

# Appendix 1

## Roles, Responsibilities and Entitlements

Role of the Designated Teacher/designated safeguarding lead

Also see Annex B 'Role of the designated safeguarding lead' in 'Keeping children safe in education' July 2015

### Entitlements

#### To:

- ◆ Appropriate support from the Head Teacher, Governors and all other staff in child protection matters.
- ◆ Access to regular training to enable him/her to be aware of responsibilities, current issues and best practice in safeguarding and child protection.
- ◆ Support from other agencies e.g. Durham **Children's Services** involved in child protection issues.
- ◆ A policy framework for management of and guidance covering child protection within overall safeguarding arrangements in school.
- ◆ An understanding that partners all will carry out their role in line with LSCB procedures and the 'Working Together Protocol' (2013)

### Responsibilities

#### For:

- ◆ Have a working knowledge the Local Safeguarding Children Board (LSCB) Child Protection/Safeguarding Procedures as they apply to the roles and responsibilities of schools.
- ◆ Enacting those procedures when cases of abuse are reported.
- ◆ Ensuring that all staff are aware of their responsibilities in connection with child protection issues and child abuse cases, and that they regularly remind staff of signs and symptoms, how to respond to disclosures and the importance of recording concerns appropriately.
- ◆ Liaising with **Durham Children's Services** and other agencies regarding individual cases, and on general issues in connection with child protection.
- ◆ Ensuring that all written procedures are readily available and are correctly followed in cases of actual and suspected abuse.
- ◆ Having appropriate in-house forms available to ensure staff document their concerns to add to the DT's on-going chronology of events
- ◆ Being responsible for ensuring that relevant staff training is arranged that places CP within the overall context of safeguarding. New staff and volunteers need inducting into their responsibilities
- ◆ The Designated Teacher must also ensure that he/she is trained appropriately for their role including refresher training every two years.
- ◆ Attending strategy meetings where appropriate.
- ◆ Ensuring that the school is represented when invited to Initial and Review child protection conferences, and that those representing the school are aware of the procedures and requirements of the conference in terms of timescales for report completion, sharing and providing a single-agency chronology.

- ◆ In conjunction with the Head Teacher, ensuring that those arrangements emanating from any child protection conference which relate to the school are carried out fully.
- ◆ Ensuring that information on individual cases is passed to colleagues on a 'need to know' basis.
- ◆ Ensuring that child protection information and records are kept securely.
- ◆ Working with the Head Teacher and other curriculum leaders to integrate safeguarding and child protection themes within the curriculum.
- ◆ Supporting any staff involved in reporting child abuse cases or in the event of the death of a child (including through natural causes).
- ◆ Liaising with receiving schools on transfer to ensure necessary information and documentation is correctly exchanged.
- ◆ Liaising with the Head Teacher on monitoring and reviewing the policy.
- ◆ A system of regular monitoring and review of all on-going concerns ensuring effective communication between pastoral and Designated Teacher colleagues.

## ***Role of the Head Teacher***

### Entitlements

#### To:

- ◆ Support from governors, staff and the Local Authority (LA) and other partners in child protection in relation to child protection matters.
- ◆ A policy framework for management of child protection from Governors.
- ◆ Training/advice/information/support from the LA and other agencies on child protection matters.
- ◆ Access to advice from the LADO (Local Authority Designated Officer) in cases of allegations against staff.
- ◆ All partners in child protection will carry out their role as prescribed by the LSCB procedures.
- ◆ Effective communication and information from Police, **Durham Children's Services**, and other partner agencies in line with LSCB Child Protection procedures.

### Responsibilities

#### For:

- ◆ Protecting children from abuse.
- ◆ The effective day to day management of child protection in accordance with LSCB procedures within the overall context of safeguarding and promoting the welfare of children.
- ◆ Ensuring that there is a Designated Teacher for Child Protection at an appropriate senior level, who is in a position to liaise with **Durham Children's Services (First Contact)** and Police as appropriate. **There should be more than one Designated Teacher to share the caseload.**
- ◆ Disciplinary issues relating to staff (including suspension where appropriate), liaising with the LADO and conducting internal investigations.
- ◆ Providing a clear lead and sense of direction to the school on child protection matters within safeguarding.
- ◆ Ensuring that the policy framework agreed with Governors is implemented.
- ◆ Undertaking the relevant Safer Recruitment training as detailed in LSCB Procedures **(6.239)**
- ◆ Informing governors of staff suspensions where allegations against staff have been made.
- ◆ Recognising and identifying the individual needs of children.
- ◆ Giving privacy, support and information to children who have, or it is suspected, have been abused
- ◆ Creating an ethos in school where children know that they can disclose their concerns and fears to adults, yet recognising that confidentiality cannot always be offered to those who disclose.
- ◆ Working with Governors and staff towards creating a 'safe' school.
- ◆ Ensuring all staff receive appropriate Safeguarding, **TAF** and Child Protection training and that the Designated Teacher receives specialist training every two years.
- ◆ Encouraging Designated staff and other pastoral staff to enhance their basic training with further Level 3 courses provided by the LSCB.
- ◆ Ensuring that the school child protection policy is communicated to staff, parents

and volunteers.

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

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

### Entitlements

#### To:

- ◆ Training at a minimum of every 3 years to refresh knowledge about child protection within safeguarding
- ◆ Regular 'in-house' reminders about roles, responsibilities, signs and symptoms of concern and appropriate response to disclosures
- ◆ Timely reminders and feedback relating to the detailed and accurate recording of information to pass to the Designated Teachers in school
- ◆ Advice, guidance, information and support from the LA.
- ◆ An agreed child protection policy framework established by Governors.
- ◆ Appropriate procedures in line with LSCB procedures.
- ◆ Clear, and well publicised lines of communication between the school and **Durham Children's Services**, Police, and other agencies.
- ◆ Guidance about the LA Policy on the Use of Restrictive Physical Interventions and the recording of incidents.
- ◆ Support from LA for staff subject to allegations
- ◆ Advice about union membership

### Responsibilities

#### For:

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

## *Role of Governors*

### Entitlements

#### To:

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

### Responsibilities

#### For:

- ◆ The Governor with CP Responsibility will comply with training appropriate to their role
- ◆ Ensuring that staff/pupil anonymity is safeguarded in all their procedures.
- ◆ Ensuring that LA guidelines and LSCB procedures are followed where allegations are made against the school's Head Teacher.
- ◆ Undertaking the relevant Safer Recruitment training as detailed in LSCB Procedures (6.239)
- ◆ Providing a policy framework within which the school staff will manage child protection matters.
- ◆ Ensuring that there is a risk assessment made of the school premises, which has regard to Child Protection/Safeguarding matters.
- ◆ That policy review and monitoring arrangements are defined and implemented.
- ◆ Ensuring appropriate day to day mechanisms are in place and that these adhere to LSCB procedures.
- ◆ The allocation of appropriate resources for the Head Teacher and staff to manage child protection appropriately.
- ◆ Ensuring an appropriate training programme is supported and followed in school.
- ◆ Ensuring disciplinary action is taken against staff where necessary.
- ◆ Supporting the Head Teacher in relation to child protection matters.
- ◆ Working with the Head Teacher and staff towards creating a safe school.

## *Role of Parents/Carers*

### Entitlements

#### To:

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

### Responsibilities

#### For:

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

## ***Role of Children/Young People***

### Entitlements

#### To:

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

### Responsibilities

#### For:

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

## ***Role of The Safeguarding Children in Education Team***

### Entitlements

#### To:

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

### Responsibilities

#### For:

- ◆ Placing CP within the overall framework of safeguarding & promoting the welfare of all children.
- ◆ Protecting children from abuse.
- ◆ Maintaining a record of whole school training undertaken by establishments.
- ◆ Maintenance of a database of Designated Teachers at all schools and records of specialist training undertaken.
- ◆ Providing guidance, information, support and advice to schools on generic child protection matters.
- ◆ Providing a range of appropriate training opportunities to schools and publicising multi-agency LSCB courses.
- ◆ Maintaining professional confidentiality.
- ◆ Working with other partners in child protection.
- ◆ Developing practice issues.
- ◆ Developing policy with LSCB partners.
- ◆ Clear and well-publicised lines of communication between the school and the LA, Police, **Durham Children's Services** and other agencies.
- ◆ Supporting Head Teachers and Governors in relation to Child Protection matters.
- ◆ Carrying out the LA role in Child Protection matters according to LSCB procedures and advising on the implementation of any Serious Case Review recommendations.

## ***Role of LA Support Staff/Professional Officers***

### Entitlements

#### To:

- ◆ Appropriate training to maintain awareness and knowledge of procedures in connection with Child Protection.
- ◆ Adherence to the LSCB procedures by all concerned.
- ◆ Access to, and support and guidance from, named officers in the lead agencies.

### Responsibilities

#### For:

- ◆ Offering additional advice and support to Head Teachers and Designated Teachers on Child Protection matters.
- ◆ Fulfilling their role in Child Protection matters in accordance with their job description, including attending Strategy Meetings as appropriate.
- ◆ Ensuring appropriate information is shared with Police, **Durham Children's Services** or designated officers in their Department.
- ◆ This information might result in formal referrals being made to the Initial Response Service
- ◆ Maintaining professional confidentiality.
- ◆ Establishing effective working relationships with colleagues in other agencies.
- ◆ Assisting in the provision of training to schools and other professional colleagues.
- ◆ Dissemination of information from LSCB or sub-groups as appropriate.
- ◆ Assisting in supporting children in need of protection, who may be excluded from school.

## APPENDIX 2

### INDICATORS OF HARM

#### **PHYSICAL ABUSE**

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

#### **Indicators in the child**

##### **Bruising**

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

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

##### **Fractures**

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

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

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has

caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

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

### **Poisoning**

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

### **Fabricated or Induced Illness**

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

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

### **Bite Marks**

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

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

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

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

The following points are also worth remembering:

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

### **Scars**

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

### **Emotional/behavioural presentation**

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

### **Indicators in the parent**

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

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

### **Indicators in the family/environment**

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

### ***EMOTIONAL ABUSE***

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

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

***It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.***

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

### **Indicators in the child**

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

### **Indicators in the parent**

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties may (or may not) be associated with this form of abuse.

### **Indicators of in the family/environment**

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

### ***NEGLECT***

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

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

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

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

### **Indicators in the child**

#### **Physical presentation**

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

### **Development**

General delay, especially speech and language delay

Inadequate social skills and poor socialization

### **Emotional/behavioural presentation**

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

### **Indicators in the parent**

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties, may (or may not) be associated with this form of abuse

### **Indicators in the family/environment**

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

### **SEXUAL ABUSE**

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

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

***They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).***

***Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.***

### **Indicators in the child**

#### **Physical presentation**

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

### **Emotional/behavioural presentation**

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

### **Indicators in the parents**

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

### **Indicators in the family/environment**

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Family member is a sex offender.

## Behaviour guidelines for staff and volunteers

### DO NOT:

- use your position to gain access to information for your own advantage or another's detriment
- intimidate, threaten, coerce or undermine anyone
- engage in any sexual activity (even consensual) with a student under 18 years who is attending your educational establishment
- play games or have physical contact that is inappropriate
- jump to conclusions about people's behaviour without checking facts
- investigate any allegations yourself
- make suggestive remarks or gestures, tell jokes of a sexual nature or engage in inappropriate verbal banter
- create a personal relationship with a student where one does not already exist
- give **any** personal details about yourself or others to a student unless you have agreed this with a senior member of staff
- allow any student to access any of your personal accounts on social networking sites
- rely on your good name to protect you - it may not be enough
- believe that an allegation could not be made against you, it could

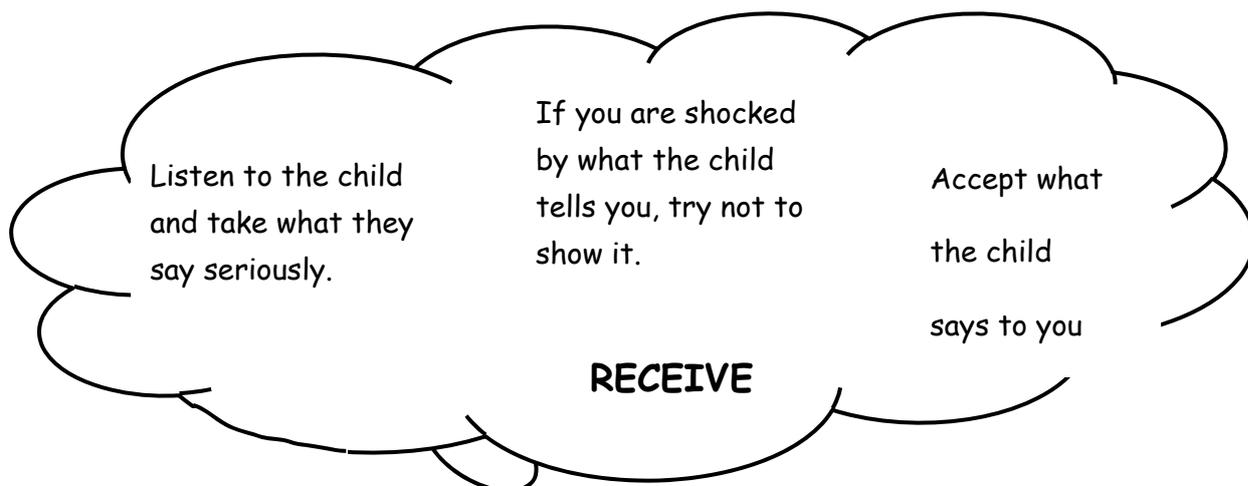
### DO:

- report all health & safety issues without delay
- keep students safe and protect them from physical and emotional harm
- look after yourself
- treat **everyone** with respect
- provide a positive example you wish others to follow
- work with another appropriate adult in all planned activities whenever possible
- risk assess all situations when you are working alone with a student and make sure you are seen and/or heard by others
- respect peoples' right to personal privacy
- create an environment in which people feel comfortable in pointing out attitudes and behaviours they don't like
- report and challenge all inappropriate and/or abusive activities, such as ridicule or bullying
- familiarise yourself with your school code of behaviour
- report any gifts you receive & ensure they are not of significant value or intention
- give gifts to students **only** as part of an agreed reward system
- follow procedures for reporting all allegations against staff, carers and volunteers See Appendix 5 of Local Safeguarding Children Board Child Protection Procedures [www.durham-lscb.org.uk](http://www.durham-lscb.org.uk)

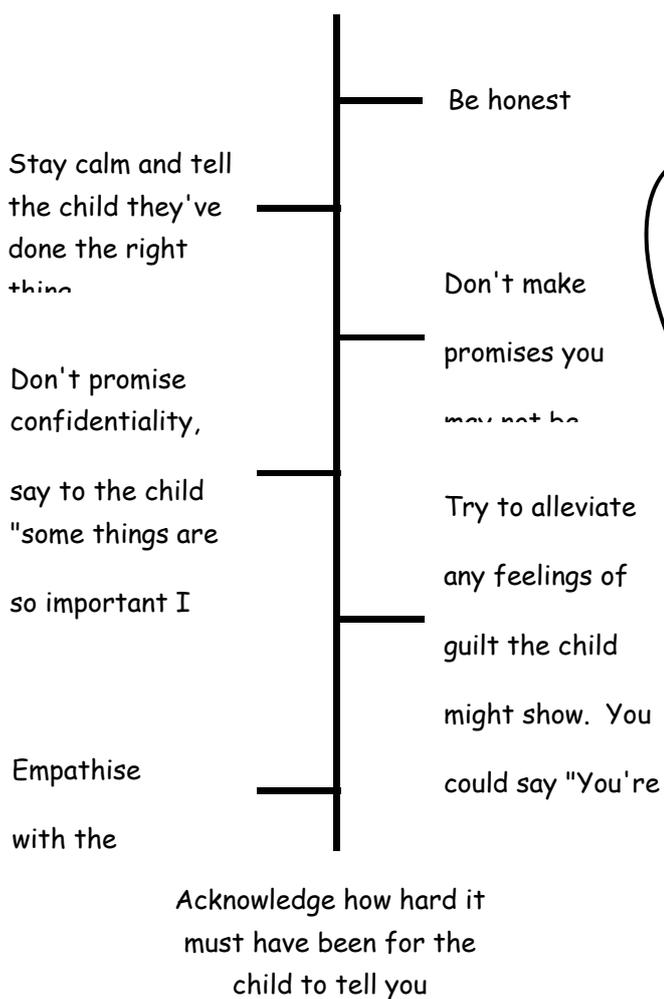
**Remember: someone may misinterpret your actions, however well intentioned. Ask yourself are my actions fair, reasonable, warranted, proportionate, measured, safe and applied equally?**

## APPENDIX 4

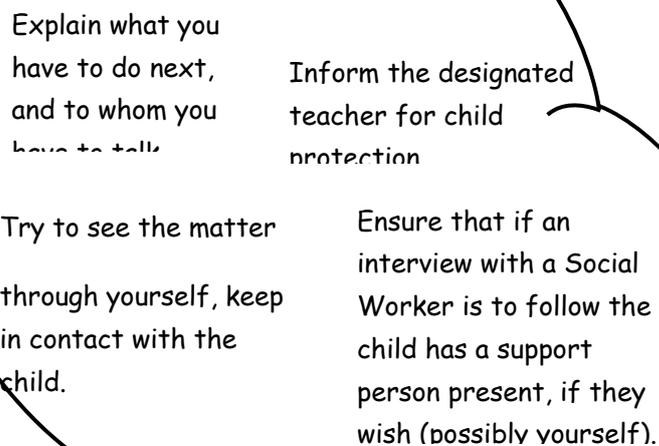
## Procedures for Responding to Disclosures and Alleged Abuse



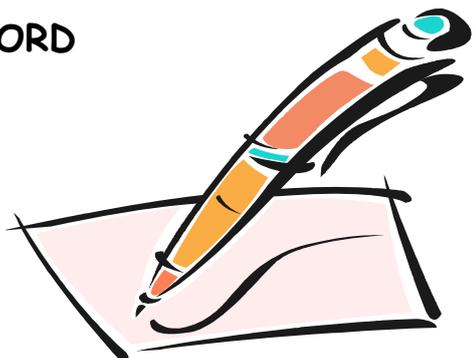
### RE-ASSURE



### REACT



## RECORD



- Make some brief notes at the time and write them up immediately.
- Do not destroy your original notes, in case a court requires them.
- Draw a diagram to indicate position of any bruising.
- Do NOT give your interpretations or assumptions.
- Record the date, time, place, any non-verbal behaviour and EXACT words used by the child, especially sexual words.

## SUPPORT

Continue to support the child, provide time and a safe space throughout the investigation, and afterwards.

Get some support yourself, without disclosing confidential information about the child. Receiving a disclosure can be an emotionally challenging experience.

## Appendix 6



# SINGLE ASSESSMENT – PART 1 Early Help Assessment



### 1. IDENTIFYING DETAILS *(for Unborn Baby, Infant, Child or Young Person, include contact name for Parent/Carer Please use continuation boxes for further children)*

Name of Child/Young Person		Religion	
AKA		Ethnicity	
Date of birth or EDD		Immigration status	
Age:		Language Interpreter/signer	
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Unknown <input type="checkbox"/>	GP	
Parent / Carer Name			
School/College/Employer		<b>Date of Enquiry:</b>	
Address & Postcode Contact Tel No.			

### Referral relates to Multiple Children Y/N *Please complete separate page for each child*

#### Referrer details:

Name:	
Agency/School:	
Address;	
Email Address:	
Tel:	
Signature of referrer:	

### 2. THE NEED FOR AN EARLY HELP ASSESSMENT

(i) **Why is an Early Help Assessment needed?**

(ii) **What do you hope to achieve from this Assessment?**

Have you obtained consent from the family to discuss the need for early help and share information with appropriate agencies . YES  NO  *(and they are aware this will be recorded)*

Have you discussed this with your manager? YES  NO

Have you attached the chronology of significant events? YES  NO

**3. FAMILY INFORMATION INCLUDING SIGNIFICANT OTHERS**

Other adults impacting on the Children

Full name	DOB/EDD	Gender	Address	Resident in Household	Family member or relationship to subject child? e.g. Mother, father, child	Ethnic Origin	Do they have PR?	PID No

**4. DEVELOPMENT OF BABY, CHILD OR YOUNG PERSON (Please describe in one or two sentences the key areas of need identified ie Disabled, Young Carer, Educational Attainment, Educational Attendance, School Exclusion, Health, Social Presentation/Relationships/Behavioural Problems/Self Esteem, Emotional Well-being, Child Sexual Exploitation, Child Abuse/Neglect, Pregnancy)**

Child 1

**5. PARENTAL CAPACITY (Please describe in one or two sentences the key areas of need identified, ie Relationship to Subject/Child/PR?, Disability, Learning Disability, Substance Misuse, Domestic Abuse, Mental Well-being, Criminality/Anti-Social Behaviour, At Risk to Children Status, Looked After Child, Pregnancy, How these Affect Parental Capacity)**

**6. FAMILY AND ENVIRONMENT (Home Conditions, Risk of Homelessness, Household Finances, Parents Employment Status, Number of House Moves - in last 2 years, Anti-Social Behaviour, Relationships in the Community, Support from Extended Family Members, Acknowledgement of Needs, Willingness to Engage in Offers of Support)**

## 7. INVOLVEMENT OF OTHER SERVICES

Which other services are **currently or were previously** involved with the child and family (name, agency), if known

Child(ren)	Name/Agency	Purpose	Ended when/why?

### Checks/Outcomes for Child 1

*(please update separate page for each child)*

## 8. OTHER INFORMATION - SYSTEMS INFORMATION (completed by First Contact)

SSID:	Has there been previous Pre CAF, CAF or Single Assessment?
Sleuth	
Capita One	

## 9. DETERMINATION (by First Contact)

a) Based on the information gathered above, is a further assessment required to determine if a child is a child in need? Y/N (if yes, please include in actions section 11 below and agree who will do this)

b) Does the family meet the “Stronger Families Criteria”

- Less than 85% attendance or excluded from school Y/N
- Workless and/or in receipt of benefit Y/N
- One or more family member involved in Anti-Social or Criminal behaviour Y/N

(If yes to two or more of the above, nominate to Stronger Families)

## 10. ANALYSIS OF RISK:

**11. AGREED ACTIONS:** what have we agreed will happen, whilst the assessment is ongoing, and who will do this?

Action	Who	When

**The following actions have been agreed and link to the Durham Staircase**

Pass to Universal Services Support (Step 1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pass to Targeted Services (further drop down with sub-categories) ( Step 2 and 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pass to Assessment & Intervention (Step 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immediate Safeguarding (Step 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pass to Integrated Service for Disabled Children (Step 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private Fostering Assessment Required (Step 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nominate for Stronger Families (Steps 1 to 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Agreed Actions with Referrer**

Referrer has been informed in writing/by email of agreed action	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manager has agreed course of action	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Manager's name and signature

## SINGLE ASSESSMENT – PART 2 Full Assessment

<b>Date Assessment Started:</b>	
<b>Date Assessment Completed:</b>	
<b>Party ID</b>	

### 1. ASSESSMENT WORK PLAN

Description of proposed plan for conducting assessment including sessions/meetings/reviews and timescales and shared with the family

--	--

<b>Agreed Date for QA:</b>	
----------------------------	--

<b>Manager's Signature</b>	
----------------------------	--

### 2. DETAILS OF PERSON UNDERTAKING ASSESSMENT

<b>Name:</b>	
--------------	--

<b>Role:</b>	
--------------	--

<b>Agency/School:</b>	
-----------------------	--

<b>Contact Tel No:</b>	
------------------------	--

<b>Email:</b>	
---------------	--

<b>Address:</b>	
-----------------	--

### 3. FAMILY INFORMATION AND CONSENT

I understand the information gathered regarding my family is recorded and will be stored and used for the purpose of providing services to my family. *This may include a package of support/services delivered to me and my family as part of the Multi-agency Stronger Families programme.*

Information will not be shared with others without my consent unless there are clear child protection reasons for doing so or for the purposes of reducing or preventing anti-social behaviour and crime and disorder.

I agree to the sharing of information, between the professionals working with me and my family. I do not agree to share information with:

I have been informed of the complaint procedure and access to records

Name	Signature	Date

**4. THE CHRONOLOGY OF SIGNIFICANT EVENTS**

**5. THE GENOGRAM**

**6. (a) THE CHILD(REN) AND THEIR STORY (follow associated guidance)**

**6. (b) THE CHILD'S WISHES AND FEELINGS**

**7. (a) THE ADULT(S) AND THEIR STORY (follow associated guidance)**

**7. (b) THE ADULT'S WISHES AND FEELINGS**

**8. FAMILY STRENGTHS AND RESILIENCE**

**9. CHILD PROTECTION RISKS/THRESHOLD FOR INTERVENTION (including risks associated with family/household)**

**10. SIGNATURES AND COMMENTS**

<b>Parent/Carer/Young Person Comments and Signature</b>	<b>Name</b>	<b>Date</b>
<b>Assessor's Signature</b>	<b>Name</b>	<b>Date</b>

**11. CARE PLAN****12. MANAGER'S SIGN OFF OF CARE PLAN AND REVIEW DATE****Manager's Signature****Name****Date**

**Referrals re Multiple Children - please complete a separate sheet below for each additional child.**

1. IDENTIFYING DETAILS <i>(for Unborn Baby, Infant, Child or Young Person, include contact name for Parent/Carer Please use continuation boxes for further children)</i>								
Name of Child/Young Person					Religion			
AKA					Ethnicity			
Date of birth or EDD					Immigration status			
Age:					Language Interpreter/signer			
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Unknown <input type="checkbox"/>		GP			
Parent / Carer Name								
School/College/Employer					Date of Enquiry			
Address & Postcode Contact Tel No.								
3. FAMILY INFORMATION INCLUDING SIGNIFICANT OTHERS								
Other adults impacting on the Children								
Full name	DOB/EDD	Gender	Address	Resident in Household	Family member or relationship to subject child? e.g. Mother, father, child	Ethnic Origin	Do they have PR?	PID No
4. DEVELOPMENT OF BABY, CHILD OR YOUNG PERSON (Please describe in one or two sentences the <u>key areas of need</u> identified ie <i>Disabled, Young Carer, Educational Attainment, Educational Attendance, School Exclusion, Health, Social Presentation/Relationships/Behavioural Problems/Self Esteem, Emotional Well-being, Child Sexual Exploitation, Child Abuse/Neglect, Pregnancy</i> )								
8. OTHER INFORMATION - SYSTEMS INFORMATION (completed by First Contact)								
SSID	Has there been previous Pre CAF, CAF or Single Assessment?							
Sleuth								
Capita One								

**9. DETERMINATION (by First Contact)**

a) Based on the information gathered above, is a further assessment required to determine if a child is a child in need? Y/N (if yes, please include in actions section 11 below and agree who will do this)

**10. ANALYSIS OF RISK**

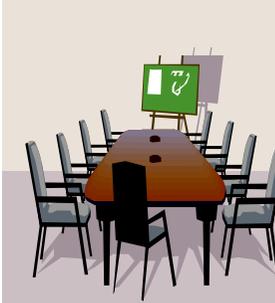
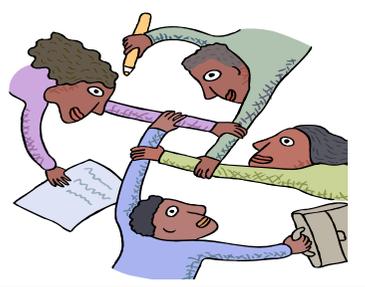
**11. AGREED ACTIONS:** what have we agreed will happen, whilst the assessment is ongoing, and who will do this?

Action	Who	When

**Agreed Actions with Referrer**

Referrer has been informed in writing/by email of agreed action	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manager has agreed course of action	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Manager's name and signature

	<b>Multi-Agency Meetings</b>		<b>Page</b>
 <p data-bbox="232 363 383 400"><b>Strategy</b></p>	<ul style="list-style-type: none"> <li>●Referral taken up by First contact Service: 'reasonable cause to suspect child is suffering or likely to suffer significant harm'.</li> <li>●To agree whether to start s47 enquiries and to begin/complete a core assessment under Child Act 1989.</li> <li>●Professionals meeting only</li> <li>●Held at short notice (some professionals may be available by phone). Police Sergeant and investigating officer (VU); Assessment and Intervention Team manager and SW, Health, referrer (if professional) and other relevant colleagues.</li> <li>●Usually held in A&amp;I Team office, hospital.</li> <li>●To PLAN how to look into the concern: share information, consider criminal investigation, medicals, interviews etc.</li> </ul>		<b>25</b>
 <p data-bbox="136 730 501 794"><b>Initial Child Protection Conference</b></p>	<ul style="list-style-type: none"> <li>●<b>15 DAYS</b> after last strategy meeting</li> <li>●Accessible public building: A&amp;I offices</li> <li>●Parents/carers (supporter/legal adviser) and all relevant professionals who work with family members and children attend</li> <li>●Conference is to decide whether the child(ren) are at continuing risk of significant harm and whether CP Plan needs to be put in place.</li> <li>●<b>Tasks:</b> prepare a report for the conference on all children in family you work with</li> <li>●Share report with parents and carers at least two working days before the conference (open/transparent procedure so parents can know and question all information in advance).</li> <li>●Ensure that child's views are given</li> <li>●Produce single-agency chronology.</li> <li>●If children not put on list then consideration of services needed, now passes to relevant Child Protection Team.</li> </ul>		<b>32</b>
 <p data-bbox="232 1098 405 1129"><b>Core Group</b></p>	<ul style="list-style-type: none"> <li>●<b>10 DAYS</b> later. Date for this meeting and first Review Conference is set at the Initial Conference</li> <li>●This 'core' of essential professionals will work with the family and the young person to try and achieve change and improvement so that the child is not still at continuing risk of harm (these safety issues are dealt with before other 'welfare' matters)</li> <li>● Key worker is the social worker</li> <li>●The group complete the Child Protection Plan and complete work on the core assessment as part of this</li> <li>●The chronologies are merged and continuously updated as working documents</li> <li>●Initially meetings quite frequent but generally held about every 4-6 weeks</li> </ul>		<b>36</b>
 <p data-bbox="136 1417 501 1449"><b>Review CP Conference</b></p>	<ul style="list-style-type: none"> <li>●<b>10 WEEKS</b> (3 months) before first Review conference.</li> <li>● Evaluate effectiveness of Core Group in effecting change and better care of the children</li> <li>● '...to review the safety, health and development of the child against the planned outcomes set out in the child protection plan'</li> <li>●to see whether CP plan should continue to be in place or should be changed</li> <li>●Child's wishes and feelings must be sought and taken into account</li> <li>●if the child is not still at risk of significant harm then they should not require a CP plan</li> <li>●<b>Tasks:</b> report needed and shared with parents/carers 7 days prior to conference: evaluation what has changed, the impact on child's welfare against objectives set out in the plan</li> </ul>		<b>40</b>

Date of Conference: \_\_\_\_\_

**Name of Child** .....

**Date of Birth** .....

**Address** .....

.....

**Parents/Carers**.....

**Name of person completing this report:** .....

**Position** .....

**Signed** ..... **Date** .....

**Involvement in any previous Multi Agency meetings for this child**

Core Group  Review  Planning Meeting

**This report will be shared with parents prior to the meeting (appointment offered)** .....

**This report has been shared with parents prior to the meeting dated** .....

**Involvement by other agencies/professionals (name professionals)**.....

.....

**Educational Psychology Service** ..... **since (date)** .....

**Education Welfare Service** .....

**Learning Support Service** .....

**Child and Family Therapy** .....

**Other (e.g. DTU, Hearing Impaired)** .....

**Attendance**

Week Ending										
Actual										
Possible										

**Percentage of unauthorised absence this term:**

**Any concerns/known factors affecting the pupil's attendance?**

**Any concerns/known factors affecting punctuality?**

**Are absences notified appropriately?**

**What reasons have been given for any absence?**

**Special Educational Needs**

**Does the child have a Statement of Special Educational Needs?**

Statement initiated

Proposed Statement

Statement finalised

Date:

**In brief what are the child's Special Educational Needs?;  
What Stage of Assessment? Attach copies of IEPs if appropriate.**

**How does the child/young person perform educationally? (Please note strengths and weaknesses, attitudes and approaches to learning, attitude to homework, participation in extra-curricular activities, any particular areas of concern.) Is it the school's view that the child is fulfilling his/her potential?**

**Is the child functioning at a level at, above or below average for his/her age?**

**How does the child/young person behave in school - in lesson time, in unstructured time? Are there any patterns or have there been any changes in behaviour/demeanour?**

**Relationships with People in School**

**How does the child relate to his peers?  
(Does the child have particular relationships with older or younger children?)**

**How does he/she relate to teaching staff, to other adults?**

**Describe briefly any specific incident to exemplify, if appropriate.**

**How does the child present in school (e.g. appearance, personal organisation, respect for authority)?**

**Are there any concerns about the child's social, emotional or physical development?**

## **Relationships with Parents**

**1. Describe the relationship between parents and school, from the school's point of view?**

**2. Have parents/carers taken up all the opportunities to contact school about the child - e.g. parents evenings, meetings to discuss particular incidents?**

**3. Does the child/young person talk about home at school; if so are any details relevant?**

**Are parents aware of any concerns school has?**

**How do they respond?**

**Are parents willing to work with school over specific issues, e.g. behaviour?**

## **Conclusions**

**In Summary**

*(please draw together briefly the main threads of this report)*

APPENDIX 9

The Review Child Protection Conference Report (Add School Name)

Date of Conference:

<b>Name of Child:</b> .....
<b>Date of Birth:</b> .....
<b>Address:</b> .....
.....
.....
<b>Parents/Carers:</b> .....

<b>Name of School/Establishment:</b> .....
<b>Phone:</b> ..... <b>Fax:</b> .....
<b>Name of Person Completing this Report:</b> .....
<b>Position:</b> .....
<b>Signed:</b> ..... <b>Date:</b> .....
<b>Involvement in any previous meetings for this child</b>
<input type="checkbox"/> <b>Initial Conference</b> <input type="checkbox"/> <b>Core Group</b> <input type="checkbox"/> <b>Review</b> <input type="checkbox"/> <b>Planning Meeting</b>
This report will be shared with parents/carers prior to the meeting (appointment offered).
This report has been shared with parents/carers prior to the meeting - date.

**The school's view**

*(please state: what changes have there been in the child in school since the last report; whether there are continuing concerns and what these are, whether there are no further major concerns)*

**Since the previous meeting the following support/action has been undertaken:**

**The outcomes of this support/action are:**

**Recommendation for future support/action/involvement by school or other agency**

## **1.6 Eight Golden Rules for Information Sharing**

**1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.

**2. If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm**, then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

**3. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

**4. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

**5. Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.

**6. Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

**7. Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

**8. Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Figure 2

**Flowchart of Key questions for Information Sharing**

