



SAFEGUARDING CHILDREN POLICY

1.1 Introduction

The Family Centre (Deaf Children) is committed to safeguarding all children and young people from abuse, regardless of gender, ethnicity, beliefs, disability or sexuality. It believes that the welfare of children is paramount, and that their rights should be respected.

Child abuse is any kind of mistreatment or lack of care that leads to injury or harm.

There are four main types of child abuse

- physical abuse
- emotional abuse
- sexual abuse
- neglect.

Incidents of racism or bullying may also constitute child abuse.

Employees should also be aware of the harm that can be caused to children by radicalisation or involvement with terrorism, either themselves or family members. New guidance on the Prevent Duty was published by the Government in 2015 and Employees should now consider these issues as part of our normal safeguarding practice.

The NSPCC states that “The available UK evidence on the extent of abuse among deaf and disabled children suggests that they are at increased risk of abuse and that the presence of multiple impairments appears to increase the risk of both abuse and neglect.” It is particularly important for Employees and service users of The Family Centre (Deaf Children) to be vigilant and take the necessary actions if child abuse is suspected.

The Children’s Act defines a child as anyone that has not yet reached their 18th birthday.

1.2 Policy

Throughout this policy the term “Employee” refers to staff, trustees, sessional workers (that have signed an agreement with FCDC and been through a training programme) and volunteers. It does not cover other professionals or workers who may contribute to sessions on an ad-hoc basis.

The Family Centre (Deaf Children)’s policy is issued to all Employees and a copy is on display in the public area of its registered office and on its website.

The policy is reviewed annually, or as necessary to reflect changes to legislation, policy or best practice.

The Board of Trustees considers safeguarding of children to be extremely important and is committed to providing resources to enable Employee’s training in child protection issues and attendance at relevant meetings and events.

All activities organised by The Family Centre (Deaf Children) are risk assessed and supervised by an appropriate session leader, with consideration given to the staffing ratios as recommended by the NSPCC.

Anyone associated with the Family Centre (Deaf Children) as an Employee, professional or service user has a responsibility to protect the children and young people they come into contact with through the organisation by following the steps in this policy if a case of abuse is suspected.

Reports will be dealt with by the Centre Manager (Designated Safeguarding Person). If the report concerns the Centre Manager, the Trustees should be informed and it should be referred to the Local Authority Designated Officer (LADO).

All concerns and allegations of abuse to a child/young person will be taken seriously by The Family Centre (Deaf Children). Employees, professionals and service users should report any concerns regarding risks to children attending The Family Centre (Deaf Children)'s activities to the Centre Manager and complete a Safeguarding Report Sheet as soon as possible.

1.3 Concerns about an Employee

Any concerns about an Employee of The Family Centre (Deaf Children) should be passed to the Centre Manager who will liaise with the Local Authority Designated Officer (LADO). If the concern relates to the Centre Manager it should be referred directly to the LADO and the Trustees notified.

The LADO works within Children's Services and should be alerted to all cases in which it is alleged that a person that works with children has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against children, or related to a child
- Behaved towards a child or children in a way that indicates he/she is unsuitable for work with children

As the charity's registered office is in Bristol we would normally speak to the LADO in Bristol. However if the Employee lives, or works with children, in another local authority area it may be appropriate to speak to their LADO in addition, or seek guidance from the Bristol LADO on whether this is appropriate.

In Bristol contact the First Response Team on 0117 903 6444 and ask for the LADO, or call directly on 0117 903 7795. You can email childprotection@bristol.gov.uk making sure the title field is "for the attention of the LADO".

***N.B. emails are not considered to be secure and personal information should not be emailed.
Email should only be used for generic enquiries or to make arrangements for further contact.***

In South Gloucestershire contact the Access and Response Team on 01454 866000 and ask for the LADO. You can email accessandresponse@southglos.gov.uk

***N.B. emails are not considered to be secure and personal information should not be emailed.
Email should only be used for generic enquiries or to make arrangements for further contact.***

In Bath and North East Somerset contact the LADO directly on 01225 396810 or email lado@bathnes.gcsx.gov.uk

***N.B. emails are not considered to be secure and personal information should not be emailed.
Email should only be used for generic enquiries or to make arrangements for further contact.***

In North Somerset contact the LADO on 01275 888808 or email lado@n-somerset.gcsx.gov.uk

**N.B. emails are not considered to be secure and personal information should not be emailed.
Email should only be used for generic enquiries or to make arrangements for further contact.**

Whilst an allegation about an Employee is under investigation it is likely they will be suspended or placed on restricted duties, depending on the nature of the allegation. Team members under investigation may not be allowed on The Family Centre (Deaf Children)'s premises and will not attend any of its activities. Dismissed Employees will not be permitted access to any future events organised by the charity or to visit its office.

The Family Centre (Deaf Children) is aware of the statutory responsibility to refer an individual to the DBS if:

- They have been sacked for harming a child or vulnerable adult
- They have been sacked because they might otherwise have harmed a child or vulnerable adult
- They would have been sacked for one of the above reasons but they resigned before this could happen

The DBS referral form is available at <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

1.4 Disclosure from a child

Special care should be taken if a child or young person approaches an Employee and discloses, or attempts to disclose, child abuse.

Always remain calm and listen to the child. You may feel uncomfortable or unsure of what actions to take but it is important not to show this. Not responding may leave the child feeling abandoned or unprotected and they may not try to disclose again. Being overly emotional or intrusive may scare the child and hinder the disclosure.

Your role is not to investigate or make decisions about whether the situation being disclosed is abuse, or decide what actions should be taken.

- Ideally you should find somewhere quiet to talk, but not private where you will be alone with the child.
- Always let the child go at their own pace, listen carefully, do not interrupt, do not try to lead them or pressure them with questions.
- Do not make assumptions.
- Take what they say seriously.
- Give reassurance – they have done the right thing talking to you and they are not to blame for the situation.
- If possible, recap with the child, to make sure you have understood.
- Explain to the child what you will do next.
- Do not make promises that you can't keep or say that you will keep the information a secret.
- Do not ask leading questions – use TED. Tell, Explain, Describe.

As soon as possible after a disclosure make an accurate record of what you have been told and what you said and then complete a Safeguarding Report Sheet and contact the Centre Manager.

1.5 Concerns about a child

If an Employee has any concern about the safety or well being of a child or young person they should discuss this with the Centre Manager as soon as possible and complete a Safeguarding Report Sheet.

The concern may arise from an observation about their behaviour, physical injury, overheard conversations, items in their possession (including data on a phone or tablet) or any other source.

Any bruises, injuries or unexplained marks should always be noted. Although there may be a plausible explanation a safeguarding sheet should always be completed so that the charity can identify any patterns of injury.

1.6 Non-mobile babies

The charity will follow the latest guidance in this area and will issue all Employees with this information. The Bristol Safeguarding Children Board Multi-Agency Guidance for Injuries in NON-MOBILE Babies is included as Appendix B.

This should always be read in full if there are concerns regarding a non-mobile baby.

The main summary points are:

- The policy covers all babies/infants that are not capable of being independently mobile, this includes those who can roll or sit independently, and older babies that are disabled.
- Bruising in a baby who has no independent mobility is very uncommon – less than 1% of non-mobile babies will have bruises. It may be an indicator of a serious medical condition or physical abuse.
- Due to the significant risk of abusive injury ALL non-mobile babies with an injury should be referred to a Paediatrician or Emergency Department with trained paediatric staff even if there is a plausible explanation.
- If the injury seems minor (e.g. a small bruise in a baby who is otherwise well), the professional can contact the on-call Consultant Community Paediatrician to arrange a same day examination – Bristol Royal Infirmary switchboard 0117 923 0000.
- Any other non-mobile baby with an injury should be seen without delay at the Children’s Hospital Emergency Department, including those with bleeding from the nose, mouth and/or ear. Bristol Royal Infirmary switchboard 0117 923 0000.
- If there is an uncertainty about the severity of the injury and where to refer it should be discussed with the on-call Community Paediatrician.

1.7 Safeguarding Report Sheet

Record keeping is one of the most important elements in safeguarding children.

Safeguarding Report Sheets should be used to record incidents, concerns or direct disclosure and are available at every activity run by The Family Centre (Deaf Children), and at its office. Guidance on what to record is provided with the report sheets. A sample sheet and the guidance are shown in Appendix A.

Ideally the Safeguarding Report Sheet should be shown to the parent as soon as possible and should be signed and dated by the parent. However if the person completing the sheet is apprehensive about showing the sheet to the parent or believes that it would put the child at risk, they should submit the sheet without a parent signature. Allegations of abuse will not be discussed with the suspected abuser.

Completed sheets should be kept secure and confidential and passed to the Centre Manager as soon as possible. If the Centre Manager is at the event, they may choose to discuss the matter with the parent immediately.

All information will be kept confidential unless the child is believed to be at risk, in which case the Centre Manager may take further action and discuss with, or make a referral to, the appropriate agency.

1.8 Further action

The Centre Manager will consider the concern and/or Safeguarding Report Sheet, and may consult with the relevant authorities/organisations to decide what action is necessary.

If it is believed that a child or young person is suffering, or may be at risk of suffering, significant harm the Local Authority will always be contacted and the police may be called.

Injuries in non-mobile babies will always be referred to Bristol Children's Hospital Emergency Department or the on-call Community Paediatrician.

Other possible courses of action are:

- To speak with the parent and raise the concern.
If it is a single incident or the charity is able to signpost the parent to information and support, this may be adequate and no further action is required.
The parent will be required to sign the Safeguarding Report Sheet.
- To speak with the parent and advise them that the matter will be referred to the Local Authority and/or police.
Generally, if the child is not at immediate/significant risk, the Local Authority requires that the parent has been spoken to and has given consent for the referral, or understands that the referral is being made even if they do not consent.
- To speak to the Local Authority or other relevant agencies about the case without disclosing information that could identify the family, to get advice on the most appropriate course of action.

If it is felt a service user poses a risk to others they will be suspended from attending activities organised by the charity and the Centre Manager will contact the family to inform them of that decision and discuss the options for future events.

Family Centre Employees are mindful of the need for confidentiality. However in certain circumstances the law permits the disclosure of confidential information necessary to safeguard children.

1.9 Mobile Phones and cameras

Mobile phones play a part in keeping children safe, but can also pose a threat to the children. There is a separate Mobile Phone and Camera Policy which must be adhered to by everyone attending the charity's premises and activities.

1.10 Recruitment

All Employees that are, or may be, engaged in “regulated activity” must undergo an Enhanced with a Barred List Check through the Disclosure and Barring Service (DBS) (formerly known as CRB check) which is renewed every three years.

All staff must provide two referees, and satisfactory references must be received. The Family Centre (Deaf Children) reserves the right to approach the previous employers of prospective staff to establish why employment ended and identify any gaps and inconsistencies and request an explanation.

Further information on DBS checks is available at www.gov.uk/disclosure-barring-service-check

All Employees will have safeguarding training (at an appropriate level) as part of their induction.

The charity has a separate Recruitment Policy which contains more detail on the recruitment of staff, volunteers, trustees and sessional workers.

1.11 Types of activity run by The Family Centre (Deaf Children)

Definition of Regulated Activity relating to children

The Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012 defines “regulated activity” relating to children as:

(i) Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/guidance on well-being, or drive a vehicle only for children

(ii) Work for a limited range of establishments (“specified places”), with opportunity for contact: for example, schools, children’s homes, childcare premises. Not work done by supervised volunteers

Work under (i) and (ii) is regulated activity only if done regularly. Statutory guidance is available about supervision of activity which would be regulated activity if unsupervised.

(iii) Relevant personal care, for example washing or dressing; or health care by or supervised by a professional

(iv) Registered childminding and foster carers

The Family Centre (Deaf Children) does not provide any services falling into (iii) or (iv) above but does run the following types of activity:

- Family sessions
- A youth club for deaf young people and a kids club for deaf children.
- BSL sessions for children.
- BSL Level 1

Family sessions

A parent/carer is required to accompany their child(ren), remain onsite, and they have responsibility for children’s welfare throughout the session. On rare occasions we may, by prior

arrangement, permit a child to attend without a parent/carer if alternate arrangements can be made – e.g. another parent/carer agrees to take responsibility or it is for a short period of time at a well-staffed session. At some events parent/carers may be in a separate room to their child for short periods. For example where a children's activity takes place in one room, and parents/carers are in a separate room or café area.

All family sessions are supervised by an Employee that has a satisfactory Enhanced CRB check or Enhanced with a Barred List check through DBS. In many cases, because the parent/carer is present, it may not be considered regulated activity, but the supervising Employee is still required to be vetted as though it is regulated activity to cover the possibility that parent/carers may not be present at all times.

Deaf youth club and kids club

Young people aged 8-19 (or up to 24 with learning disabilities) normally attend youth club sessions without a parent/carer. Under certain circumstances a parent/carer will be required to stay on site.

Deaf children aged 6-10 normally attend the kids club sessions without a parent/carer. Under certain circumstances a parent/carer will be required to stay on site.

Youth club, and kids club sessions fall within the definition of regulated activity.

All youth club and kids club sessions are supervised by an Employee that has a satisfactory Enhanced CRB check or Enhanced with a Barred List check through DBS. At most sessions all other staff have also been vetted, even though they are supervised - this covers occasions when the young people may be temporarily split into groups, or premises where there is more than one room in use for the session.

BSL sessions

We run sessions for children where they will usually be in a separate room from their parent/carer during the lesson, although the parent/carer is expected to remain on the premises, unless agreed in advance with the supervising Employee.

BSL sessions for children fall within the definition of regulated activity.

All children's BSL sessions are supervised by an Employee that has a satisfactory Enhanced CRB check or Enhanced with a Barred List check through DBS. Even though the parent/carer remains onsite the session is treated as regulated activity.

BSL Level1

Our BSL Level 1 is open to families including young people – generally these are run using an external tutor who has not been fully vetted and are not supervised by an Employee. Children under 16 may attend providing a parent/carer remains onsite and is responsible for their welfare. Young people aged 16+ will be allowed to attend with written consent from their parent/carer. The parent/carer may also be asked to complete a medical information form which must be approved by FCDC before attendance.

1.12 Family Information

The Family Centre (Deaf Children) holds detailed personal information about children, young people and families, with their consent. This information is kept on a secure Access database. Only permanent staff that have a satisfactory Enhanced CRB check or Enhanced with a Barred List check through DBS are permitted to access this information in full without supervision.

All family sessions and children's BSL sessions are supervised by an Employee that has a satisfactory Enhanced CRB check or Enhanced with a Barred List check through DBS and any personal information taken to the activity will only be accessible to this Employee, apart from names which all workers will have access to.

All youth club and kids club sessions are supervised by an Employee that has a satisfactory Enhanced CRB check or Enhanced with a Barred List check through DBS. At most sessions all other staff have also been vetted. Information taken to the youth club includes detailed personal information – e.g. young person's name and age, their parent/carers contact details, medical and special needs information. This information will be kept securely and only accessed by, or under the supervision of, the supervising Employee.

If a session is run by an external professional, such as a BSL Level 1, they may be given a register of attendees names. Care will be taken that they only have access to the information they need and that families consent to their phone number and/or email address being given to the professional.

1.13 Unchecked workers and external staff

Employees that have not been through a DBS check and/or have not had their references checked may assist at activities. These individuals will be closely supervised by an Employee that has a satisfactory CRB/DBS check and references.

External workers that attend sessions are not required to demonstrate that they have a DBS check but will not be left unsupervised with any children, young people or vulnerable adults.

On occasion the charity may hold sessions run by an external professional such as a healthcare worker or tutor with no Employee present.

- If the professional is already DBS checked and works to suitable policies in their main employment this would be satisfactory. For example – a workshop run by a Teacher of the Deaf or Speech and Language Therapist. They would be fully DBS checked and already work unsupervised with children during their normal employment so they would not require supervision or an induction. Families would be advised.
- Other professionals will normally be required to attend an induction session with staff to familiarise themselves with the charity's relevant policies.
 - Children under 16 must always be accompanied by a parent/carer.
 - Children aged 16+ may be able to attend alone, with prior written parental consent, dependent on the nature of the session. The parent/carer may also be asked to complete a medical information form which must be approved by FCDC before attendance.

1.14 Interpreters

The Family Centre (Deaf Children) uses BSL/English interpreters, with a small number of them working for us regularly.

We will use interpreters that are registered on the National Register of Communication Professionals working with Deaf and Deafblind People (NRCPD) or those that are registered with VLP and meet criteria set out below.

NRCPD requires interpreters to sign a declaration saying that:

- They have an Enhanced DBS with adult's barred list check which is less than three years old at the time they register/renew.
- They will get a new check should their current one become more than three years old during their registration period.
- They have adequate insurance and will maintain this during their registration.
- They are a fit and proper person.

We will use non NRCPD registered interpreters if they meet all the following criteria:

- They are known to us and have regularly worked for FCDC.
- They provide us with a copy of their latest Enhanced DBS with children's barred list check, and declare that they have no pending prosecutions, convictions or cautions
- They are a member of VLP and therefore have suitable insurance cover.

For the purposes of this policy interpreters are always fully supervised. They are employed to interpret, and as such they should never be alone with children and young people.

However the charity is mindful of the fact that those supervising the interpreter will not necessarily have the advanced BSL skills to understand the content of conversations. Therefore Employees will ensure that interpreters do not have extended one-to-one conversations or social interactions with children and young people.

2. HOW TO CONTACT THE FAMILY CENTRE

Our working hours

All staff are part-time. There will normally be somebody in the office between 9:30 and 3:30 Monday to Thursday.

In person

You can visit the office which is within Elmfield School for Deaf Children, Greystoke Avenue, Westbury-on-Trym, Bristol BS10 6AY.

The site is only open during school hours and the FCDC office may not always be attended, so it is advisable to make an appointment.

By phone

0117 330 7575

By email

Centre Manager debbie@fcdc.org.uk
General Office office@fcdc.org.uk

By text

07919 575247

To contact the trustees please tell a member of staff that you would like to be contacted by a trustee. The charity cannot share their personal details, but will ask a trustee to contact you.

3. EXTERNAL SUPPORT AND GUIDANCE

3. 1 Contacting your Local Authority / Safeguarding Children Board

If you believe a child is in immediate danger you should dial 999.

In other cases use the local contact details below. Ideally you should contact the area in which the child is resident in the first instance.

Bristol

If the referral is **URGENT** (i.e. a child is likely to suffer, or is suffering, significant harm) contact the First Response Team during office hours on **0117 903 6444**. A sample of the information required is shown in Appendix C and it may be worthwhile printing this and writing in the information you intend to supply before starting the referral.

If the matter is not urgent complete an online referral form. N.B. You must have discussed the issue with a parent/carer/guardian and they must have consented to the referral. First Response is unlikely to accept the referral if there is not consent.

The online referral is a secure form so personal information can be submitted but it is not possible to print a copy of the completed form so make sure you keep a record of the information or take screen prints. A sample of the information required is shown in Appendix C and it may be worthwhile printing this and writing in the information you intend to supply before starting the referral.

<https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern>

The team will also accept requests for help from parents.

For more information see

<http://www.bristol.gov.uk/page/children-and-young-people/first-response-bristol-report-concerns-about-child-social-worker>

Out of office hours contact the Emergency Duty Team on 01454 615 165.

Further information on First Response and Early Help can be found in Appendix C

South Gloucestershire

Contact the Access and Response Team during office hours on **01454 866000**.

The team can also be contacted by email at AccessandResponse@southglos.gov.uk

***N.B. emails are not considered to be secure and personal information should not be emailed.
Email should only be used for generic enquiries or to make arrangements for further contact.***

The referral form is contained in Appendix D for information. Do not email the form to the general email address (even though the form gives that instruction). Instead email them and request information for how to submit the form securely – you will receive an email with details of how to create a secure login.

The team will also accept requests for help from parents.

For more information see

<http://www.sgcyp.org/Safeguarding/SouthGloucestershireSafeguardingChildrenBoard/Whattodoifyouareconcernedaboutachild/tabid/80/Default.aspx>

Out of office hours contact the Emergency Duty Team on 01454 615 165.

Bath and North East Somerset

Contact the Children and Families Duty and Assessment Team during office hours on **01225 396312/3**.

The team can also be contacted by email childcare_duty@bathnes.gov.uk

***N.B. emails are not considered to be secure and personal information should not be emailed.
Email should only be used for generic enquiries or to make arrangements for further contact.***

A referral form will be required and this can be found using the website link below. This should not be emailed to the general email address even though the website gives that instruction. Please contact them for methods to submit the form securely.

The team will also accept requests for help from parents.

For more information see

<http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection>

Out of office hours contact the Emergency Duty Team on 01454 615 165.

North Somerset

Contact the Single Point of Access during office hours on 01275 888808

The team will also accept requests for help from parents.

For more information see

http://www.northsomersetlscb.org.uk/worried-about-a-child_2.htm

Out of office hours contact the Emergency Duty Team on 01454 615 165.

3.2 Contacting the Police

In an emergency always call 999.

If it isn't an emergency call 101 and you will be connected to your local police force. Calls to 999 are usually free whilst calls to 101 are normally charged at 15p per call.

Each police force has a Child Abuse Investigation Team within the Public Protection Unit (PPU). Professionals can refer concerns directly to the Avon and Somerset Constabulary Team on 01934 638171. If there are any issues contacting this number call 101 and say it is a safeguarding issue and they will raise a log.

Members of the deaf community can view information about contacting the police in BSL at
[https://www.avonandsomerset.police.uk/contact-us/british-sign-language-\(bsl\)/contacting-the-police/](https://www.avonandsomerset.police.uk/contact-us/british-sign-language-(bsl)/contacting-the-police/)

If you are deaf and need to contact the police:

- In an emergency text 999 (you must have registered your phone first – see website link above) or if you use Text Relay dial 18000.
- For non-emergency matters text 81819
[https://www.avonandsomerset.police.uk/contact-us/british-sign-language-\(bsl\)/non-emergency-text-service/](https://www.avonandsomerset.police.uk/contact-us/british-sign-language-(bsl)/non-emergency-text-service/) or if you use Text Relay dial 18001 101

3.3 Concerns about radicalisation or terrorist activity

If you have concerns that a child has been, or is at risk of being, radicalised you should contact the relevant authority detailed below. This also applies if you think the child's family or friends are involved, or at risk of involvement, with terrorism.

In an emergency always call 999.

Avon and Somerset Police anti-terrorism unit – 01380 836505

Anti-terrorist hotline – 0800 789 321

South Gloucestershire Prevent Lead, Urfan Siddiqi – 01454 863844
preventproject@southglos.gov.uk

Department of Education counter-extremism helpline – 020 7340 7264

Schools and registered childcare settings have a legal responsibility to report concerns about radicalisation or terrorism. Although The Family Centre (Deaf Children) does not fall into either of these categories we should acknowledge our responsibilities to safeguard children and report concerns.

See the Government's Prevent Duty document for further information.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf

Children at risk may be referred to a Channel Panel, see the Government's guidance document on the Channel Programme.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel-Duty_Guidance_April_2015.pdf

3.4 Organisations that can help

NSPCC / Childline

There is a wealth of information on the NSPCC website www.nspcc.org.uk

They can be contacted on

- Phone 0808 800 5000 (free from landlines)
- Text helpline, which is free and anonymous – 88858
- Email help@nspcc.org.uk (N.B. Emails are not secure – use the online form if supplying personal information).
- Online form <https://www.nspcc.org.uk/what-you-can-do/report-abuse/report-abuse-online/>

A BSL video service is available Monday to Friday 9am to 6pm – check website for details.

<https://www.nspcc.org.uk/what-you-can-do/report-abuse/> See the section "ways to contact us" and then "for deaf or hard of hearing".

Children and young people can contact ChildLine on 0800 1111 or can look at their website <http://www.childline.org.uk/Pages/Home.aspx> where there is an option for an online chat with a counsellor.

BAVA Bristol against Violence and Abuse

Sections on - domestic violence and abuse, Female Genital Mutilation (FGM), forced marriage, honour based violence, human trafficking and modern slavery, prostitution and sex work, rape and sexual assault, sexual harassment, children and young people, keeping safe.

Each section has information and signposting to organisations that can help.

<http://www.bava.org.uk/>

stopitnow! For confidential advice regarding child sexual abuse.

0808 1000 900

www.stopitnow.org.uk

Parents Protect! Helping you protect your child from sexual abuse.
0808 1000 900
www.parentsprotect.co.uk

Kidscape Helpline for parents of bullied children
020 7730 3300
www.kidscape.org.uk

M.O.S.A.C Supports non-abusing parents and carers whose children have been sexually abused.
0800 980 1958
www.mosac.org.uk

3.4 Concerns about FCDC

If you have concerns about FCDC's safeguarding practice and procedure then you can speak to the Centre Manager or the Trustees – see Section 2.

If you do not feel able to do this, or this does not allay your concerns, it is possible to report your concerns to:

- The Ofsted whistleblowing hotline – for concerns relating to any areas covered in the safeguarding and welfare requirements, especially child protection. Please note The Family Centre (Deaf Children) is not Ofsted registered, we hold exemption certificates for the Kids Club and our Ofsted URN is EY486674.
- NSPCC whistleblowing hotline – for concerns relating to child protection.
- The Police
- The Health and Safety Executive

Staff should understand the charity's Whistleblowing Policy (see the Employee Handbook) and the implications of contacting an external agency.

Bristol Safeguarding Children Board has full details of what to consider, and how to contact Ofsted on their website
<http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board-professionals>

Date of issue: June 2016

Review date: June 2017

APPENDIX A

Safeguarding Report Sheet

Date of report	
Child's name	
Name and role of person making report	
Venue/Location of incident	
Date of incident	
Details of any injury, physical mark or bruise on the child. Please record size, shape, location using a diagram if appropriate	
What the child has told you. Use the child's exact words, not your interpretation or translation	
Your observations, including child's behaviour.	
What you have been told by someone other than the child. Use their exact words	
Please specify if any part of this reporting process was made in BSL and if that was through an interpreter.	

Parent/carer has been shown this report

YES / NO

Name of parent/carer

Signature

Date

Received by The Family Centre

Name _____

/ /

Date of issue: June 2016

Review date: June 2017

APPENDIX A

Guidance for completing a Safeguarding Report Sheet

Do not interpret any information that you have been given, record it as accurately as possible using the words of the child or person raising the concern.

Do not translate pet names or make assumptions about what they mean.

Retain your original notes even after you have completed this form.

Do not record your opinions, just your observations.

If you are in any doubt whether the report should be shown to the parent/carer speak to the Centre Manager first or another Employee if the Centre Manager is not available.

This form should also be used to record any visible injuries that a child has when they arrive at an activity, and in this case it should always be signed by the parent/carer.

Do not feel limited by the space available on the form – use a separate sheet where necessary to make sure you can record all relevant information.



Multi-Agency Guidance for Injuries in NON-MOBILE Babies

Version: South Glos and Bristol multi agency working group
(Chair Dr M Bredow Designated Doctor)
Ratified by: South Glos and Bristol Safeguarding Children Boards
Approved on: 6th February 2015
Next Re-approval: **6 month Pilot then review**

1

*Those who don't cruise rarely bruise – Multi-agency guidance for injuries in non-mobile babies
SouthGlos and Bristol 2015*

APPENDIX B

Of those children born in the 2 large maternity units in Bristol (approx 11,000 births per year) up to 4 will suffer serious injury such as abusive head trauma every year.

1. AIM OF GUIDANCE

The aim of this Guidance is to ensure that professionals in all agencies:

1. are aware that even minor injuries could be a pointer to serious abuse in non-mobile babies
2. know that such injuries, however plausible, must routinely lead to multi-agency information sharing
3. know how to refer such a baby for a medical opinion
4. know whom to contact for safeguarding purposes.

2. TERMINOLOGY

Baby: a young and/or developmentally immature child. This Guidance uses the term 'baby' rather than 'infant' (an infant is defined as a baby less than 12 months of age) to recognise that some babies over 12 months will not be independently mobile eg disabled babies.

Injury: injuries such as bruises, scratches, burns/scalds, eye injuries eg subconjunctival haemorrhages/corneal abrasions, bleeding from the nose or mouth, bumps to the head.

Mobile: a baby who can crawl, pull to stand, 'cruise' around furniture, or is toddling.

Non-mobile: babies who cannot do any of the above. Babies who can roll or sit independently are classed as **non-mobile** for the purposes of this document.

MIU : Minor Injuries Unit

3. RESEARCH FINDINGS

- Bruising in a baby who has no independent mobility is very uncommon – less than 1% of non-mobile babies will have bruises. It may be an indicator of a serious medical condition or physical abuse.
- Accidental bruising occurs in approximately 17% of babies who are cruising (1 to 5 bruises).
- Severe child abuse is 6 times more common in babies aged under 1 year than in older children.
- Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission
- Oronasal bleeding (bleeding from the nose and/or mouth) in infants has been proposed as a marker of child abuse and requires investigation by a paediatrician
- Abusive Head Trauma (AHT) – previously described as Shaken Baby Syndrome – is a relatively common cause of childhood neuro-trauma with an estimated incidence of 14-40 cases per 100,000 children under the age of 1 year; 15-23% of these babies die within hours or days after the incident. Of those who survive AHT, one third are severely disabled; one third are moderately disabled; one third have mild or no lasting symptoms.

2

*Those who don't cruise rarely bruise – Multi-agency guidance for injuries in non-mobile babies
SouthGlos and Bristol 2015*

Infants under the age of one are more at risk of being killed at the hands of another person (usually a carer) than any other age group of child in England and Wales. Non-mobile babies cannot cause injuries to themselves and therefore must be considered at significant risk of abuse. Multi-agency information sharing allows for sensible, informed judgements regarding the child's safety to be made.

4. BENIGN SKIN MARKS

This Guidance refers only to injuries. Where it is believed a skin mark could be a birth mark or similar benign medical skin condition, professionals should be encouraged to use their judgement. Midwives/ Health Visitors/ GPs should check for and record any birthmarks, or injuries that have occurred as a result of the birth itself, including recording in Parent Held Record (Red Book) so other professionals can see this (with parental permission). If any doubt exists about the nature of a skin mark, the baby's parents / carers should be requested to seek a medical opinion from their GP. Photographic documentation is very helpful.

5. ASSESSMENT (Consider Best Evidence Safeguarding Tool - BEST - Appendix)

In **ALL CASES** of observed injury an explanation should be sought, and the explanation(s) recorded. Arrangements must be made for non-mobile babies to be fully examined. It is imperative that the professional does **not** suggest to the parent/carer how the injury occurred.

Any explanation for the injury should be critically considered within the context of:

- **The nature and site of the injury**
- **The baby's developmental abilities**
- **The family and social circumstances including current safety of sibs/other children**

It is fundamental that the assessment of the family & social circumstances, including the analysis and decision making, is documented.

All those living within the family home, and partners who do not live there but participate in the child's care, must be considered as part of the assessment.

6. NON-MOBILE BABIES PRESENTING WITH AN INJURY

Due to the significant risk of abusive injury in a non-mobile baby **ALL non-mobile babies with an injury** should be referred to a Paediatrician or Emergency Department (ED) with trained paediatric staff, even if there is a plausible explanation. If the injury seems minor (eg small bruise in a baby who is otherwise well), the professional can contact the on-call consultant community paediatrician (via BRI switchboard 0117 9230000) to arrange examination (same day). Any other non-mobile baby with an injury should be seen without delay at the Children's Hospital Emergency Department, including those with bleeding from the nose, mouth and/or ear. If there is any uncertainty about the severity of the injury and where to refer it should be discussed with the on-call community paediatrician.

Where a non-mobile baby with an injury presents at an ED or Minor Injuries Unit (MIU) he/she must be seen by a doctor of at least registrar status or by a paediatrically trained

nurse practitioner. If such staff are not working at the ED/MIU, the child must be referred to the Bristol Royal Hospital for Children or similar facility. After full examination and multi-agency checks, the baby should be discussed with, or preferably reviewed by, a Consultant Paediatrician (Hospital/Community) or ED Consultant with Paediatric training.

Repeated minor injuries in non-mobile babies are extremely concerning.

7. MOBILE BABIES PRESENTING WITH AN INJURY

Babies who are pulling to stand/cruising/crawling/toddling are more prone to accidental injuries. These may present to Primary Care or other agencies eg nurseries/child minders. Where a professional has assessed that a paediatric examination is *not* required for a mobile baby, consideration should still be given as to whether it is felt the baby has suffered or is at risk of suffering significant harm. Use of the University Hospitals Bristol Best Evidence Safeguarding Tool (Appendix) is recommended to assess safeguarding issues for such injuries. Discussion with the on-call community paediatrician and/or Social Care should be considered. An assessment by GP or other health care professional may be appropriate.

8. MAKING A REFERRAL TO THE PAEDIATRIC SERVICE AND SOCIAL CARE

Where the professional has identified that a referral should be made to the Emergency Department or Community Paediatrician, the baby's parent / carer should be informed that a person with parental responsibility will be required to attend with their baby or at the very least give consent for a medical examination to take place. The professional should help the parent/carer make arrangements for the baby to attend the examination (by ambulance if necessary) and should ALWAYS contact the hospital to confirm that the baby has attended.

If the baby is MOBILE, unknown to Social Care, and a plausible explanation is given for a minor injury, with no concerning issues (eg delay in presentation) the professional need not contact Social Services unless there is concern that the baby has suffered or is at risk of significant harm (consider UHB Best Evidence Safeguarding Tool, Appendix). A medical assessment should still be considered (eg GP/MIU).

Where the baby is KNOWN to Social Care the professional should always contact the allocated Social Worker to make him / her aware of events and discuss any actions taken or required.

Where the baby is NOT KNOWN to Social Care but the professional deems the baby to be at risk of significant harm a referral to Social Care should be made following the South West Child Protection Procedures. Professionals should contact their line manager urgently if they require advice/guidance in following this process.

If the baby is NOT MOBILE AND NOT KNOWN to Social Care the parent/carer should be informed that all non-mobile babies with any injury require a medical examination and are discussed with Social Care. If the injury seems minor (eg a small bruise in a baby who is otherwise well), the professional can contact the on-call consultant community paediatrician (via BRI switchboard 0117 9230000) to arrange examination (same day). In all other cases the professional should refer the child to the nearest Emergency Department with a paediatric service (usually the Bristol Royal Hospital for Children). If uncertain where to refer, discuss with consultant community paediatrician on call.

The professional must contact First Response/First Point/Emergency Duty Team to:

- Request a check of relevant carers by Social Care. In cases of injury to **non-mobile babies**, Social Care will contact Police to check carers, since police may be the only agency to hold relevant information re violent crime or abuse.

APPENDIX B

- make Social Care aware of events and discuss any action required.

Dates of birth of all children and parents/carers should be available when calling Social Care if possible. The safety of sibs/other children must be considered.

The professional may negotiate with hospital staff that they contact Social Care once the baby is seen, if more appropriate. In most cases however, the referring professional will be best informed and should make the call to First Response/First Point/Emergency Duty Team.

Social care should inform the referrer and Paediatrician of the outcome of checks. If the baby/family is known to Social Care or Police the Social Worker must ensure the Paediatrician is aware of all relevant information, including historical concerns.

Hospital must inform Primary Care (GP/HV/midwife).

A strategy discussion between Social Care, Police and Health may take place. The Social Worker may wish to attend the examination.

It is only necessary for one person with parental responsibility to give consent for examination. In a situation where all persons with parental responsibility refuse consent for a non-mobile baby with an injury to be medically examined, (or an injury in a mobile baby which concerns a professional) the professional should discuss the matter with their line manager as a matter of priority. The line manager should contact the Consultant Community Paediatrician on call (via BRI switchboard 0117 9230000) to establish whether a medical examination is definitely required. **If an examination is deemed necessary, Social Care's immediate involvement is essential and a referral should be made by the attending professional.**

9. THE MEDICAL EXAMINATION

The Paediatrician should taking into account the developmental capabilities of the baby and all information provided when the cause of the injury is being assessed.

Accidental Cause

- If the cause of the injury is felt to be accidental, the Paediatrician should still ensure that families of non-mobile babies are checked via First Point/ First Response/EDT who will liaise with police. If it is then judged that the baby has been abused/neglected, or is at risk of significant harm, a referral to Social Care should be made in accordance with the South West Child Protection Procedures.
- If after multi-agency checks it is judged that the injury is accidental but the baby already has an allocated Social Worker (SW), the Paediatrician must ensure that the SW is informed in writing of the outcome of the medical examination.
- The Paediatrician must inform the referring professional and Primary Care (and other professionals as appropriate) of the outcome of the medical examination and of any support/safeguarding intervention being taken. This can be done via discharge summary.

Possible Non-Accidental Cause

- Take steps to immediately safeguard the baby according to South West Child Protection Procedures.
- Where the baby is unknown to Social Care a referral should be made immediately.

APPENDIX B

- Discuss with the Social Worker the outcome of the medical examination and any follow-up action required. Both should be clear about what actions are to be taken and who is responsible for implementing these actions. Consider supervision of parent/carer on ward.
- Social Worker or Health Professional must report to the Police without delay where there is concern about a child's welfare which constitutes or may constitute a criminal offence against a child. This is to protect the baby and any other children from risk of serious harm.
- Inform the referring professional of the outcome and of any action being taken.
- Nursing staff in the hospital must inform and update the Safeguarding Children Named Nurse/Team who can then aid liaison with relevant professionals.
- Record discussions and outcomes in the medical notes. Add an appropriate note in Parent Held Record (Red Book).

RELATED POLICIES, PROCEDURES AND GUIDANCE

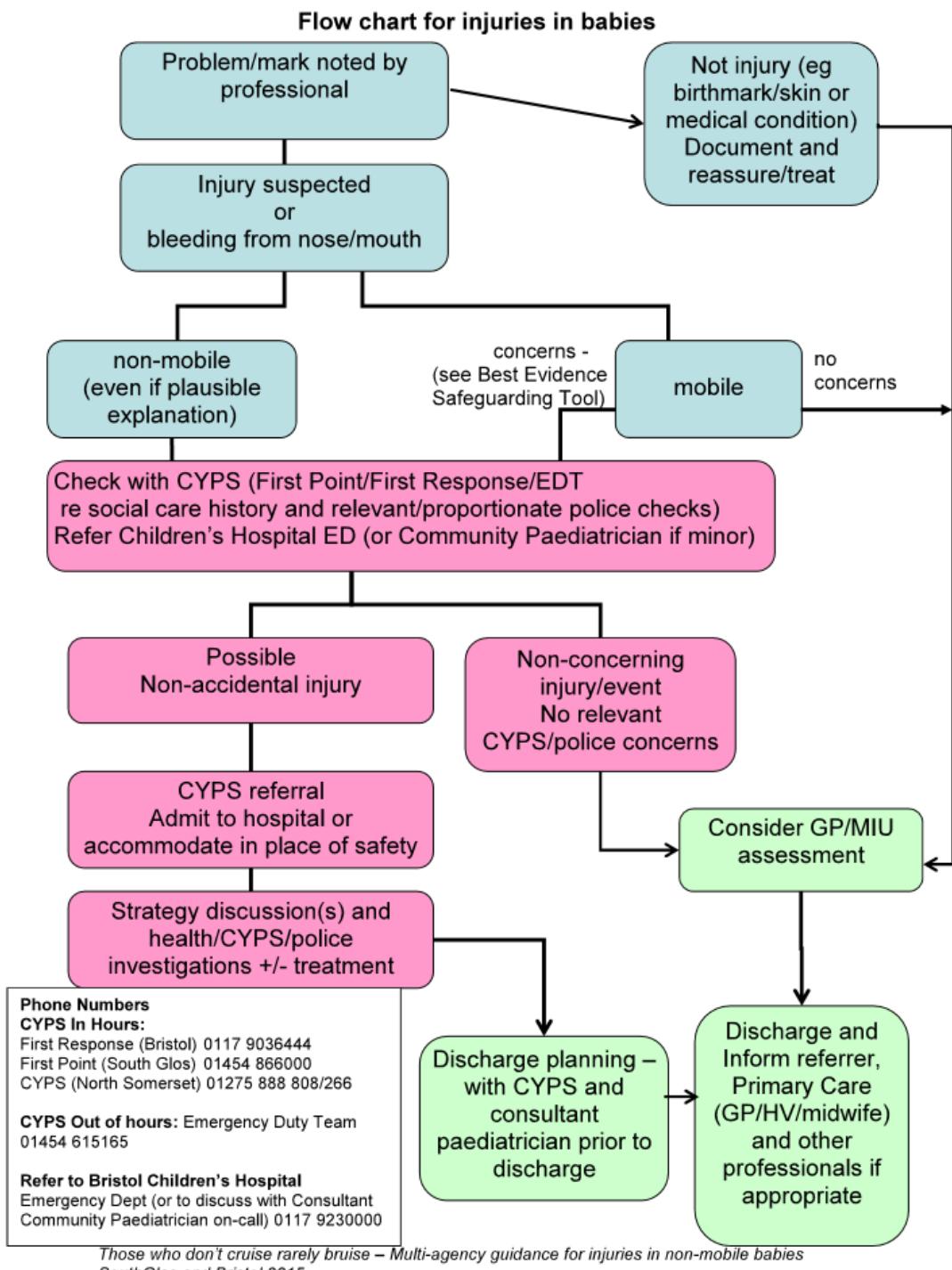
- SW Child Protection Procedures <http://www.online-procedures.co.uk/swcpp/>
- Working Together 2013 Signs and symptoms of possible child abuse Bruising
- NSPCC information leaflet <http://www.nspcc.org.uk/search/?query=core%20info>
- Cardiff Child Protection Systematic Reviews <http://www.core-info.cardiff.ac.uk/>

RESEARCH:

1. Maguire S, Mann MK, Sibert J, Kemp A. Are there patterns of bruising in childhood which are diagnostic or suggestive of abuse? *Archives of Disease in Childhood* 2005; **90**:182-186
2. Maguire S. Bruising as an indicator of child abuse: when should I be concerned? *Paediatrics and Child Health* 2008; **18**(12):545-9.
3. McIntosh N, Mok JY, Margerison A Epidemiology of oronasal hemorrhage in the first 2 years of life: implications for child protection. *Pediatrics* 2007; **120**(5):1074-8
4. Shantini Paranjothy, David Fone, Mala Mann, Frank Dunstan, Emma Evans, Alun Tomkinson, Jonathan Sibert and Alison Kemp. The incidence and aetiology of epistaxis in infants a population based study. ADC online 8th January 2009
- 5.. Shreiti Agrawal et al. Prevalence of Retinal Haemorrhages in Critically Ill Children. *Pediatrics* 2012; **129**;e 1388
6. T. Sieswerda – Hoogendoorn et al. European Journal of Pediatrics 2012. Abuse Head Trauma. **171**:415-423
7. Maguire S, et al. Archives of Disease in Childhood 2009. Which clinical features distinguish inflicted from non-inflicted brain injury? A systematic Review: **94**: 860-867

Thanks and acknowledgement to Dr Andrea Warlow and Western Bay PPP subgroup, Neath and Port Talbot Safeguarding Board, for permission to adapt their Minor Injuries in Babies Policy.

APPENDIX B



Best Evidence Safeguarding Tool

University Hospitals Bristol **NHS**
NHS Foundation Trust

ADDRESSOGRAPH LABEL

Name:
Date of Birth:
Hospital No.:
Ward / Hospital:

Was I being cared for safely when my accident happened?

NO DONT YES
 NO DONT KNOW

Do my parents / carers comfort and cuddle me? Do I respond to them? Does a social worker know me?

NO DONT YES
 NO DONT KNOW

Have you fully undressed and examined me? Am I clean and well cared for?

NO DONT YES
 NO DONT KNOW

Was I born prematurely, kept in hospital after birth or a low birth weight?

NO DONT YES
 NO DONT KNOW

Is the history of how I hurt myself clear, consistent and plausible?

NO DONT YES
 NO DONT KNOW

Do I have any unexplained marks, bruises, petechiae, even if very small?

NO DONT YES
 NO DONT KNOW

Have you witnessed / confirmed I am developmentally capable of doing what my parents / carers describe?

NO DONT YES
 NO DONT KNOW

If I have a fracture, burn or scald have you excluded these specific injury risks?

NO DONT YES
 NO DONT KNOW

Did my parents / carers bring me promptly for treatment and give me first aid?

NO DONT YES
 NO DONT KNOW

Addressograph Label

Name:
Signature:
Date:



Those who don't cruise rarely bruise – Multi-agency guidance for injuries in non-mobile babies
SouthGlos and Bristol 2015

Guidance Notes

Please answer all 10 questions by ticking the corresponding box.

If your infant patient has any red flags are they safe to be discharged without further assessment?
Amber flags should also be discussed with a senior colleague and Primary Care Team (GP or HV)

Indicators or Risky Fracture Presentations:	Indicators of Risky Bruising Presentations:	Parental Risk Factors:
<ul style="list-style-type: none"> • Any fracture in a non-mobile infant • Metaphyseal fractures of any limb bone • Rib fracture - 'high risk' • Spiral / oblique humeral fractures • Multiple fractures / different ages 	<ul style="list-style-type: none"> • Any bruise in a non-mobile infant (can be a precursor to more serious injury or death) <i>Remember skin pigmentation / ethnicity may mask bruising</i> • Bruising to the face, head (eye socket) back, abdomen, hip, upper arms, backs of legs, ears, hands or feet • Multiple or clusters of bruising • Severe bruising to the scalp, accompanied by swelling around the eyes and no skull fracture may result from 'scalping' 	<ul style="list-style-type: none"> • Domestic violence • Mental health issues • Substance misuse • Learning difficulties • Social isolation • Young parents • Social deprivation / criminality • Poor parenting experience / LAC

Developed by Carol Sawkins, Nurse Consultant
Safeguarding Children
carol.sawkins@uhbrisot.nhs.uk
Created October 2013
Version 2 September 2014
Review October 2015

9

Those who don't cruise rarely bruise – Multi-agency guidance for injuries in non-mobile babies
SouthGlos and Bristol 2015

Date of issue: June 2016

Review date: June 2017

APPENDIX C

First Response and Early Help in Bristol

In 2014 Bristol City Council implemented a new system.

First Response is a single number to call for concerns about a child or family – 0117 903 6444. They are open 9-5 Monday to Thursday and 9-3:30 on Friday. Outside these hours the Emergency Duty Team should be contacted – 01454 615 165.

First Response advisors will ask for information about the child/family. First Response should be contacted if:

- You think a child is in danger or at serious risk
- You have concerns about a child that you (and other agencies) can no longer provide appropriate support for – i.e. you have tried everything.
- Support for a child/family requires multi-agency involvement.

A request for help can also be made using the online form – but this should not be used for child protection issues. This form is secure so personal information can be completed, but there is no facility to print the completed form so screen prints should be taken, or a written record retained.

A copy of the form is included at the end of the section and is a useful template for collating the required information before making a request for help either online or by phone.

First Response will not accept email requests.

For the online form or further information visit

<http://www.bristol.gov.uk/page/children-and-young-people/first-response-bristol-report-concerns-about-child-social-worker>

First Response may refuse to progress the case if consent has not been given by the parent/carer. However this does not apply if discussing the issue with the parent/carer would put the child at risk.

First Response will trawl other databases and contact other organisations that have had contact with the family. They will triage the case and will decide one of the following courses of action:

- That no further action is required.
- That the case should be referred to Early Help.
- That it is a child protection issue that should be referred to Social Care – they have 4 hours to make the referral.

Early Help consists of a small team of an Early Help Manager, Early Help Coordinator, Early Help Social Worker and Early Help Partnership Manager. There is also a Family Intervention Team (previously known as Troubled Families Team) who will look into the most complex cases.

There are three Early Help Teams in North (0117 352 1499), East Central (0117 941 5886) and South (0117 903 7770).

Other staff attached to the Early Help/FIT Team are PCSOs, Department of Work and Pension Advisors, Domestic Violence specialists, commissioned organisations (Barnardos in the South and Action for Children in North/East Central).

The Early Help Team has 10 days to investigate the case, gather additional information and identify an initial action plan. They may decide:

- The case only requires a single agency involvement.
- It could be a single agency but more complex and could go to Barnardos or Action for Children.
- If criteria are met it would go to the FIT
- An action plan is needed and a lead professional appointed to coordinate.
- It is a complex case, a lead professional is appointed and a SAF is required.

SAF – is a Single Assessment Framework and replaces the Common Assessment Framework (CAF) in Bristol.

A SAF is like a CAF in that:

- It is consent driven.
- Offers support to same tier of need.
- Has a lead professional.
- Requires similar information.
- Uses distance travelled scores.
- Has a 3 monthly review.

A SAF is not like a CAF – although the assessment is very similar but the processes are quite different:

- It is compiled by more than one person.
- It is a more streamlined form.
- It has slightly different principles and language.
- It does not go to a core CAF panel.
- The lead professional has more responsibility.

The Early Help Team will decide who is the best placed person to be the lead professional. The LP will be responsible for:

- Writing the SAF.
- Developing an action plan.
- Have an overview of the SAF process.
- Convene Team Around the Family meetings.
- Remind other agencies to do their tasks.
- Do distance travelled scores.
- Carry out the 3 month review.

A Team Around the Family just means bringing a range of services/people around the family. It is usually the lead professionals who will convene a TAF meeting – many schools already do. The TAF could be a virtual team using Alfresco (current computer system March 2014, but due to be superceded) – email and other cloud technology could be used with consideration to the security of information.

APPENDIX C

This form is a sample of the online referral form for First Response/Early Help provided in 2014 – they may now require different information

Request For Help

1. Have you spoken to the parent/ carer about this concern or the help they need (Yes/No)?

What did they say?

If you haven't spoken to parent/carer then why?

1.1 Have they agreed to you contacting Early Help and sharing information with other agencies (Yes/No)?

If not why?

2. Referrer Contact Details:

Name:		Date / Time Request made:	
		Email:	
Job title/Relationship:		Contact Tel:	
Organisation:		Address:	
		Post Code:	

3. Children in Household:

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
First Name:						
Surname:						
DOB / EDD:						
Address:						
Post code:						
Contact Tel:						
Concern relate to this child?						
School/Nursery:						
Gender:						

4. Parent/Carer/Other relevant Adult?

	Parent / Carer 1	Parent / Carer 2	Parent/ Carer 3	Parent /Carer 4	Parent /Carer 5	Parent /Carer 6
First Name:						
Surname:						
DOB:						
Address:						
Post code:						
Contact Tel:						
Mobile number:						
Relationship to child:						

5. Who else is involved? (What other resources could be made available to help the child / family?)

What other people are involved and what are they doing, e.g. practitioner, agencies, friends and family involved in providing the child/family with support or services (Name, Tel No, Address)

Name of Professional	Agency Name	Agency Role	Contact details	Start Date	End Date

6. What is your concerns / What are the risks to the child?

What needs / concerns / Risks have been identified? What worries you most about this situation?

6.1 Have you talked to the child about your concern? (Yes/No)

What they are worried about? What do they want to happen?

7. Any risks to staff when working with this family?

8. Why you are contacting us now? / What has been tried?

What has been done to address the needs / concerns? Include the actions taken by other agencies if known. Has anything got on the way of doing that?

9. What do you want to achieve from this Request for Help?

Identify what support you believe is required

10. What's working well with the family?

Identify the positive resources and abilities that the child and family currently have.

11. Child Development

(Please include child views of the current situation and also about potential solutions/ professional help)

General health, physical development, speech, language and communications development, emotional and social development, behavioural development, identity, including self-esteem, self-image and social presentation, family and social relationships, self-care skills and independence, understanding, reasoning and problem solving, participation in learning, education and employment, progress and achievement in learning, aspirations

12. Parenting Capacity

(Please include parent/carer views of the current situation and also about potential solutions/ professional help)

Basic care, ensuring safety and protection, emotional and warmth stability, guidance, boundaries and stimulation,

13. Family & Environmental Factors

Family history, functioning and well-being, wider family, housing, employment and financial considerations, employment, financial considerations, social and community elements and resources including education.

APPENDIX C

This is a sample of the information that will be required for a telephone referral to First Response/early Help - received in 2016

Child or Young Person – Request support or report a concern

Pg 1

Parental Consent

Before any information is shared with another agency and in particular a request for help to 'First Response' for early help or Children's Social Care, all professionals should ensure that the decision to share information with another agency is undertaken in accordance with the [Information Sharing Protocol \(2007\)](#)

You should discuss your concerns with the child's parent / carer and the child or young person themselves if appropriate to their age, unless to do so would place the child or young person at risk of significant harm.

Please note that this form is for your records only. Do not email this as an attachment in lieu of a webform referral to First Response. Please save it somewhere secure, e.g. on a shared drive, and not on a laptop hard drive or desktop.

Have you spoken to the parent/carer about this concern? Or the help they need?*

Select Yes or No – If you select 'yes' you are asked 'what did they say' if select 'no' you are asked 'if you haven't spoken to a parent/carer then why?

Have they agreed to you contacting First Response?*

Select Yes or No – if you select No a message comes up – **No Consent – stop and call us. You have told us there is not parental/young person's consent, please do not continue and discuss the referral with an advisor by telephone on: 0117 9036444**

Pg 2

Text box to complete;

What needs/concerns/risks have been identified? What worries you most about this situation?*

What needs, concerns or risks have been identified? What worries you most about this situation? Please identify these in relation to each member of the family, children, young person and parent/carer.

Have you talked to the child about your concern?*

Select Yes or No – if you select Yes there is a text box to complete **What they are worried about? What do they want to happen?**

Pg 3

Referrer contact details

Name*

Job title or relationship*

Organisation*

Contact Telephone*

APPENDIX C

Address*	Child 1 – details for child involved
Postcode*	Child 1 – details for child involved
Email	Reply if different – opportunity to enter alternative contact details
Pg 4	
Child 1 – details for child involved	
First Name*	Child 1 – details for child involved
Surname*	Child 1 – details for child involved
DOB/EDD*	Child 1 – details for child involved
Address*	Child 1 – details for child involved
Postcode*	Child 1 – details for child involved
Contact Telephone	Child 1 – details for child involved
Concern relates to this child?* Select Yes or No	Child 1 – details for child involved
School or Nursery	Child 1 – details for child involved
Gender* Select Male/Female/Undetermined	Child 1 – details for child involved
Ethnicity	Child 1 – details for child involved
Religion	Child 1 – details for child involved
Child First Language	Child 1 – details for child involved
Tick if interpreter is required	Child 1 – details for child involved
Tick if child is disabled	Child 1 – details for child involved
NHS Number	Child 1 – details for child involved
UPN number	Child 1 – details for child involved
Protocol ref number	Child 1 – details for child involved
Option to add information for Child 2 – 6 if siblings/other children need to be added, same information as above but no mandatory cells.	
Pg 5	
Who else is involved? (What other resources could be made available to help the child / family?)	
Professional 1	Child 2 – 6 – details for child involved
Name of Professional	Child 2 – 6 – details for child involved
Agency Name	Child 2 – 6 – details for child involved

APPENDIX C

Agency Role

Contact Details

Start Date/End Date

Pg 6

Any risks to staff when working with this family?

Pg 7

Has an assessment been done already?

Select – **an assessment has already been done and/or we have sent a report of an assessment securely via secured email or by post.**

Why you are contacting us now? / What has been tried?

What has been done to address the needs / concerns? Include the actions taken by other agencies if known. Has anything got on the way of doing that?

Why you are contacting us now? What has been tried?

What do you want to achieve from this request for Help?

Identify what support you believe is required

What's working well with the family?

Identify the positive resources and abilities that the child and family currently have. Identify what support you believe is required.

What's working well with the family?

Pg 8

Please provide any information that you already know about the child and their family, if you have it, here.

Child development

General health, physical development, speech, language and communications development, emotional and social development, behavioural development, identity, including self-esteem, self-image and social presentation, family and social relationships, self-care skills and independence, understanding, reasoning and problem solving, participation in learning, education and employment, progress and achievement in learning, aspirations.

Child development

Parenting capacity

Basic care, ensuring safety and protection, emotional and warmth stability, guidance, boundaries and stimulation.

Parenting capacity

Family and environmental factors

Family history, functioning and well-being, wider family, housing, employment and financial considerations, employment, financial considerations, social and community elements and resources including education.

Family and environmental factors

Submit Button

Date of issue: June 2016

Review date: June 2017

APPENDIX D

This form provided May 2016 as the referral form
for Access and Response

Access and Response - Request for help form

For Local Authority services

(*Guidance notes are available to support completion*)



Date of Request

Date of request:	Date request received: <i>Office use only</i>
Has consent been obtained to share information and make this request? Consent must be obtained to share information and make this request.	Signed: <input type="checkbox"/> Verbal: <input type="checkbox"/>
Parental views/comments What do the parents require? What do they feel needs to change? What would they like as a result of this referral?	

Referrer Information

Name and role:	Signature: (Paper only)
Organisation/Team/Service:	Office address and postcode:
Contact telephone no:	Email:

Child/ren / young person details

Family Name: Given Name Date of Birth: Gender:	Address and Tel No.:
---	----------------------

Parent's details

Name: Date of Birth:	Address and Tel No.:
-----------------------------	----------------------

Parental Responsibility? <input type="checkbox"/>	Email:
--	---------------

Name:	Address and Tel No.:
Date of Birth:	
Parental Responsibility? <input type="checkbox"/>	Email:

Additional Information

	Child	Parent	Parent
Faith/Religion			
First Language			
Other forms of Communication			
Ethnicity			
Disability			
Special Educational Need			

Reason for Request

What are you worried about?			
What do you want to happen next?			
Request for support information or advice <input type="checkbox"/> Request for Access to Records <input type="checkbox"/>	Request for Preventative Service Childrens Centre <input type="checkbox"/> FYPS <input type="checkbox"/> FIF <input type="checkbox"/>	Request for Social Care <input type="checkbox"/>	Request for targeted service Educational Psychology <input type="checkbox"/> Young People Drug and Alcohol Service <input type="checkbox"/> Fire Setter Service <input type="checkbox"/>
	Request for SAF support <input type="checkbox"/> Request for 0-25 OT <input type="checkbox"/> Request for 0-25 SC <input type="checkbox"/> Request for 0-25 Portage <input type="checkbox"/> Request for 0-25 Funding <input type="checkbox"/>	Request for SEN disability help/support <input type="checkbox"/> Request for Education Health and Care plan <input type="checkbox"/> Request for Children's Occupational Therapy Service <input type="checkbox"/>	Other <input type="checkbox"/> Please state

APPENDIX D

Other Children and Adults who live in the House (e.g. lodgers/step parents)

Name: Date of Birth: Ethnicity:	Relationship to Child/Young Person:
Name: Date of Birth: Ethnicity:	Relationship to Child/Young Person:
Name: Date of Birth: Ethnicity:	Relationship to Child/Young Person:

Significant others not living in the home (e.g. partners of parents, other family members)

Name: Date of Birth: Ethnicity:	Address and Tel No.: Relationship to Child/Young Person:
Name: Date of Birth: Ethnicity:	Address and Tel No.: Relationship to Child/Young Person:
Name: Date of Birth: Ethnicity:	Address and Tel No.: Relationship to Child/Young Person:

ALL agencies currently and previously involved with the Family

What has been tried so far? Actions of all other services please refer to any assessments, actions and outcomes achieved so far.

Name of Practitioner	Role and Contact Details	Actions and Outcomes	Involvement Dates & Outcomes	Contribution to SAF Yes/No
Health visitor:				
School/Nursery:				
GP:				

Chronology of significant events

--

Child/Young Person's development

What the Children/Young People say and do - Describe the Children's /Young People's day to day experiences that describe both strengths and needs.

Include children's strengths and needs:	Consider health, physical, emotional and behavioural development etc.
Child/Young Persons Views (consider voice of child/young person):	What is the child/children saying

Parenting strengths and challenges

What Parents say and do - Describe parenting approach, routines, and boundaries within the family highlighting strengths and challenges.

Include parents strengths and challenges:	Consider basic care, safety, stimulation, emotional warmth etc.
--	--

Family and community

Describe relevant family history, current circumstances and available support.

Include Strengths and Challenges:	Consider family functioning, housing, income, social integration etc.
--	--

--	--

Analysis of strengths and challenges

Please use the above information to consider the main strengths, challenges and risks for the family. It should result in a clear understanding of the Child/Young Person's needs and which types of service provision may best address these needs:

Difficulties, needs and risks – What are the needs and risks that are worried about?**Strengths/protective factors – What is working well?****Conclusions – What needs to change?**

**Please submit the form to the Access and Response Team.
Tel: 01454 866000 Email: accessandresponse@southglos.gov.uk**

1. If you have concerns regarding **significant harm to a child please telephone Access and Response ASAP** and follow up concerns in writing.
2. Submit Access and Response form by **secure email**– telephone Access and Response to be sent a secure log in.
3. Should you not have access to a computer please telephone Access and Response and ask for advice?