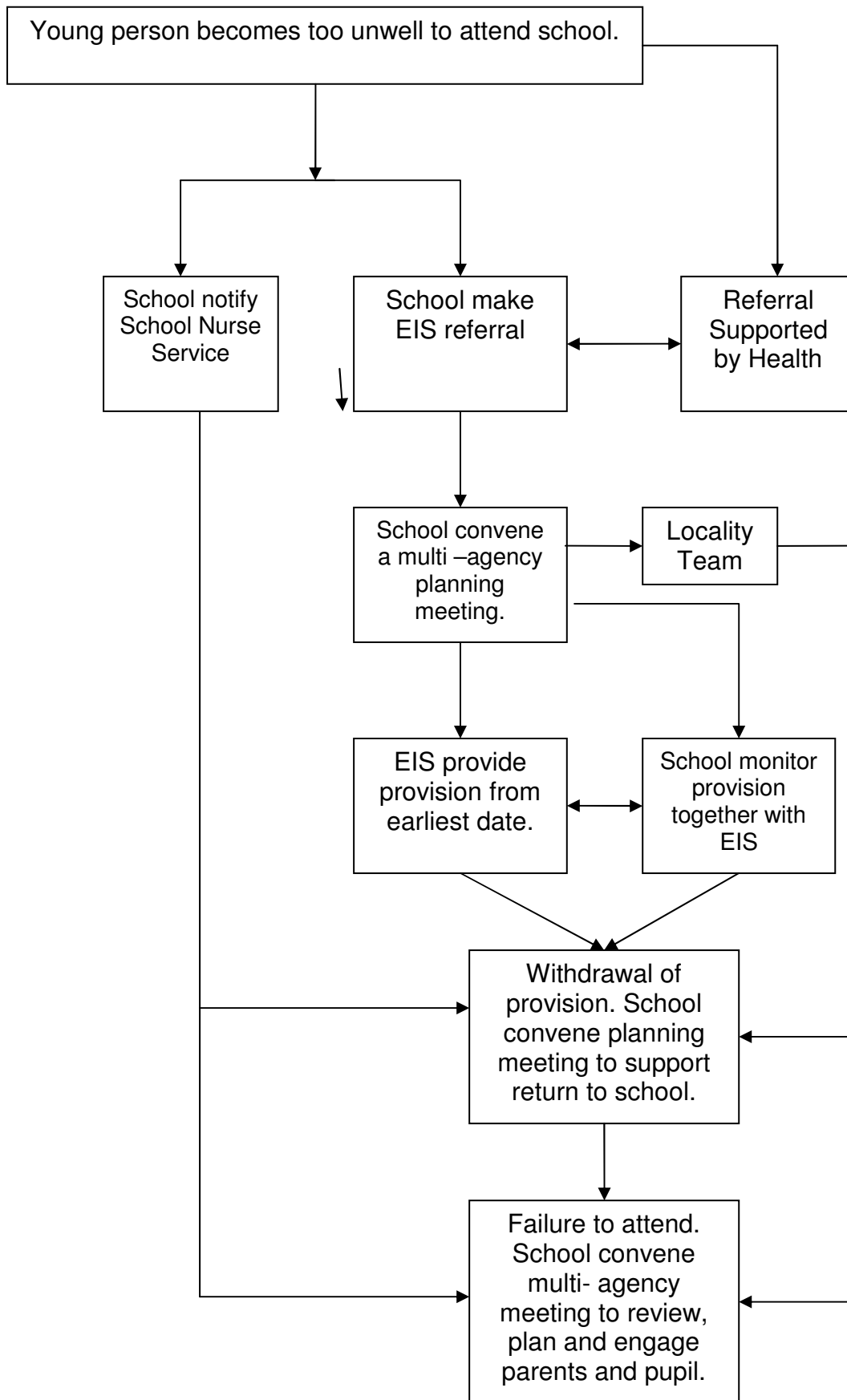
7. Withdrawal of the Education and Inclusion Service provision:

A meeting should be convened to:

- Review the learning outcomes of the child or young person and their readiness to return to school.
- Where a child or young person fails to attend or to make him/herself available on a regular basis without production of a medical certificate or without having a valid reason for absence (as determined by the Education and Inclusion Service tutor in conjunction with the school), all relevant parties will be invited to a meeting to be convened by the home school. The purpose of the meeting will be to review the education plan and establish an appropriate way forward to engage with the child or young person and their family.

8. Procedural Action:

A flowchart follows which amplifies the referral process.



EIS Referral Form

PUPIL DETAILS

Name: _____ Date of Birth: _____
UPN: _____

Address:

Post Code: _____

Telephone Nos: Home: _____

Mobile: _____

Work: _____

Accommodated with Parent/Carer (delete)

Person with Parental Responsibility:

Contact details if different from above:

Child's 1st Language: _____

Ethnicity:

- | | | | | | | | | | |
|-----------------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|--------------------------|------------------|--------------------------|
| White British | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | Asian Indian | <input type="checkbox"/> | White & Black Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Asian Pakistani | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> | Any other ethnic | <input type="checkbox"/> |
| Any other White background* | <input type="checkbox"/> | Any other Black background* | <input type="checkbox"/> | Asian Bangladeshi | <input type="checkbox"/> | White & Asian | <input type="checkbox"/> | Withheld | <input type="checkbox"/> |
| Any other Asian background | <input type="checkbox"/> | Any other mixed background* | <input type="checkbox"/> | Traveller of Irish Heritage | <input type="checkbox"/> | White Gypsy/Roma | <input type="checkbox"/> | | |

*If other please specify: _____

Does the child have a disability? Yes No

If yes, please describe:

SCHOOL DETAILS

Current School: _____ Year
Group: _____

Last School attended: _____
SEN Statement Yes No

If yes,

ISSUE DATE:

REASON FOR STATEMENT:

DATE OF LAST ANNUAL REVIEW:

Child in Care: Yes No

Eligible for Free School Meals Yes No

CAF Completed Yes No

Lead Professional:

If CAF completed please detail TAC meetings/attach minutes

REASON FOR REFERRAL

At risk of permanent exclusion
Significant emotional problems

- Inappropriate sexualised language & behaviour
- Medical
- Pregnancy

Additional Information

Background Information

Emotional and Social Issues

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationship with peers; feeling isolated and solitary; fears; often unhappy

Behavioural Issues

Lifestyle; self-control; reckless or Impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/ concentration

Medical

Previous Strategies

Please describe the strategies already employed and provide copies of Individual Education Plans/Individual Behavioural Plans/Pastoral Support Plans:

Profile of Pupil Capacity– please complete as fully as possible

Name: _____ Date of birth: _____ Year group: _____

Year R

Early Learning Goals
Teacher Assessment

Key Stage 1

	Reading	Writing	Mathematics	Science
Test level achieved				
Teacher assessment				

Key Stage 2

	English	Mathematics	Science
Test level achieved			
Teacher assessment			

Reading age: _____ Age when tested: _____

Spelling age: _____ Age when tested: _____

Cognitive Abilities Test

Verbal	Quantitative	Non-verbal	Average

Key Stage 3

	English	Mathematics	Science
Test level achieved			
Teacher assessment			

Please indicate any enthusiasms/interests and strengths shown by the pupil:

Please comment on the pupil's learning difficulties and attitudes to work:

-

KS4 Current Timetable

Subjects/GCSE/Unit Award/Entry Level/Other (please note predicted grades)

College Placements (details, course and timetable)

Extended Work Experience (details and timetable)

Other (details and timetable)

Please attach coursework completed.

Please comment on any learning difficulties and strategies employed

Please indicate any enthusiasms/interests and strengths shown by the pupil

Who is involved with this pupil?

	Name	Tel/e-mail
Locality Team (incl EWO)		

Education Psychologist		
Social Services		
YISP/YOT		
Health		
Other (please indicate)		

EIS REFERRAL CHECKLIST

Please ensure that the relevant parts of the following information are attached before sending them, with this form to the appropriate EIS office. ***Failure to send all the supporting information will delay the processing of this referral.***

For all pupils

Assessment Data

- SIMS Assessment Printout or equivalent assessment data
- FFT Category D - Projection Data
- Additional Data e.g. LASS
- Current or recent academic reports
- Attendance records for previous 12 months
- Copy of the statement of SEN (if applicable and date of annual review and last annual review)
- Individual Education Plans (IEPs)
- Individual Behaviour Plans (IBPs)
Pupil Support Plans (PSPs)
- Records of involvement with external agencies
- Incident records relating to physical violence or assault or inappropriate sexual behaviour e.g.
behaviour diaries and conduct logs

For emotionally vulnerable pupils

- Child & Family Therapy Information
- Educational Psychologist report
- Education Welfare Officer information
- Any other relevant information

For pupils referred on medical grounds

- Recent medical report confirming inability to attend school
- Education Welfare Officer information (where involved)
- Any other relevant information

Please give the name of the member of staff responsible for liaison with EIS and provision of school work.

Name (please print): _____ Position

Contact Details

Headteacher's Signature: _____

Date:

Colin Diaper

Area Strategic Manager
(Alternative Provision)
Winchester Local Office
Clarendon House
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Fax: 02392 441 533
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LMS pro-rata daily rates for Hampshire schools (from 1 April 2009):

Year Group	R	1	2	3	4	5	6	7	8	9	10	11
Daily Amount	£13.60	£11.60	£11.70	£11.40	£11.50	£11.50	£11.40	£14.00	£14.30	£14.90	£16.70	£18.60

Annex 9

Briefing sheet for Temporary and Supply Staff

For supply staff and those on short contracts in William Gilpin CE VA Primary School.

While working in William Gilpin CE VA Primary School, you have a duty of care towards the children/pupils/students here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school Child Protection Liaison Officers (CPLOs), who are Joy Forrest (Headteacher), Alison Timmings (Assistant Headteacher) and Christopher Baker (Class Teacher).

This is not an exhaustive list but you may have become concerned as a result of:

- Observing a physical injury, which you think may have been non-accidental.
- Observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- Observing behavior that leads you to be concerned about a child or young person.
- A child or young person telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to one of the CPLOs. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive.
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated person/child protection officer, who should contact children's social care if appropriate.

The school has a policy on safeguarding children and young people which can be obtained from the School Office.

Remember, if you have a concern, discuss it with the CPLO.

Legislative framework

This is a brief overview of the Legislation and Guidance that staff can refer to if they want more information

United Nations Convention on the Rights of the Child (1989)

This is an international agreement setting out the minimum standards for protecting children's rights. It was incorporated into the law in the Children Act 1989. The Convention refers to all children up to the age of 18 years. In relation to safeguarding children, it states that:

- The best interests of the child should be a primary consideration when action is taken concerning them.
- Children are to be protected from all forms of discrimination.
- Every child has the inherent right to life, survival and development.
- Children should not be punished cruelly or in a way that belittles them.
- Children have the right to be protected from all forms of abuse and neglect and be given proper care by those looking after them.
- Children who are victims of abuse are entitled to the care and treatment needed to recover from the effects of their mistreatment.

Children Act 1989

The Children Act 1989 came into force in October 1991. It brought together legislation on caring for and protecting children and is still the framework for safeguarding children and promoting their welfare. The Children Act 1989 is underpinned by the following principles:

- **Welfare principle** – the child's welfare is the paramount consideration in any decision which affects them.
- **Parental responsibility** – replaces parental rights. Parents share parental responsibility with the local authority for a child in care.
- **Partnership** – professionals and families must work together for the welfare of children
- **The child's voice** – a child's wishes and feelings should be sought and taken into account in making decisions affecting them (if they are old enough to understand).
- **Family is best** – a child's own family is the best place for a child to be brought up.
- **No order principle** – a court order should not be made unless it is needed to improve the child's life.
- **Diversity issues** – racial, cultural, religious and linguistic background must be taken into account in all decisions.

The main safeguarding provisions of the Act are:

- **Child protection** (s47) – a local authority has a duty to investigate if a child is thought to be suffering, or is likely to suffer, significant harm.
- **Children in need** (s17) – a local authority has a duty to assess and provide services for a child in need if parents wish it.

- **Inter-agency working** – health, education and other public sector agencies are required to assist children’s social care in safeguarding and promoting the welfare of children.
- **Court orders** – a court can order a child to be taken into care or to be under a supervision order. It can also order a child to be given emergency protection or to be assessed.

Adoption and Children Act 2002

Section 120 extends the definition of significant harm so that actually witnessing violence can also constitute harm.

Children Act 2004

The Act puts into practice the proposals for legislation set out in the Green paper *Every Child Matters* (Cm 5860, 2003), including the creation of a Children’s Commissioner for England. It proposed a national framework of change for children focusing on five outcomes:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic well-being.

The Act made it statutory to safeguard and promote the welfare of children across all statutory agencies except education (where it was already statutory – Education Act 2002, s175 and s157). It set up local safeguarding children boards (LSCBs) to replace area child protection committees (ACPCs) to oversee the safeguarding of children, and required local authorities to produce annual children and young people’s plans and appoint directors and lead members of children’s services. The Act ended the defence of reasonable chastisement, brought private fostering within a statutory framework and set up joint area reviews (JARs).

The Children Act 2004 is being implemented between April 2005 and 2008. Regular updates are available on the *Every Child Matters* website www.everychildmatters.gov.uk

Human Rights Act 1998

The Human Rights Act applies the European Convention on Human Rights to UK law. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be “...in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.” This ensures that a child’s right to protection overrides a family’s right to privacy. Article 3 covers the rights of an individual to be free from torture and inhuman and degrading treatment. It effectively imposes an obligation on the authorities to take preventative measures to protect a child at risk of harm.

Data Protection Acts 1984 and 1998

These Acts relate to the recording of information, including information about children. Under the 1998 Act personal information must be obtained fairly and processed lawfully. This information can be shared only in certain circumstances and it has to be accurate, relevant and kept securely. In certain circumstances, the Act

allows for disclosure of personal information without the consent of the subject, including that "...for the purpose and detection of crime, the apprehension or prosecution of offenders or when a failure to disclose information could place the protection of children, young people or vulnerable adults at risk." This is particularly relevant where an organisation or employer holds information about someone who could pose a risk to children.

Police Act 1997 and Protection of Children Act 1999

These Acts change the routes by which employers can check whether a potential or actual employee has committed criminal offences against children, and whether there is reason for that person to be considered inappropriate to work with children. Sometimes there is a suspicion that a person may have hurt or abused a child but insufficient criminal evidence for them to be convicted. However, a check may confirm the view that the adult presents enough of a risk that they should not work with children.

Criminal Justice and Court Services Act 2000

Part 2 of this Act enables courts to disqualify unsuitable people from being employed by public bodies to work with children and sets out a review process for those who are disqualified from working with children. It also provides criminal sanctions for those who breach the disqualification. Employers should not knowingly employ someone who has a disqualification order imposed on them.

Safeguarding Vulnerable Groups Act 2006

The Act establishes the framework for a national vetting and barring scheme to apply to people working with, or having responsibility for, children and vulnerable adults. The scheme applies to voluntary as well as paid work. The Act, to be implemented in 2008, replaces with a single system three lists of barred individuals – List 99, the Protection of Children Act list, and the Protection of Vulnerable Adults list – and Disqualification Orders. An expertly qualified Independent Barring Board (IBB), rather than government officials, will manage the lists and take barring decisions. Work with children – both paid and unpaid – is classified as:

- *Regulated*, where contact with children is close and frequent – this includes teachers and foster carers.
- *Controlled*, where there is some contact with children – this includes NHS workers, support staff in further education, and staff with access to sensitive records about children.

Barred individuals will not be permitted to work in regulated positions, but may be employed (with appropriate safeguards) in controlled activities. It will be an offence for a barred person to apply for, or be employed in, a regulated activity.

Sexual Offences Act 2003

This provides a comprehensive legislative framework for sexual offences. It covers offences against adults (including people with mental disorders), as well as offences against children and sexual offences within the family. It also makes amendments to the laws governing the sex offenders register by introducing a requirement for those cautioned or convicted of specific categories of sexual offences to inform the police of their name and address and any changes to those details. The Act also covers specific offences relating to the *abuse of trust* which applies when the child is under 18. These offences include:

- Sexual activity with a child.
- Causing or inciting a child to engage in sexual activity.
- Engaging with sexual activity in the presence of a child.
- Causing a child to watch a sexual act.

The Act lists occupations to which the abuse of trust laws apply. These include staff working in:

- Institutions looking after children detained under a court order – e.g., a young offenders institution.
- Accommodation provided by local authorities and voluntary organisations under statutory provision.
- Hospitals, clinics, care homes, children’s homes and residential family centres.
- Educational institutions.

The Act allows for a preventative order to be made to protect children from harm. This includes stopping offenders from visiting places where children may gather – e.g., parks and recreation grounds.

Education Act 2002

Section 175 of this Act introduced a new statutory duty on local education authorities, maintained and independent schools and further education institutions to ensure that their responsibilities are carried out with a view to safeguarding and promoting the welfare of children and young people.

Guidance

This section deals with government guidance to agencies on safeguarding children and young people.

Working Together to Safeguard Children (HM Government, 2010)

This document is the main national reference for safeguarding. It provides guidance on how agencies should work together to protect children. It covers the roles and responsibilities of all professionals who come into contact with children through their work and describes the child protection process. It replaces the 1999 guidance with the same title.

Caring for Young People and the Vulnerable? (Home Office, 1999)

This is designed to encourage all organisations caring for children or vulnerable adults to put in place codes of conduct to protect against sexual activity within a relationship of trust. The guidance contains principles of good practice on how to provide safeguards.

Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000)

The Framework was developed in relation to supporting children in need and working closely with families. It provides guidance for all agencies that may contribute to the assessment of need for children and families.

What to Do if you’re Worried a Child is Being Abused (HM Government, 2006)

This practice guidance was issued following the inquiry conducted by Lord Laming into the death of Victoria Climbié. It draws together the guidance in *Working Together to Safeguard Children* and the *Framework for the Assessment of Children*

in Need and their Families in a more accessible format for practitioners. It spells out the processes to be followed when there are concerns about a child's welfare, including their safety, and provides clear expectations of everyone working with or coming into contact with children and their parents or carers.

Safeguarding Children and Safer Recruitment in Education
(Department for Education and Skills, 2006)

Linked to the Education Act 2002, this guidance sets out the legal duties of local education authorities, schools and further education colleges to safeguard and promote the welfare of children, and provides vetting and barring guidance in accordance with the Richard Committee recommendations.

Information Sharing – practitioners' guide (HM Government, 2006)

This guidance explains the principles which should govern the sharing of information between staff and agencies. It includes six key points to guide practitioners.

From *Safeguarding Children: everybody's business* (NSPCC, 2007).

For access to the legislation visit: www.opsi.gov.uk and to government guidance visit: www.everychildmatters.gov.uk

Sources of information – including legislation, policy and guidance – on safeguarding children and young people.

The Child Exploitation and Online Protection Centre (CEOP)

CEOP works across the UK to tackle child sex abuse. The site includes advice for parents and carers and a virtual police station for reporting abuse on the internet.

www.ceop.gov.uk

Children's Commissioners appointed to safeguard and promote the best interests of children and young people

England: www.childrenscommissioner.org

Department for Children, Schools and Families

The website includes *Don't suffer in silence* with information and resources on bullying. www.dfes.gov.uk/bullying

Every Child Matters

Covers all aspects of the Every Child Matters agenda in England.

www.everychildmatters.gov.uk

NSPCC inform

Free, online, specialised information resource for practitioners, including reading lists, a web directory and details of NSPCC training resources and other publications. www.nspcc.org.uk/inform

Office of Public Sector Information (OPSI)

This website provides access to all legislation applying to England, Northern Ireland, Wales and Scotland from 1987 onwards, which can be read online or printed.

www.opsi.gov.uk

UNICEF

Information on, and the text of, the UN Convention on the Rights of the Child, which underpins national legislation affecting children and young people.
www.unicef.org/crc

TeacherNet

Government website providing information and guidance to schools.
<http://www.teachernet.gov.uk/management/atoz/c/childprotection/>

Annex 11

Guidance

Child Protection – A Guide to the Law for Governors

54. [Section 175 of the Education Act 2002](#) came into force on 1 June 2004 and placed a duty on LAs, the governing bodies of maintained schools and the governing bodies of further education institutions to have arrangements in place to ensure that they:
 - Exercise their functions with a view to safeguarding and promoting the welfare of children;
 - Have regard to any guidance issued by the Secretary of State for Children, Schools and Families when drawing up those arrangements.
55. “Safeguarding” covers more than the contribution made to child protection in relation to individual children. It encompasses issues such as pupil health and safety, and bullying, about which there are specific statutory requirements. It also includes a range of other issues, for example: arrangements for meeting the medical needs of children with medical conditions; providing first aid; school security; and drugs and substance misuse (about which the Secretary of State for Children, Schools and Families has issued guidance). There may also be other safeguarding issues that are specific to the local area.
56. Where there are statutory requirements, governing bodies should ensure their school has policies and procedures in place that satisfy them and comply with any guidance issued by the Secretary of State for Children, Schools and Families. Similarly, arrangements about matters on which the Secretary of State has issued guidance should be addressed by compliant policies and procedures or ones that achieve the same effect. Governing bodies also need to be able to show that they have considered whether children, including individual children in their area or establishment, have any specific safeguarding needs in addition to those covered by guidance. If so, governing bodies need to be able to show that they have policies and procedures in place to meet those needs.
57. Governing bodies are therefore accountable for ensuring their establishment has effective child protection policies and procedures in place that are in accordance with guidance issued by the Secretary of State for Children, Schools and Families, any LA guidance and locally agreed inter-agency procedures.

Allegations against staff and volunteers

58. Procedures which meet the requirements discussed in paragraphs 56 and 57, above, should be in place for dealing with allegations of abuse against members of staff and volunteers who work with children. However, neither the governing body nor individual governors has an automatic role in dealing with individual cases of abuse, or a right to know details of such cases (except when exercising their disciplinary functions in respect of allegations against a member of staff).
59. Chairs of governing bodies are expected to work with Headteachers (unless the allegation concerns the Headteacher) and LA officers to confirm the facts about individual cases and to reach a joint decision on the way forward in

each case. Chairs have a crucial role to play in deciding courses of action, including disciplinary action, in those cases where a criminal investigation may not be required. In cases where allegations have been substantiated, the chair should work with the LA designated officer and Headteacher to determine whether there are any improvements to be made to the school's procedures or practice to help prevent similar events in the future. Detailed advice on dealing with allegations against staff is included in [Safeguarding Children and Safer Recruitment in Education](#), which sets out particular roles for individuals involved in dealing with allegations as well as timescales for different stages in the disciplinary or criminal process. This advice aims to assist all schools and Further Education Colleges to review and, where appropriate, modify their practice and procedures for dealing with allegations of abuse made against teachers and education staff. The guidance can be downloaded from the [TeacherNet website](#).

60. It is important that school staff do not investigate cases of suspected abuse themselves. That is the responsibility of the police and the LA children's social care department. However, schools can be the very first link in the chain as they are largely in the lead on the identification of pupils suffering from abuse or neglect and referral of cases to children's social care. Schools should cooperate fully with police and children's social care in any child abuse investigations.
61. Some governing bodies have found it helpful for an individual member of the governing body to champion child protection issues within the school, liaise with the Headteacher about them and provide information and reports to the governing body. However, it is not usually appropriate for that person to take the lead in dealing with allegations of abuse made against the Headteacher. That is more properly the role of the chair of governors, or in the absence of a chair, the vice-chair. Whether the governing body acts collectively or an individual member takes the lead, it is helpful if all members of governing bodies undertake training about child protection to ensure they have the knowledge and information needed to perform their functions and understand their responsibilities.
62. Governors should ensure that a senior member of the school's leadership team is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the LA and working with other agencies.

Safe recruitment procedures

63. Vetting applicants and prospective volunteers working with children to ensure they are not unsuitable is a very important aspect of child protection. Guidance about this can be found in the Checking applicants section of chapter 10 of this Guide, Staffing, and also in *Safeguarding Children and Safer Recruitment in Education*, which is available to download from the [TeacherNet website](#).

Confidentiality, respecting the dignity of the child

In order to undertake their responsibilities, staff within the school may be provided with or have access to confidential information about the *children and young people or students or pupils (adapt to fit the schools agreed terms)* they work with. In some circumstances this information may be highly sensitive or private information.

These details must be kept confidential at all times and only shared when it is in interests of the child to do so. Such information must not:

- be used to intimidate, humiliate, or embarrass the *child or young person or student or pupil (adapt to fit the schools agreed terms)* concerned.
- be used to coerce the *child or young person or student or pupil (adapt to fit the schools agreed terms)*
- be discussed outside of the work environment.

If a member of staff is asked to share information they should seek guidance and approval from the school CPLO or a member of the senior management team.

Any information shared should be in line with the information sharing guidance which can be found at www.ecm.gov.uk/informationsharing. The storing and processing of personal information about children and young people is governed by the Data Protection Act 1998.

Whilst adults need to be aware of the need to listen and support *child or young person or student or pupil (adapt to fit the schools agreed terms)*, they must also understand the importance of not promising to keep secrets. Neither should they ask a *child or young person or student or pupil (adapt to fit the schools agreed terms)* to keep a secret under any circumstances.

Concerns and allegations made about school staff or other adults should be treated as confidential and passed to the Headteacher or Chair of Governors without delay.

Guidance

WHAT IS CHILD ABUSE?

The following definitions are taken from HM Government (2006) *Working Together to Safeguard Children*. London: The Stationery Office.

www.everychildmatters.gov.uk/safeguarding

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/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).
- Ensure access to appropriate medical care or treatment.

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

INTER-AGENCY REFERRAL FORM TO HAMPSHIRE SOCIAL SERVICES: CHILDREN & FAMILIES

Inter-agency referrals should generally be made with the co-operation of the child/young person/parent(s)/carer(s).

In order to decide if services are needed for a child's particular needs it is normally necessary for Social Services to liaise with other agencies to gather and share relevant information. This also applies if a child is thought to be at risk of significant harm unless it would place the child or other children in danger. In such situations if a child protection enquiry into abuse/neglect under S.47 of the Children Act 1989 is necessary, Social Services may gather and share information about the child and family without their consent being given.

Social Services will seek consent of a parent/carer with parental responsibility and a young person to do so.

To Social Services Area Office at _____ on _____		Confirmation of a telephone referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this an abuse/neglect referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet known <input type="checkbox"/>		Date _____	Time _____
If yes see guidance to sections 5 & 6			
Referral from:			
Name _____	Role _____		
Address:			
Telephone Number:			
1.1 Details of children in the family: Is an Interpreter needed _____ Is a signer needed _____			
Key: Codes for ethnic origin, first language and religion are listed on page 7, please use codes as appropriate.			
EDD: Estimated Date Delivery _____		M/F: _____	

Name & Address			
DoB			
M/F			
Ethnic Origin			
First Language			
Religion			

Child's Name

3. Other Professionals involved e.g. Educational Psychologist, Child & Family guidance, Health Visitor, GP
Is there any indication that a worker should not visit alone?

Name	Role	Address	Telephone Number

4. What are the circumstances leading to this referral? (Include details of any previous work undertaken by you or your agency and its outcomes. Attach separate chronology if appropriate)

Child's Name

5. If you are aware of the child's views about the current situation, please comment on what the child wishes to change.

6. If you are aware of the parents/carers views about the current situation, please comment on what they would like to change.

Child's Name

7.1 The child's developmental needs: health, education, emotional and behavioural development, identity, family and social presentation, self care skills.

7.2 The Parent(s)/Carer(s): If known, factual information or observation about parent(s)/carer(s) parenting capacity : basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, disability.

Child's Name

7.3 If known, factual information or observation about family and environmental issues: family history and functioning, wider family, housing, employment, families social integration, community resources.

7.4 What outcomes are sought to safeguard and promote the child's welfare, health and development?

8 For Internal Use by Referring Agencies

Name of person receiving referral:

Agreed outcome of Referral

Indicators of Abuse

NEGLECT

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- Provide adequate food, clothing and shelter.
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision or stimulation.
- Ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12

- Frequently going hungry.
- Frequently having to go to school in dirty clothes.
- Regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse.
- Being abandoned or deserted.
- Living at home in dangerous physical conditions.
- Not being taken to the doctor when ill.
- Not receiving dental care.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if your worried a child is being abused* 2006) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Physical indicators of neglect

- Constant hunger and stealing food.
- Poor personal hygiene - unkempt, dirty or smelly.
- Underweight.
- Dress unsuitable for weather.
- Poor state of clothing.
- Illness or injury untreated.
- Looking sad, false smiles.

Behavioural indicators of neglect

- Constant tiredness.
- Frequent absence from school or lateness.
- Missing medical appointments.
- Isolated among peers.
- Frequently unsupervised.
- Stealing or scavenging, especially food.
- Destructive tendencies.

EMOTIONAL ABUSE

The nature of emotional abuse

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

Indicators of emotional abuse

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Developmental Issues

- Delays in physical, mental and emotional development.
- Poor school performance.
- Speech disorders, particularly sudden disorders or changes.

Behaviour

- Acceptance of punishment which appears excessive.
- Over-reaction to mistakes.
- Continual self-deprecation (I'm stupid, ugly, worthless etc).
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking).
- Self-mutilation.
- Suicide attempts.
- Drug/solvent abuse.
- Running away.
- Compulsive stealing, scavenging.
- Acting out.
- Poor trust in significant adults.
- Regressive behaviour – e.g., wetting.
- Eating disorders.
- Destructive tendencies.
- Neurotic behaviour.
- Arriving early at school, leaving late.

Social issues

- Withdrawal from physical contact.
- Withdrawal from social interaction.
- Over-compliant behaviour.
- Insecure, clinging behaviour.
- Poor social relationships.

Emotional responses

- Extreme fear of new situations.
- Inappropriate emotional responses to painful situations (“I deserve this”).
- Fear of parents being contacted.
- Self-disgust.
- Low self-esteem.
- Unusually fearful with adults.
- Lack of concentration, restlessness, aimlessness.
- Extremes of passivity or aggression.

Indicators of Abuse

PHYSICAL ABUSE

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (annex 4) can assist in the clear recording & reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped).
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle.
- Bite marks.
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette.
- Scalds with upward splash marks or *tide marks*.
- Untreated injuries.
- Recurrent injuries or burns.
- Bald patches.

In the social context of the school or college, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- The explanation given does not match the injury.
- The explanation uses words or phrases that do not match the vocabulary of the child (adults words).
- No explanation is forthcoming.
- The child (or the parent/carer) is secretive or evasive.
- The injury is accompanied by allegations of abuse or assault.

You should be concerned if the child or young person:

- Is reluctant to have parents/carers contacted.
- Runs away or shows fear of going home.
- Is aggressive towards themselves or others.
- Flinches when approached or touched.
- Is reluctant to undress to change clothing for sport.
- Wears long sleeves during hot weather.
- Is unnaturally compliant in the presence of parents/carers.
- Has a fear of medical help or attention.
- Admits to a punishment that appears excessive.

Indicators of Abuse

SEXUAL ABUSE

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities.

Characteristics of child sexual abuse:

- It is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic.
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent.
- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Physical Observations

- Damage to genitalia, anus or mouth.
- Sexually transmitted diseases.
- Unexpected pregnancy, especially in very young girls.
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching.
- Unexplained recurrent urinary tract infections and discharges or abdominal pain.

Behavioural observations

- Sexual knowledge inappropriate for age.
- Sexualised behaviour or affection inappropriate for age.
- Sexually provocative behaviour/promiscuity.
- Hinting at sexual activity
- Inexplicable decline in school performance.
- Depression or other sudden apparent changes in personality as becoming insecure or clinging.
- Lack of concentration, restlessness, aimlessness.
- Socially isolated or withdrawn.
- Overly-compliant behaviour.

- Acting out, aggressive behaviour.
- Poor trust or fear concerning significant adults.
- Regressive behaviour, Onset of wetting, by day or night; nightmares.
- Onset of insecure, clinging behaviour.
- Arriving early at school, leaving late, running away from home.
- Suicide attempts, self-mutilation, self-disgust.
- Suddenly drawing sexually explicit pictures.
- Eating disorders or sudden loss of appetite or compulsive eating.
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
- Become worried about clothing being removed.
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Annex 13

Who's Who and Useful Telephone Numbers

Key Personnel	Name (s)	Telephone No.
CPLO(s)	Joy Forrest Alison Timmings Christopher Baker	01590 673460 01590 673460 01590 673460
Named Governor for Safeguarding (If appointed) / Chair of Governors	Barbara Loweth	01590 626451
HantsDirect Professionals Line (for all referrals into social care)	Central Reception Team	01329 225379
Out of hours Social Care		0845 600 4555
Police		0845 0454545 or 101
CP Co-ordinator / LADO	Barbara Piddington Eric Skates Safeguarding Unit	01962 876265/ 07903 649503 01962 876255
School Nurse	Monica Unsworth	02380 423277
Children's Service Department District Service Manager	Sheila Young	02380 816129
Locality Team Manager	Richard Hadleigh	02380 812113
School Improvement Partners (SIP)	Richard Wharton	01489 799351