Huntingdonshire District Council
Child Safeguarding
and Welfare Policy and Procedures

March 2015

Important:

Remember it is not up to you to decide if abuse has taken place, that is the role of the Cambridgeshire Children’s Social Care Services or the Local Authority Designated Officer (LADO).

BUT it is up to you to report ANY concerns to an HDC Designated Safeguarding Officer.

We have a legal responsibility to respond to any issues that may concern us even if they don't involve our staff or services.
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</table>
GUIDE FOR DEALING WITH CONCERNS RELATING TO CHILD OR YOUNG PERSON ABUSE

Staff, member, volunteer, coach or parent / carer has concerns about a child or young person or
A child or young person has disclosed information relating to safeguarding to you

- Stay Calm.
- If child or young person is present reassure them.
- Don’t make promises of confidentiality or outcome.
- Keep questions to a minimum.

Is the child or young person in need of the emergency services?

NO

Complete Incident Reporting Form recording all details given.

YES

Inform the emergency services on 999.

Follow reporting procedure

Contact your Designated Safeguarding Officer (See next page for list of DSOs). Pass on completed Incident Report Form.

Designated Safeguarding Officer to decide:
Is the concern relating to safeguarding?

NO

Where additional support may be needed this should be agreed after consultation with the Lead Safeguarding Officer and Line Manager, where appropriate. All documentation must be copied to the LSO, stored securely and retain confidentiality.

YES

Concern referred to Cambridgeshire Children’s Social Care Services / Police Services / Local Authority Designated Officer for action to be taken. See Pages 5 - 6 for contact numbers.

Out of office hours contact:

Social Care out of hours service on 01733 234724
Police 101 or 999
WHO ARE THE DESIGNATED SAFEGUARDING OFFICERS FOR CONCERNS RELATING TO CHILDREN AND YOUNG PEOPLE

In the first instance report to a Designated Safeguarding Officer

If you would like to talk any concerns through, or need any support in filling in the form,
you can contact any of the Designated Safeguarding Officers.

<table>
<thead>
<tr>
<th>Lead Safeguarding Officer (LSO)</th>
<th>Chris Davidson (One Leisure)</th>
<th>01480 387801 / 07725310136</th>
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<tbody>
<tr>
<td>One Leisure Designated Officer</td>
<td>Chris Davidson (One Leisure)</td>
<td>01480 387801 / 07725310136</td>
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Designated Safeguarding Officers

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<tr>
<th>One Leisure:</th>
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<th>01480 388505 / 07810 637550</th>
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<tbody>
<tr>
<td>Jon Clarke</td>
<td>01480 388269 / 07810 637556</td>
<td></td>
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<tr>
<td>Pete Corley</td>
<td>01480 388705 / 07919 110009</td>
<td></td>
</tr>
<tr>
<td>Paul France</td>
<td></td>
<td>01480 388048</td>
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<tr>
<td>Sport &amp; Active Lifestyles:</td>
<td></td>
<td>01480 388244</td>
</tr>
<tr>
<td>Jo Peadon</td>
<td></td>
<td>01480 451568 / 07944 205839</td>
</tr>
<tr>
<td>Martin Grey (non DSO)</td>
<td></td>
<td>01480 451568 / 07810 637547</td>
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<tr>
<td>Countryside Services:</td>
<td></td>
<td>01480 451568 / 07810 637547</td>
</tr>
<tr>
<td>Alison Gray</td>
<td></td>
<td>01480 451568 / 07810 637547</td>
</tr>
<tr>
<td>Judith Arnold</td>
<td></td>
<td>01480 451568 / 07810 637547</td>
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# Other Useful Contacts:

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<tr>
<th>NSPCC Helpline</th>
<th>ChildLine</th>
<th>Sports Coach UK</th>
</tr>
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<tbody>
<tr>
<td>Weston House</td>
<td>Freepost NATN 1111</td>
<td>Chelsea Close</td>
</tr>
<tr>
<td>42 Curtain Road</td>
<td>London N1 6BR</td>
<td>Off Amberley Road</td>
</tr>
<tr>
<td>London EC2A 3NH</td>
<td>Tele: 0800 1111</td>
<td>Leeds LS12 4HP</td>
</tr>
<tr>
<td>Tele: 020 7825 2500</td>
<td>Website: <a href="http://www.childline.org.uk">www.childline.org.uk</a></td>
<td></td>
</tr>
<tr>
<td>Helpline: 0808 800 5000</td>
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<tr>
<td>Website: <a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a></td>
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<th>Cambridgeshire LSCB</th>
<th>Cambridgeshire Children’s Social Care</th>
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<tr>
<td>0870 0000 2288</td>
<td>Scott House</td>
<td>Between 8.00 a.m. and 6.00 p.m. Monday to Friday:</td>
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<td></td>
<td>5 George Street</td>
<td>Tele: 0345 045 5203</td>
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<td></td>
<td>Huntingdon Cambs.</td>
<td>Outside of these hours contact the Emergency Duty Team:</td>
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<tr>
<td></td>
<td>PE29 3AD</td>
<td>Tele: 01733 234 724</td>
</tr>
<tr>
<td></td>
<td>Tele: 01480 373522</td>
<td>Website: <a href="http://www.cambslscb.org.uk">www.cambslscb.org.uk</a></td>
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<tr>
<th>Local Authority Designated Officer (LADO)</th>
<th>Ofsted</th>
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<tbody>
<tr>
<td>Tele: 01223 727967</td>
<td>Tele: 0300 1231231</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:LADO@cambridgeshire.gov.uk">LADO@cambridgeshire.gov.uk</a></td>
<td>Website: <a href="http://www.gov.uk/government/organisations/ofsted">www.gov.uk/government/organisations/ofsted</a></td>
</tr>
<tr>
<td>Website: <a href="http://www.cambridgeshire.gov.uk">www.cambridgeshire.gov.uk</a></td>
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1.0 INTRODUCTION

Every child and young person has the right not to be abused.

What does ‘safeguarding’ mean?

The government guidance on Working Together to Safeguard Children 2013 defines safeguarding children and promoting their welfare as:

- Protecting children from maltreatment.
- Preventing impairment of children’s health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Who is this policy for?

This policy is for you if you are a member of Huntingdonshire District Council staff, an elected member, a volunteer or anyone working on behalf of, delivering a service for or representing the Council.

It is important to be aware that Huntingdonshire District Council has both a moral and legal obligation to ensure the duty of care for children across all of its services. Council staff may come across cases of suspected abuse either through direct contact with children, for example running a sports or community event, or as staff visiting homes as part of their day to day work. We are committed to ensuring that all children are protected and kept safe from harm whilst engaged in services organised by the Council.

What does this policy cover?

The policy equips you with the information you need regarding what actions to take if you suspect or are told about abuse, and what will happen next. Read it now and then keep it somewhere safe, this may just be the tool that helps you to save a child’s life.

While it is not our job to establish whether or not abuse is taking place, it IS our responsibility to report any concerns we have over the welfare of children or young people. This duty extends to the identification of abuse, poor practice by internal members/staff of the Council, as well as allegations brought to the attention of the Council by a member of the public/community.

This policy outlines that your primary concern is to ensure that you record relevant information and pass it on to the Designated Safeguarding Officer’s without delay, so that they can discuss any action or referral to the relevant authority.
Safeguarding Children

This policy has been developed in accordance with the following legislation and procedures:

The legal obligations concerning children and young people are underpinned by Section 11 of the Children Act 2004. Further guidance is available from Working Together to Safeguard Children, 2013.

Huntingdonshire District Council is a statutory agency of the Cambs LSCB as defined in Section 13 of the Children Act 2004. This policy document is based on LSCB guidance; for more information go to www.cambslscb.org.uk.

Cambs LSCB will integrate further with key organisations countywide and nationally through the Multi-Agency Safeguarding Hub. This approach to multi-agency safeguarding arrangements will allow:

- More flexibility between organisations.
- Growing development for vulnerable adults to be more inclusive.
- Greater increase of trust and confidence for sharing information and data with colleagues across organisations.
- Strengthening working arrangements between organisations (the Care Act will have a number of requirements around this).
- Further integration of key organisations, working across Cambridgeshire and Peterborough.
- Strengthening of governance arrangements.

1.1 Policy Statement

Huntingdonshire District Council accepts the moral and legal responsibility to implement procedures, to provide a duty of care for children, safeguard their wellbeing and protect them from abuse when they are engaged in services organised and provided by the Council. We aim to do this by:

- Respecting and promoting the rights, wishes and feelings of children and young people.
- Raising the awareness of the duty of care responsibilities relating to children and young people throughout the Council.
- Promoting and implementing appropriate procedures to safeguard the well-being of children and young people to protect them from harm.
- Ensuring all staff receive Safeguarding training at a relevant level as set by the Local Safeguarding Children Board.
- Creating a safe and healthy environment within all our services, avoiding situations where abuse or allegations of abuse may occur.
- Recruiting, training, supporting and supervising staff, elected members and volunteers to adopt best practice to safeguard and protect children and young people from abuse, and minimise risk to themselves.
- Ensuring that relevant commissioned services are compliant with Safeguarding expectations as set out by the Local Safeguarding Children Board.
- Responding to any allegations of misconduct or abuse of children or young people in line with this Policy and Procedures and Local Safeguarding Children Board guidance as well as implementing, where appropriate, the relevant disciplinary and appeals procedures.
- Requiring staff, elected members and volunteers to adopt and abide by the Council’s Children and Young People Safeguarding Policy and Procedures.
- Reviewing and evaluating this Policy and Procedures document on an annual basis.
1.2 DEFINITIONS

This policy and these procedures are based on the following definitions and principles:

- The term child or young person is used to refer to anyone under the age of 18 yrs.
- The term parent is used as a generic term to represent parent, carers and guardians.
- The terms staff, elected members and volunteers is used to refer to employees, district councillors, volunteers and anyone working on behalf of, delivering a service for, or representing the Council including commissioned services.
- There are 4 broad types of child abuse: physical abuse, emotional abuse, sexual abuse and neglect. These are listed in Appendix 5.
- Children and Young People are vulnerable to abuse from adults or from other children or young people.

1.3 PRINCIPLES

Section 11 of the Children Act 2004 places a duty on:

- A range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children, including local authorities and district councils that provide children’s and other types of services, including children’s and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services. HDC should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children.

- The welfare of children and young people is the primary concern.
- All children and young people have the right to protection from abuse.
- Local Agencies, including those in universal services and those providing services to adults with children, should understand their role in identifying emerging problems and sharing information with other professionals to support early identification and assessment. (Working Together 2013).
- It is everyone’s responsibility to report any concerns about abuse.
- Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need. (Working Together 2013).
- All incidents of alleged poor practice, misconduct and abuse will be taken seriously and responded to swiftly and appropriately.
- All personal data will be processed in accordance with the requirements of the Data Protection Act 1998.
1.4 SUPPORT FOR MEMBERS OF STAFF, ELECTED MEMBERS OR VOLUNTEERS RAISING CONCERNS

In the event of having a concern, you may choose to talk to your line manager in the first instance who will support you to report your concerns to an appropriate Designated Safeguarding Officer.

When a member of staff, an elected member or a volunteer raises concerns with their Designated Safeguarding Officer, the DSO will ensure that:

- The procedures are followed appropriately in consultation with Social Care Services.
- The appropriate agencies, staff members, parents / carers are informed.
- Information is recorded and stored appropriately.
- Staff involved are supported as required in line with the Council’s employee policies. This includes access to a confidential counselling service.
- Their findings are reported to the Lead Safeguarding Officer and either Head of Service, Corporate Director or Managing Director as appropriate.

1.5 ADDITIONAL CONSIDERATIONS WHEN CONCERNS RELATE TO AN INTERNAL EMPLOYEE / MEMBER OF THE COUNCIL E.G. STAFF, CONTRACTORS, VOLUNTEERS AND ELECTED MEMBERS

It can be very worrying to have concerns about a child’s safety or welfare that relate to the conduct of a colleague. The Local Authority recognises that this can involve additional stress for those reporting concerns. Appropriate support will be given in line with the local authority Policy which ensures that mechanisms are in place to ensure that staff are confident that concerns will be dealt with appropriately. These include confidentiality guidelines and access to counselling services. If you do have a concern and wish to speak to someone you can contact, a DSO, the LSO, Line Manager, a Head of Service, Corporate Director or Managing Director.

Where you have concerns about a colleague, the reporting procedures should be followed in exactly the same manner as outlined above and in the flowchart on Page 4. You may need to have regard to which Designated Safeguarding Officer (and manager if you wish) it is appropriate to report your concerns to.

You can report to:

- Your line manager.

You must report to:

- A Designated Safeguarding Officer.

*Remember that the safety of the child is paramount.*
There may be circumstances where allegations are about poor practice rather than abuse, but this should always be communicated to the Designated Safeguarding Officer for guidance and appropriate action.

Where an allegation is made against an elected Member this should be referred to the Lead Safeguarding Officer who will then engage the Monitoring Officer or Deputy Monitoring Officer who has responsibility to address Member code of conduct related issues.

Any allegation or concern regarding a member of staff, officer or volunteer involving conduct towards a child or young person will be referred to the Local Authority Designated Officer (LADO), who will:

- provide advice and guidance to employers and voluntary organisations;
- liaise with the police; and
- monitor the progress of all cases to ensure that they are dealt with as quickly and consistently.

*Details of the LADO are on page 6.*

### 1.6 CONFIDENTIALITY AND INFORMATION SHARE

Every effort should be made to ensure that confidentiality is maintained for all concerned in the safeguarding of children and young people. Information should be handled and disseminated on a need to know basis only. Your line manager and the Designated Safeguarding Officer will guide you as to who needs to know information about the case.

Where a staff member is approached regarding an allegation, issues of confidentiality should be clarified early in the discussion. The person should be informed that the member of staff will at the very least, have to disclose the conversation to the line manager and depending on the severity of the information may be disclosed to Social Care Services or the Police.

It is also important to remember that when making a referral the referrers name will be passed on to social services as an employee of HDC this is a duty and responsibility.

*Remember - The Welfare of the Child is Paramount*
2.0 REPORTING AND MANAGING INCIDENTS AND CONCERNS

It is our duty as officers, Members or volunteers of HDC to report any concerns we may have concerning the safeguarding or welfare of a child or family.

The process on how to respond to concerns is detailed in the flowchart on page 4: Guide for dealing with concerns relating to child abuse.

2.1 RESPONDING TO SUSPICIONS

You are not expected to investigate suspicions or concerns, other agencies are trained to do this.

If you have a concern about the safety or welfare of a child or young person:

- Note the concerns and your reasons using the incident reporting form.
- You may choose to see your line manager.
- Report to an appropriate Designated Safeguarding Officer.
- Maintain confidentiality in line with Section 1.6.

Do not undertake further investigations.

When there are ongoing concerns regarding a parent or carer in relation to the alleged abuse of a child or young person, the parent or carer should not be contacted about the allegation of abuse. Social Care Services and / or the Police will do this at an appropriate time.

2.2 RESPONDING TO DISCLOSURE

Abused children and young people are more likely to disclose details of abuse to someone they trust and with whom they feel safe. By listening and taking seriously what the child or young person is saying you are already helping the situation. The following points are a guide to help you respond appropriately.

What to do if a child or young person discloses information to you:

- React calmly.
- Take what the person says seriously.
- Do clarify your understanding of what the person has said but avoid asking detailed or leading questions.
- Reassure the person that they were right to tell and do not make promises of confidentiality.
- Be open and honest, explain to them that you will have to share your concerns with the Designated Safeguarding Officer.
- Immediately record all details in writing, using the child or young person’s own words.
- As soon as possible fill out the Incident Reporting Form (See Appendix 1) again including all the details that you are aware of and what was said using the child or young person’s own words. Attach your original notes to the Incident Reporting Form and give these to an appropriate Designated Safeguarding Officer.
Actions to Avoid

The person receiving the disclosure should not:

- Dismiss the concern.
- Panic.
- Allow their shock or distaste to show.
- Probe for more information than is comfortably offered; do not overpressure for a response.
- Speculate or make assumptions.
- Make negative comments about the alleged abuser.
- Make promises or agree to keep secrets.
- Say what might happen as a result of the disclosure.

Remember: Listen - Write it Down - Report It.

2.3 INCIDENT REPORTING FORM

You need to fill in an Incident Report Form for all concerns, suspicions and disclosures relating to the safeguarding of children and young people, (see Appendix 1 for Incident Reporting Form). This needs to be done as soon as practicable to ensure all the facts are recorded.

Do not delay when reporting concerns as a child’s welfare or safety may be imminently at risk.

Copies of the Incident Report Form are available from:

- Intranet
- Designated Safeguarding Officers
- Lead Safeguarding Officer

The Incident Reporting Form is an important tool for Designated Safeguarding Officers to keep track of concerns, to ensure that the necessary action is being taken and to help to draw out the relevant information.

If you have to fill in a form, please include all relevant facts about you, about the incident and about the victim. Please talk to a Designated Safeguarding Officer or the Lead Safeguarding Officer for advice and guidance.

2.4 TYPES OF INVESTIGATION

There may be circumstances where you could be involved in an investigation as a result of an incident or concern. You will receive full support from your line manager should this happen. Designated Safeguarding Officers and the Lead Safeguarding Officer will also be available for help, information and advice.

2.5 SUPPORT FOR STAFF

If an allegation is made towards another member of staff, full support will be given in line with the relevant policy.
3.0 HDC STRUCTURE AND CONTACTS

3.1 HDC SAFEGUARDING ACCOUNTABILITY FLOW CHART

Cambs Local Safeguarding Children Board

HDC Managing Director
Jo Lancaster

Corporate Responsibility for Safeguarding
Jayne Wisely

Lead Safeguarding Officer
Chris Davidson

Designated Safeguarding Officers

All HDC Officers, Members & Volunteers
3.2 **What is the Role of the Designated Safeguarding Officer?**

All suspicions, concerns and disclosures have to be reported immediately to a Designated Safeguarding Officer. (See page 5 for the list of Designated Safeguarding Officers).

They have the responsibility to:

- Ensure that Incident Report Forms and copies of the policy and procedures are available in their respective service areas.
- Receive information from staff, volunteers and others who have concerns, and record them, using appropriate forms and procedures identified.
- Ensure that the procedures for reporting concerns are followed appropriately in consultation with Social Care services.
- Ensure that the appropriate agencies are informed.
- Ensuring that HR are alerted and included in any issues that may result in staff being reported to the Disclosure and Barring Service.
- Ensure that information is recorded and stored appropriately.
- Provide information to staff reporting concerns about support available to them.
- Receive the appropriate training.
**Appendix 1**

**SAFEGUARDING / CAUSE FOR CONCERN INCIDENT REPORTING FORM**

This form is used for reporting both suspicions and disclosures of possible abuse or causes of concern; therefore not all sections may be appropriate. Please complete with as much information as possible. This information will be treated in the strictest confidence, however, the information contained within this form may be shared with appropriate agencies.

<table>
<thead>
<tr>
<th>Name of person reporting concern:</th>
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<table>
<thead>
<tr>
<th>Job Title:</th>
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<tr>
<th>Address / Agency / Work base:</th>
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<tr>
<th>Contact Number(s):</th>
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<tr>
<th>Occupation / Relationship to subject:</th>
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</table>

**This Safeguarding / Cause for Concern relates to (please tick ✓ cut and paste to tick):**

<table>
<thead>
<tr>
<th>Adult</th>
<th>Child/Young Person</th>
<th>Family</th>
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**Subject(s) Details:**

<table>
<thead>
<tr>
<th>Name of subject(s)</th>
<th>Gender of subject(s)</th>
<th>Date of birth of subject(s)</th>
<th>Disability ✓</th>
<th>Details of Disability</th>
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<td>Current Address:</td>
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<td>Telephone number:</td>
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<tr>
<td>Mobile number:</td>
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<tr>
<td>Does anybody concerned about have a disability:</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If yes, please give details.</td>
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<tr>
<td>Families First language if known:</td>
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<tr>
<td>Any communication barriers that need to be considered?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If yes, please give details.</td>
<td></td>
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<tr>
<td>What is your reason for contact with the subject? For example, environmental health investigation, ASB dispute, customer services contact, housing/support visit etc.</td>
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<tr>
<td>Are you likely to have ongoing contact with the subject(s):</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>If yes, please give details.</td>
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</tbody>
</table>
What is your concern leading to this referral? Please give as much factual information as possible). Please list the order of events - in this list please include any information from other colleagues or partner agencies.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>What happened</th>
<th>Who was involved</th>
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</table>
Are you aware of any of the following within the household? Delete as appropriate:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Abuse</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>Disabilities</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>Learning Difficulties</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
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<tr>
<td>Mental Illness</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
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<tr>
<td>Sexual exploitation</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>Anti-Social Behaviour</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
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</tbody>
</table>

If yes to any of the above, please give details.
Significant others in Subject life – including family and perpetrator:

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<td>Contact Number(s)</td>
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</table>
Key agencies involved

Please list in the boxes below the key agencies involved with the Child/ Young Person/Family or Adult. This will include details of a GP, Health Visitor, Midwife, Mental Health worker, Social Care worker, School/College/Nurse, Offender Manager, Police, other.

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</table>

Remember; do not discuss this with friends or colleagues. Arrange to see your Designated Safeguarding Officer urgently, they will initiate appropriate action.

Is the person aware you are going to make a referral?

Yes  No
### For Designated Safeguarding Officer use only

<table>
<thead>
<tr>
<th>* Reference No. (children only):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Designated Safeguarding Officer:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Job Title:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address / Agency / Work base:</strong></td>
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<tr>
<td><strong>Contact Number(s):</strong></td>
<td></td>
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<tr>
<td><strong>Occupation / Relationship to subject:</strong></td>
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</table>

| **Date DSO received form:** |  |
| **Date referral made:** |  |
| **Further actions:** |  |

**Any previous information on file:**
- [ ] Same address
- [ ] Same family name
- [ ] Same child/adult involved

| **Date reviewed:** |  |
| **Date case closed:** |  |
Appendix 2

PROMOTING GOOD PRACTICE WITH CHILDREN

You will be better placed to avoid any misinterpretation of your actions and ensure the welfare of children and vulnerable adults in your care if you always engage in the following good practice. Failure to adhere to these could be perceived as poor practice and become a disciplinary issue. There seems a lot to remember but do not worry you will probably find that you already do the majority of these things naturally.

- Always put the welfare of the children before any other agenda, i.e. winning, finishing a project.
- Provide a good role model of behaviour.
- Maintain correct statutory staff to child ratios and always ensure that another staff member or adult is working with you or is close by.
- Always have a register of children in your charge and make sure they are signed out when collected. Be aware of who is and is not authorised to collect the child and do not them leave with anyone else without checking with a parent first.
- If working with children without parents present, an appropriate consent form should be filled in by parents detailing emergency contacts and medical issues.
- If children are old enough to make their own way home after a session this should be clarified on the consent form.
- Treat all children equally with respect and dignity using positive constructive encouragement.
- Stay vigilant for the safety of all children around you, not just the ones immediately in your care.
- If you have to physically touch a child i.e. for swimming lessons, gymnastic coaching, restraint etc, then do so with consideration, never touch intimate areas and always tell the child what you are going to do.
- Always wear appropriate clothing when working with children. E.g. dress according to the duties to be undertaken in a manner befitting the responsible care of children. If you have a uniform this must be worn as part of your contracted condition of employment. Name badges must be worn where provided and/or identification that you are representing the Council must be worn at all times.
- Ensure a code of behaviour is established at the start of each session so that everyone knows what is expected of them and what is acceptable. If you have to discipline a child then do so in a positive constructive manner making sure that the child knows it is the behaviour and not the child that is not welcome.
- Use appropriate language and explanations. (It is not always what is said but how it is said that can be of concern and of great importance).
- Enhanced/Standard Criminal Records Bureau checks must be undertaken for all employees who will be working with children.

Practice that is not acceptable

- Allowing inappropriate language of all parties to go unchallenged.
- Transporting children should never be undertaken by just one member of staff, no matter what the urgency is, (always contact appropriate emergency service where appropriate).
- There should always be two adults within your selected mode of transport.
- Being alone with a child - if they are upset or need first aid then take them to one side but do not enclosure yourself in a room with the door shut.
- Making sexually suggestive comments to or around a child.
- Engaging in rough physical or sexually provocative play with a child.
- Allowing or engaging in inappropriate touching.
- Inviting or allowing a child to stay in your home.
- Taking children to your home, for however short a time.
- Performing personal care for someone which they can do themselves or that you are not trained to do.
- Sharing a room with a child on residential based activities.
- Forming inappropriate relationships with children in your care, N.B Remember this legally means a child up to 18 years of age.
- Allowing allegations made by a child to go unchallenged, unrecorded or unacted upon.
- Giving home or mobile number to children (unless there is a good reason to do so) or obtaining children’s mobile phone numbers.
NB – some situations may require an amendment to good practice regulations. This should be done in advance and checked with a DSO or with HR to ensure that it is appropriate for the situation.

First Aid and Treatment of Injuries

If a child requires first aid or any form of medical attention whilst in your care, then the following good practice should be followed:

- Be aware of any pre-existing medical conditions, medicines being taken by participants or existing injuries and treatment required.
- Keep a written record of any injury that occurs, along with the details of any treatment given.
- Where possible, ensure access to medical advice and/or assistance is available.
- Only those with a current, recognised First Aid qualification should respond to any injuries.
- Where possible any course of action should be discussed with the child in language that they understand and their permission sought before any action is taken.
- In more serious cases, assistance must be obtained from a medically qualified professional as soon as possible.
- The child’s parents/guardians or carers must be informed of any injury and any action taken as soon as possible, unless it is in the child’s interests and on professional advice not to.
- A notification of Accident Form must be completed and signed and passed to the Health and Safety Officer.

For Transporting Children Away From Home

If it is necessary to provide transport or take children and vulnerable adults away from home the following good practice must be followed:

- You should only transport a child/ren where there are two members of staff/adults present in the selected mode of transport.
- Ensure where possible, a male and female accompany mixed groups of children or vulnerable adults. These adults should be familiar with and agree to abide by the Council’s Safeguarding Policy and Procedures.
- In addition to this, where practical, request written parental/guardian consent.
- Always plan and prepare a detailed programme of the journey and method of transport, give details of the route, anticipated length of the journey and ensure copies with contact details are available for other staff and parents/guardians.
- Ensure all vehicles are correctly insured.
- All reasonable safety measures are taken, e.g. children in the back seat, seatbelts are working.
Use of Contractors

Huntingdonshire District Council and its staff, elected members and volunteers should undertake reasonable care that contractors doing work on behalf of the Council are monitored appropriately. Any contractor or sub-contractor engaged by the Council in areas where workers are likely to come into contact with children should have their own equivalent Safeguarding Policy, or failing this, comply with the terms of this policy.

Where there is potential for contact with children it is the responsibility of the manager who is using the services of the contractor to check that the correct CRB check has been satisfactorily completed.

Use of the Internet and other technology including photography and mobile phones

There is increasing concern, not just nationally but worldwide, about the use of the internet to abuse and exploit children. Computer technology, including web cams and mobile phones, is being used in the production and widespread distribution of images and pseudo images of the abuse of children, from babies to teenagers.

As an individual wishing to take photographs (employee/ member/volunteer)

Due to the potential misuse of photographic and video/camera/mobile phone data the following procedures are to be implemented in permitting photography to take place or video/digital etc cameras to be used in certain situations. This is particularly relevant where young children may be the subjects e.g. parks and play areas, sport and recreation settings, events and community gatherings.

There are a number of public buildings which may include swimming pools, sports centres and the like that have a clearly defined policy of not allowing the taking of photographs under any circumstances.

Always ensure that you are aware of the policy underpinning the taking of and use of material within the building/open spaces that you intend to take images within. Some operators exercise a no use policy particularly in swimming pools and changing areas. This should include Mobile phone usage.

In addition to any policy operated at the premises or facility there are a number of requirements that are identified through this policy for your own safety and that of the public. As an employee of Huntingdonshire District Council you are required to enforce these.

Photos taken by Huntingdonshire District Council will be kept and stored on file for up to 2 years.

Always ensure that you:

- Obtain permission prior to using any media equipment or other device to take pictures whilst on their premises or facility checking out any in place policy.
- Permission must be in written form, given by an authorised and designated person who is aware of the reasons for the taking of the images and how they are to be used. (See Appendix 6 for sample Photography Permission form).
- Take images of crowds that show general images and do not focus in upon any one person or child without permission.
- Try to keep children’s faces obscure and away from direct identification where at all possible. (Even if permission is given by the premises/facility operator that child or parent or guardian will be happy to consent for their child to be photographed).
- Cross-reference the photographs with a code and not names and addresses, and never keep stored images with names and addresses attached or together.
- Make it clear to the parent or guardian who you are – show your security badge, why you are taking the photos and their use, how they will be stored, making it clear that the photos will not be used for any other business other than that of the promotion of the Council or by the use of any third party.
- Abide by parental wishes. If a parent or guardian does not wish their child or to be shown in an image, then this wish must be undertaken.
- Report any unauthorised taking of images to the facility/building operator or your manager immediately.
- Report any suspected misuse of/stolen images to a Designated Safeguarding Officer immediately.
- Ensure that all web images have the consent of parent and guardians for the reason they are being used.
• Ensure CD’s and portable files/photographs are kept within secured and lockable cabinets, preferable in a central designation, with a booking in and out system if on a central loaned system
• Images are not passed electronically to a third party who has not been identified to the parent or guardian as a third party involved in the original usage of the material.
• Images are not passed to any other family member or friend of the child and vulnerable adults. (The photographs belong to the photographer/media producer who has full responsibility for the welfare and wellbeing of the images and their protection).
• Only use images of children in suitable dress to reduce the risk of inappropriate use. (With sports such as swimming - the content of the photograph should focus on the activity not on a particular child or vulnerable adult and should avoid full face and body shots. (So for example shots of children in a pool would be appropriate or if on poolside from the waist or shoulder up).
• If unsure ask for guidance from a Designated Safeguarding Officer.

You never, under any circumstances take lone photographs or images of a child at the facility or at their home without written consent.

As an operator of a facility/building or an event co-ordinator:-

You must always ensure that:-

A policy is in place that covers and identifies the facility or building that replicates the requirements within this policy.

Signage is displayed in a clear and accessible place as to the requirement of visitors and users. Clearly state how someone needs to get permission to take images.

You provide a sign for stating that under the facilities Child Safeguarding Policy and for the protection of data, all users must ask permission to take images on the premises.

The sign should clearly state what will happen if any unauthorised images are taken via media equipment (including mobile phones). E.g. A request will be made for all unauthorised images to be removed immediately. If this request is refused then the facility Manager will be notified, who reserves the right to call the Police to attend to either remove any materials or confiscate the equipment according to their assessment.

In such cases the Designated Safeguarding Officer should be notified as soon as is practical of the incident and of the outcome.

Ensure that all staff adhere with the policy requirements and are briefed on how to approach and enforce the policy for victors and users.

Ensure staff understand the authorisation procedures, which should be in writing and who can give authorisation to a person to take any images in site.

Ensure there is a visible list of areas where photographic and recording equipment including mobile phones is forbidden under all circumstances e.g.

All changing areas including:

• Swimming pool
• Sports facilities
• Team changing facilities
• Health suite
• Sauna areas
• Sun bed areas
• Fitness suite and gyms
• Toilet areas
• Crèche
• Play scheme facilities
If parents or other spectators are intending to take photographs or images at an event they should also be made aware of your expectations.

- Spectators should be asked to register at an event if they wish to use photographic equipment.
- Participants and parents should be informed that if they have concerns they can report these to the organiser.
- Concerns regarding inappropriate or intrusive photography should be reported to the event organiser or official and recorded in the same manner as any other child protection concern.

Commissioning photography

If you are commissioning professional photographers or inviting the press to an activity or event it is important to ensure they are clear about your expectations of them in relation to the safeguarding of child.

- Provide a clear brief about what is considered appropriate in terms of content and behaviour.
- Issue the photographer with identification which must be worn at all times.
- Inform users, participants, parents/guardians that a photographer will be in attendance at an event and ensure they consent to both the taking and publication of films or photographs.
- Do not allow unsupervised access to children or one to one photo sessions at events.
- Do not approve/allow photo sessions outside the events or at the home of child.
Appendix 3

**EXAMPLE CONSENT FORM**

All information will be treated in strict confidence

<table>
<thead>
<tr>
<th>Event: Activity</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Name of child</td>
<td>Date of birth:</td>
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<tr>
<td>Home Address:</td>
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</tr>
<tr>
<td>Home Telephone Number:</td>
<td>Mobile Telephone Number:</td>
</tr>
<tr>
<td>Medical conditions (if any) asthma, diabetes, allergies:</td>
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</tbody>
</table>

- I confirm that my son/daughter/ is in good health and I give consent for my son/daughter to participate in the above event/activity
- I consent to any emergency treatment required by my son/daughter during the course of the event/activity
- I give consent for my son/daughter to be photographed during the course of the above event/activity and I consent to the photographs being used by Huntingdonshire District Council for bona fide promotional purposes. This also includes the use on the World Wide Web (internet).
- The information you provide will be used in accordance with the Data Protection Act 1998, to ensure the safety of all participants and may be shared with other people/organisations involved in the delivery of the above event/activity, if appropriate. By signing this form you are consenting to the Council using the information, which you have supplied in the manner stated above.

Name of Parent/Guardian

Signature

Date
## Appendix 4

**CONSENT FORM FOR THE USE OF CAMERAS AND OTHER IMAGE RECORDERS**

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<thead>
<tr>
<th>Venue/area:</th>
<th>Ref No:</th>
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<tbody>
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<td>Description of equipment:</td>
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<td>Surname:</td>
<td>Forenames:</td>
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<td>Address:</td>
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<tr>
<td>Tel No:</td>
<td>Mobile Tel No:</td>
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<tr>
<td>Fax No:</td>
<td>E-mail address:</td>
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<tr>
<td>Name(s) of the subject(s):</td>
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</table>

**Relationship of the photographer and subject(s):**

**Reason for taking photographs and/or uses the images are being, or are intended to be put to (i.e. family record/advertising etc):**

---

I declare that the information provided is true and correct and that images will only be used for the purposes stated.

Signed: ........................................................................................................

Date: ........................................................................................................

Authorised by: ..........................................................................................

Date: ........................................................................................................

Position held: ..........................................................................................

Under the Data Protection Act 1998 the information that you have provided will be used only for the purposes monitoring camera and image recorder use and will be destroyed at the end of a year.
Appendix 5

GENERAL INDICATIONS OF ABUSE

GENERAL INDICATORS OF ABUSE

- Significant changes in behaviour without explanation
- Deterioration in work
- Poor attendance at school
- Low self esteem
- Withdrawn
- Aggressiveness, anger, anxiety, tearfulness
- Extremes of passivity or aggression
- Fear of parents being contacted
- Running away
- Self Harm

PHYSICAL ABUSE

Physical indicators may include:

- Bruises/marks – on soft parts of the body e.g. cheeks, forearm (in defence), hips, stomach, upper arms, shoulders and neck
- Bruises/marks that carry the imprint of an implement or hand
- Bite marks, burns/scalds, weals
- Unexplained recurrent injuries, burns or bruises
- Untreated injuries

Behavioural indicators may include:

- Refusal to discuss injuries or improbable explanations
- Flinching from physical contact
- Acceptance of excessive punishment
- Pattern of absences which may serve to hide bruises or other physical injuries
- Wearing clothes that may cover bruises, particularly in hot weather
- Fear of undressing for PE, for example
- Aggression towards others
- Over compliant behaviour or a ‘watchful attitude’

Common sites for accidental injury

<table>
<thead>
<tr>
<th>Forehead</th>
<th>Forearm</th>
<th>Nose</th>
<th>Hips</th>
<th>Chin</th>
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</thead>
<tbody>
<tr>
<td>Knees</td>
<td>Spine</td>
<td>Shins</td>
<td>Elbows</td>
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</table>
Common sites for non-accidental injury

- Eyes: bruising/black (particularly both eyes)
- Skull: fracture, bruising/bleeding under skull (from shaking)
- Cheek/side of face: bruising/finger marks
- Mouth: torn frenulum
- Neck: bruising/grasp marks
- Shoulders: bruising/grasp marks
- Chest: bruising/grasp marks
- Upper or inner arms: bruising/grasp marks
- Back, buttocks, thighs: linear bruising (outline of belt/buckles) scalds/burns
- Genitals: bruising
- Knees: grasp marks

SEXUAL ABUSE

Behavioural Indicators may include:

- Provocative sexual behaviour, overly affectionate
- Sexual awareness inappropriate to the child’s age – shown, for example, in drawings, language, games etc
- Attempts to teach other children about sexual activity
- Sexualises non-sexualised objects or events
- Regression to younger behaviour, e.g. bed wetting, thumb sucking
- Refusing to stay with or avoid being left alone with certain people or go to certain places
- Frequent public masturbation / exposing self
- Over-compliant behaviour
- Tries to tell about abuse through hints or clues
- Self harm

Physical Indicators may include:

- Anal or vaginal soreness
- Unusual discharge
- Persistent urinary tract infection
- Tiredness, lethargy, listlessness
- Sexually transmitted diseases and infestations
EMOTIONAL ABUSE

Physical Indicators may include:

- Delays in physical development
- Self harm
- Sudden speech disorders
- Physical complaints with no medical basis

Behavioural Indicators may include:

- Delays in intellectual development
- Continual self-deprecation
- Negative statements about self
- Over-reaction to mistakes
- Fearfulness
- ‘Neurotic’ behaviour – obsessive rocking, thumb-sucking, and so on
- Air of detachment – ‘don’t care’ attitude
- Social isolation – does not join in and has few friends
- Desperate attention seeking behaviour

Family or Parental behaviour:

- Mental ill-health – suicide attempts, depression, threats
- Domestic Violence
- Alcohol and drug abuse
- Blames or puts down child
- Cold and rejecting
- Indifferent to child's problems or welfare
- Withholds affection
- Shows preferential treatment when there is more than one child in the family
NEGLIGENCE

Physical indicators may include:

- Constant hunger and tiredness
- Underweight or obesity
- Poor personal hygiene
- Inappropriate or poor state of clothing
- Poor skin or hair tone
- Untreated medical problems

Behavioral indicators may include:

- Social isolation
- Frequent lateness or non-attendance at school
- Destructive tendencies
- Poor relationships with peers
- Scavenging and scrounging

Parental behaviour

Neglect is often characterised by parents “omitting” to care appropriately for their children:

- Leaving them at home when they are too young to care for themselves
- Exposing children to dangerous situations
- Putting their own needs before those of their children
- Leaving them with inappropriate carers
- Failing to provide adequate shelter, food or clothing
CHILD SEXUAL ABUSE

See Page 36 for definition, Appendix 11 for referral form and Appendix 6 for signs of CSE in children and young people

DISABLED CHILDREN

Disabled Children are more vulnerable to abuse as they:-

• Receive intimate personal care, possibly from a number of carers, which may increase the risk of exposure to abusive behaviour

• Have an impaired capacity to resist or avoid abuse

• Have communication difficulties or lack of access to an appropriate vocabulary which may make it difficult to tell others what is happening

• May not have someone to turn to, may lack the privacy they need to do this, or the person they turn to may not be receptive to the issues being communicated

• May be inhibited about complaining because of a fear of losing services

• Are especially vulnerable to bullying and intimidation

• Are more vulnerable than other children to abuse by their peers.

Disabled children living away from home are particularly vulnerable. In addition to the risk factors that exist for all children, disabled children are at risk of particular forms of abuse e.g. over-medication, poor feeding and toileting arrangements, lack of stimulation and issues around control of challenging behaviour lack of information, lack of emotional support (Department of Health, 1997).
DOMESTIC VIOLENCE

Definition:

Cambridgeshire’s definition of Domestic Violence is:-

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

* This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Children may be injured during episodes of domestic violence or suffer great anxiety and emotional distress by witnessing and hearing the physical and emotional suffering of the parent.

DRUG / ALCOHOL ABUSING PARENTS

Drugs and alcohol abuse by parents can have a serious effect on their children.

70% of children taken into care have parents who are suspected of substance abuse. Not all parents who abuse drugs or alcohol mistreat or neglect their children, but sometimes children can be put at considerable risk.

There is an increased risk of violence in families where parents abuse substances. Children can suffer from lack of boundaries and discipline and live chaotic lives. This can seriously affect their psychological and emotional development and may cause problems with their relationships later on in life.
MENTAL HEALTH

At any one time one in six adults in Great Britain may be affected by mental illness. Depression and anxiety are common whereas psychotic disorders are much less common. Approximately 30% of adults with mental ill health have dependent children. Mothers are more at risk than fathers. (Working Together, 2010)

Not all parents with a mental illness will struggle to parent their children. However the nature of the mental illness, the stage of development of the child and the availability of support networks will determine the impact of the parental mental illness on the child.

Parents may experience difficulties in their capacity to:

- Provide physical care, medical care, food, shelter, clothing, hygiene
- Provide protection from harm/danger and to recognise hazards
- Promote secure stable affectionate relationships with adults to be responsive, warm and encouraging
- Provide stimulation, communication, encouragement, talking and responding
- Provide guidance and set boundaries – modeling appropriate boundaries, control of emotions, allowing the child to become autonomous
- Provide stability – secure attachments, consistency and continuity

For further information please see Cambridgeshire LSCB guidance

CHILD SEXUAL EXPLOITATION

Cambridgeshire uses the Barnardo’s definition of Child Sexual Exploitation, which is:

<table>
<thead>
<tr>
<th></th>
<th>Inappropriate relationships</th>
<th>Usually involving one perpetrator who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>‘Boyfriend’ model of exploitation and peer exploitation</td>
<td>The perpetrator befriends and grooms a young person into a ‘relationship’ and then coerces or forces them to have sex with friends or associates. Our services have reported a rise in peer exploitation where young people are forced or coerced into sexual activity by peers and associates. Sometimes this can be associated with gang activity but not always.</td>
</tr>
<tr>
<td>3</td>
<td>Organised/networked sexual exploitation or trafficking</td>
<td>Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced / coerced into sexual activity with multiple men. Often this occurs at ‘sex parties’, and young people who are involved may be used as agents to recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised “buying and selling” of young people by perpetrators.</td>
</tr>
</tbody>
</table>
CHILD SEXUAL EXPLOITATION

See Appendix 11 for referral form and Appendix 6 for signs of CSE in children and young people.

THE INTERNET AND MOBILE PHONES

Increasingly children and young people are being abused, groomed and becoming victims from our advancing technology.

- The Internet - Sexual Exploitation / Grooming / Pornography / Chat rooms / Viruses
- Mobile Phones - Sexting / Less parental control over access to the internet / locating a young persons’ whereabouts and movements / posting pictures
- Cyber Bullying - Internet / Facebook / Mobile phone texts -pictures

Appendix 6

CHILD SEXUAL EXPLOITATION - THE WARNING SIGNS

CSE: The warning signs

Purpose: To enable a wide range of professionals to improve their awareness of the signs of potential or actual child sexual exploitation.

This document is targeted towards professional colleagues whilst working with and safeguarding children and young people.

Increased vulnerability to sexual exploitation:

Children in care are particularly vulnerable due to their “distance” from the Guardian/Carer.

Children and young people with disability, additional needs, poor social skills, or very low self-esteem may be open to approaches by exploitative adults, peers or older young persons.

Children and young people who feel that they don’t ‘belong’ may be easily convinced by plausible approaches, e.g. by an older person who says they are ‘not like the rest’ of their contemporaries; who says they love them; who convinces them that they can make money by sexual favours.

Children and young people who are introduced to drugs/alcohol/substance misuse by exploitative adults/peers may be afraid of their family discovering their behaviours.

Young people may spend time at ‘parties’ where they are introduced to other abusers.

Likely behaviours may include:

- Repeatedly going missing, particularly overnight
- Coming home with unaccounted gifts, i.e. clothes, money, food, jewellery and drugs. (Common one being a mobile phone.)
- Having a relationship with an older partner with whom there may be concerns
- Excessive & secret use of internet and/or mobile (potential grooming?)
- Having several SIM cards, frequent mobile phone top ups
- Being unusually secretive (where have they been, who are their friends)
- Mood swings and changes in behaviour

“Can you recognize the warning signals? It is important that we are all aware of the indicators of sexual and physical abuse and exploitation”

“There could be other explanations and further exploration with family, carers, friends and inter-agency discussion could prove helpful”

“If a child confides in you it’s important that you believe them; reassure them that disclosure was the right thing to do”

“Some parents or carers might not recognize the signals at all – share this list of signs with them”
• Losing contact with family and friends of their own age & associating with an older age group.
• Unrecognised cars arriving at the home, particularly at unusual times
• Alcohol/substance misuse
• Unexplained injuries
• Low self-esteem, leading to a change in personal appearance
• Excessive washing or bathing particularly when returning from ‘missing’ episodes

How to proceed:

Discuss your concerns with family/carer of child (only where appropriate)

• Concerns if child is spending disproportionate amounts of time away from home and/or seems guarded in front of parents or carer.
• As soon as possible, discuss with your Supervisor
• As soon as possible, inform the Cambridgeshire or Peterborough Contact Centre if a Child Protection Concern
• Police should always submit a National Intelligence Report
• Check/understand/apply your agency procedures
• View Cambridgeshire and Peterborough LSCB websites for inter-agency procedures around Child Sexual Exploitation

Peterborough & Cambridgeshire - Child Sexual Exploitation Strategy 2012 – 14

Cambridgeshire Local Safeguarding Children Board

Appendix 7

CAMBS LSCB CHILD SEXUAL EXPLOITATION RISK ASSESSMENT FORM

If you suspect anyone is in immediate danger call the Police on 999

Child Sexual Exploitation: Referral Risk Assessment

If you suspect or know that a child is at risk of CSE, this Form must be sent promptly to Cambridgeshire Multi- Agency Safeguarding Hub (MASH formerly the MARU) by E-mail to: maru.cp@cambs.pnn.police.uk. or via Fax: 01480 425924

This form allows you to explore some of the underlying vulnerabilities and risk indicators present in a child or young person that you think or know might be at risk of Child Sexual Exploitation. It is intended to support anyone working with the child or young person to consider the risk to them and to think about what to do with the information you have. You should always bear in mind that other services may have shared other information with the MARU which you will be adding to, so if you identify any risks in any section, you should complete and send this form to the MASH.

"Exposing Child Sexual Exploitation can take weeks, maybe months – it is not always immediately recognized nor identified, good awareness increases CSE identification"

Part One – Child or young person’s details (this can apply to victim or perpetrator under 18 years old)

Is this young person a potential victim of CSE? Please tick □
Is this young person a suspected perpetrator of CSE? Please tick □

Gender (please circle which one applies): M / F

Family Name

First Names

Alternative name(s)/aka/alias/nickname:

Date of Birth:

Address (Home and/ or where child is staying):

Child/ Young person’s telephone:
Mobile:

Parent/Carer

Parent or carer’s telephone number:
Is the subject/person aware of this referral? YES or NO? 
If YES show name of individual who informed the subject/person.

Part two – Professional’s details

<table>
<thead>
<tr>
<th>Name of Professional completing the form :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>E-mail address:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Mobile:</td>
</tr>
<tr>
<td>Date completed:</td>
</tr>
</tbody>
</table>

Part 3 Further information about the child or young person

Is the Child/YP subject to Statement of Educational Needs Y/N
Is the child or young person known to have a disability Y/N If yes please describe the disability/or known learning difficulties and any support given:

Other agencies known to be involved with child and family (if relevant e.g. school, GP etc.)

First Language/Language Spoken _______ Interpreter Required Y/N

<table>
<thead>
<tr>
<th>☐ White British</th>
<th>☐ Traveller of Irish Heritage</th>
<th>☐ White &amp; Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ White Irish</td>
<td>☐ Indian</td>
<td>☐ Any other mixed background</td>
</tr>
<tr>
<td>☐ Any other White background</td>
<td>☐ Pakistani</td>
<td>☐ Chinese</td>
</tr>
<tr>
<td>☐ Gypsy/Roma</td>
<td>☐ Bangladeshi</td>
<td>☐ Any other ethnic group</td>
</tr>
<tr>
<td>☐ Caribbean</td>
<td>☐ Any Other Asian Background</td>
<td>☐ Prefer not to say</td>
</tr>
<tr>
<td>☐ African</td>
<td>☐ White &amp; Black Caribbean</td>
<td></td>
</tr>
<tr>
<td>☐ Black (other background</td>
<td>☐ White &amp; Black African</td>
<td></td>
</tr>
</tbody>
</table>
Part 4. Vulnerabilities – These are ‘underlying’ factors which may make a young person more at risk of being targeted for CSE. They give context to the specific indicators of CSE in section 2. However, the absence of these vulnerabilities does not preclude children being targeted; evidence shows victims can come from any background and without any prior vulnerability. Please tick if you are aware of any of these in respect of the child or young person. If you tick any box, you must give more detail in Part 6.

<table>
<thead>
<tr>
<th><strong>Part 4. Vulnerabilities</strong></th>
<th><strong>Tick if Yes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Known to Children’s Social Care/CP Plan/LAC, now or previously</td>
<td></td>
</tr>
<tr>
<td>Sexuality (if known) or is the child or young person unsure about their sexual orientation or unable to disclose sexual orientation to their families/friends?</td>
<td></td>
</tr>
<tr>
<td>Migrant/refugee/asylum seeker/trafficked status through NRM?</td>
<td></td>
</tr>
<tr>
<td>Involvement with the Youth Justice system? Is there or has there been involvement from any other Agency, such as drug &amp; alcohol or mental health services?</td>
<td></td>
</tr>
<tr>
<td>Has sexual exploitation previously been identified as a specific issue for this child?</td>
<td></td>
</tr>
<tr>
<td>Is there evidence or knowledge of neglect by parent/carer/family member?</td>
<td></td>
</tr>
<tr>
<td>Is there evidence or knowledge of physical/emotional/sexual abuse by parent/carer/family member? Or has there been a lack of positive relationship with a protective/nurturing adult?</td>
<td></td>
</tr>
<tr>
<td>Family history of/current knowledge of: substance misuse; mental health difficulties; domestic abuse; parental learning difficulty? Has the young person been a young carer</td>
<td></td>
</tr>
<tr>
<td>Is there a family history or current knowledge of poverty or deprivation? Or unsuitable or inappropriate accommodation (Inc. street homeless, staying with inappropriate adults/hostel/B&amp;B).</td>
<td></td>
</tr>
<tr>
<td>Is there a family history or current knowledge of exploitation or prostitution?</td>
<td></td>
</tr>
<tr>
<td>Breakdown of family relationships, family bereavement; recent bereavement of the child or young person?</td>
<td></td>
</tr>
<tr>
<td>Is there a history or current knowledge or history of social isolation or of low self-esteem or history or current knowledge of being bullied or of bullying?</td>
<td></td>
</tr>
</tbody>
</table>
Part 5. Risk Indicators: Children are groomed and exploited in different ways. It may be
difficult for parents, carers and practitioners to differentiate between ordinary teenage
behaviour and the risk of or involvement in sexual exploitation but below are some signs that
may signify if the child is being groomed for sexual exploitation or actually being sexually
exploited. Please tick if you are aware of any of these in respect of the child or young person.
If you tick any box, you must give more detail in Part 6.

5a. Within family/home/relationships

| Change in behaviour – being more secretive/withdrawn/isolated from peers or not mixing
  with usual friends. |
|-------------------|
| Increasingly disruptive, hostile or physically aggressive at home or school including use of
  sexualised language. |
| Associating/relationship with significantly older men or women who encourage emotional
  dependence, loyalty and isolation from safe relationships (record details of adults i.e. occupation/description) |
| Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of
  manipulation, violence and/or threats. |
| Associating with other sexually exploited children. |
| Multiple callers (unknown adults/older young people) |
| Estranged from family |
| Regular coming home late or going missing from home, care or education for any period of
  time (whether reported or not) |
| Returning home after long periods appearing well cared for. |

5b. Health and Mental health

| Change in physical appearance (new clothes. More/less make-up, weight gain/loss |
| Increased health/sexual health related problems |
| Marks or scars or physical injuries on the body or face which they try to conceal |
| Expression of despair (Inc. depression, mental ill health, self-harm, suicide thoughts/attempts, overdose, eating disorder) |
| Branding (i.e. gang logos) |
| Repeat/unplanned pregnancy or pregnancies (including ending in termination/miscarriage(s)) |
| Sexually Transmitted Infections (STIs) and/or repeat tests particularly with negative result. |
### 5 c Behaviour and experiences

- Concealed/concerning use of the internet including web-cam, online gaming (via X-Box, PlayStation), chat rooms etc.
- Exclusion from school or unexplained absences from, or not engaged in school/college/training/work
- Failing to respond to attempts to keep in touch by workers/carer or recent disengagement
- Reports of being taken to hotels, nightclubs, takeaways or out of the area by unknown adults.
- Sexualised risk-taking including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers)
- Young gay/bisexual exploring sexuality in unsupported way
- Association with gangs
- Increasing use of drugs or alcohol or misuse of drugs or alcohol
- Fear of victimisation from other gangs due to gang affiliation or rivalry
- Constrained by ‘rules’ of a gang
- Inability to negotiate exit from a gang due to fear/dependency
- Displaying signs of harassment/unwanted attention
- Fear of gang leaders
- Evidence of sexual bullying and / or vulnerability through the internet and / or social networking sites
- Involved in criminal offending activity (i.e. ASB/criminal damage/theft)
- Unusual association with groups of adults.

### 5 d Appearance and possessions

- Unexplained amounts of money, mobiles, credit, expensive clothing, jewellery or other items gifts
- Overt sexualised dress
- Having multiple mobile phones, SIM cards or use of a phone that causes concern – multiple callers or more texts/pings than usual
- Possession of hotel keys/cards of keys to unknown premises
### 5 e Incidents

If any of these are known to have happened and the Police or Social care are not yet aware you must refer to the local CSE Team, if there is one, otherwise to Social Care – or direct to the Police in emergencies. **PLEASE PUT DATE, TIME AND PLACE OF INCIDENT WHERE KNOWN**

<table>
<thead>
<tr>
<th>Incident Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child under 13 engaging in penetrative sex with someone over 15 years.</td>
<td></td>
</tr>
<tr>
<td>Entering / leaving vehicles, cars with unknown adults</td>
<td></td>
</tr>
<tr>
<td>Child meeting different adults and exchanging or ‘selling’ sexual activity</td>
<td></td>
</tr>
<tr>
<td>Frequenting areas known for on/off street sex work</td>
<td></td>
</tr>
<tr>
<td>Receiving rewards of money or goods for introducing peers to CSE adults</td>
<td></td>
</tr>
<tr>
<td>Disclosure of sexual/physical assault followed by withdrawal of allegation</td>
<td></td>
</tr>
<tr>
<td>Knowledge of towns or cities they have no previous connection with</td>
<td></td>
</tr>
<tr>
<td>Being taken to clubs or hotels and engaging in sexual activity</td>
<td></td>
</tr>
<tr>
<td>Abduction or forced imprisonment</td>
<td></td>
</tr>
<tr>
<td>Association with taxi firms/takeaway owners (night-time economy)</td>
<td></td>
</tr>
<tr>
<td>Being taken to brothels/massage parlours</td>
<td></td>
</tr>
<tr>
<td>Seen in CSE hotspots (certain flats, recruiting areas, cars or houses)</td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE COMPLETE PART 6 ON THE NEXT PAGE ONCE YOU HAVE COMPLETED THESE SECTIONS**
Part 6: What are you worried about? NB The detail in this section will provide the basis for the assessment of risk to the child or young person by the MASH and any subsequent action taken.

Please complete some details around the circumstances of the referral. If you have ticked any of the boxes in the previous two sections (4 and 5), please give the details here and any other detail you think is relevant. This can include detail about other young people or adults that you think may be involved or addresses where activity is thought to be taking place.
Receiving a Disclosure of Abuse from a Child / Young Person

- Be:  **Attentive / Calm / Reassuring / Non Judgemental**

- Ensure that the child / young person is, and feels safe.
- Seek necessary medical treatment, if appropriate, without delay.
- Use positive body language - don’t initiate physical contact.
- Find and have the time to listen to the child / young person.
- Tell the child / young person they are not to blame - it’s not their fault.
- Express a willingness to take what the child / young person says seriously - do not express disbelief.
- Explain to the child / young person that they have done the right thing to tell you.
- Do not promise that you will be able to keep secret the things the child / young person has told you - be honest and explain that it will be necessary to tell someone else.
- Keep questions to a minimum and ask only open questions. Avoid using closed questions or leading questions.
- Give the child / young person time to answer don’t hurry them or interrupt.
- Use the child’s / young person’s own words but do check out with the child / young person what they mean if this is unclear (for example, the child / young person may have particular words for parts of the body or explanations as to what has happened to them).
- Repeat back to the child / young person (as accurately as possible) what you have heard to check your understanding of what they have told you.
- Don’t make assumptions about the child / young person’s feelings.
- Avoid condemning the abuser.
- Ask the child / young person if he/she has told their mum/dad/other people these things.
- Any child old enough to communicate directly should be asked how he/she hurt himself/herself. In younger children it is perfectly normal to ask the parent/carer what happened where an injury is clearly visible.
- Tell the child / young person what will happen next and what you intend to do.
- Write down what the child / young person has told you as soon as possible after the event. Ensure that records are recording factually and signed and dated.

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Appendix 9

CAMBS LSCB MULTI-AGENCY SAFEGUARDING REFERRAL FORM

To ensure that the most up-to-date referral form is used, please follow the link below and complete the form online.

http://www4.cambridgeshire.gov.uk/lscb/report
Appendix 10

MASH LEAFLET
Vision: A partnership approach to:

1. Early identification and understanding of risk
2. Victim identification and intervention
3. Harm identification and reduction
Objectives

1. Develop a multi-agency risk assessment and referral process approach to deal with Domestic Abuse and the Safeguarding of both Vulnerable Adults, Children and Missing Persons.

2. Enhance timely, efficient and comprehensive communication between the partners through co-location or integration and greater partnership working.

Benefits

1. By working together we can prevent duplication and ensure children and adults receive the best possible service available.

2. By working together we can share information, specialist skills and provide a much more integrated service.

3. By co-locating or integrating we can cut bureaucracy and be more efficient with our resources, building on the expertise of each agency and sharing knowledge and experiences.
How does it work?

The fundamental purpose of the MASH is to contribute to improved outcomes for safeguarding children and adults within Cambridgeshire and Peterborough through collaboration and close integration of services and processes. This is to be achieved through an approach that believes that safeguarding of the most vulnerable is a shared responsibility. The MASH strengthens the gathering and sharing of information held by various agencies and organisations, informing and formulating a multi-agency risk assessment of each case.

The MASH

- Accepts and directs contacts received from any source, including police, education, health, NSPCC and members of the public.
- Manages information sharing from all agencies, recording the concerns on appropriate data bases, analysing both historical and current concerns to achieve a timely response adhering to timescales.
- Makes informed threshold decisions at a managerial level using the threshold documents and protocols agreed by all partner agencies.
- Ensures that an appropriate pathway is followed for on-going intervention.
- Liaises with the early intervention services on behalf of children and families who may need enhanced or universal services but do not meet the threshold for statutory intervention.
- Provides consultation and advice to agency referrers about thresholds, appropriate actions and outcomes.
- Provides signposting for locality services, voluntary agencies and organisations.
- Provides feedback to partner agencies following their referrals to ensure a consistent ownership of all information where there are concerns for wellbeing.
Partners involved

- Cambridgeshire Constabulary
- Cambridgeshire County Council
- Peterborough City Council
- Cambridgeshire and Peterborough Probation Trust
- Cambridgeshire and Peterborough Clinical Commissioning Group
- Cambridgeshire Community Services
- Cambridgeshire and Peterborough Foundation Trust
- Cambridgeshire Fire and Rescue Service
- Cambridge Women’s Aid
- Peterborough Women’s Aid
- Refuge
- Link to Change
- Inclusion Cambridgeshire (South Staffordshire & Shropshire NHS Foundation Trust)

September 2014

4
Appendix 11

MAKING A REFERRAL

When a referral is made it is essential that you provide as much relevant information as possible. You will be asked to provide the details listed on the Single Agency Form so it is often a good idea to have one in front of you when making the call. If there has been a CAF completed previously, send this to support the referral.

The following prompts will help you to bring together all of the relevant information necessary:

- Child’s details - all names by which known, DOB, Address/Tel No., ethnicity, any health issues, disability that may affect communication etc.
- Family Details - parents/carers, any father figures (names)? any other children in the family, ethnicity, cultural background, need for interpreter, GP etc. Who does the child live with?
- School History - previous schools, attendance record, behaviour, progress, relationship with school, are they in school or educated elsewhere etc.
- Any previous concerns - any previous referrals made, outcomes, who else is working with the family etc.
- Current concern - what has prompted your referral today?
- Physical injury - where on the body, shape and size (use body maps), how caused etc.
- Sexual abuse - has the child disclosed, what did they say, what was their emotional state, has the child displayed sexualized behaviour, give details, what has the child been doing? Etc.
- Emotional abuse - likely to have been a number of concerns, how does the child function at school, with peers, with adults, with their parents/carers? Etc.
- Neglect - likely to have been a number of concerns, how has the child presented? Is it affecting their development, physically and emotionally?
- Are the parents/carers meeting the child’s developmental needs?
- Informing parents/carers - in most cases it is agreed that it is better to tell the parent/carer that a referral is being made. However, where a child discloses sexual abuse or you feel that the child would be put at further risk of harm by informing parents, discuss it with the duty social worker, refer if necessary and record your reasons for not informing parents/carers.
- Record - record all your actions and the responses from other agencies.
- Names - ensure you get the name of the person you spoke to and give your name and contact details.
- Professional judgement - value your professional judgement. Your information will be crucial.
All new referrals to Social Care are made via Cambridgeshire Direct Contact Centre 0345 045 5203 who pass on the referral to the relevant team.

They will take your referral over the phone or you can fax (01480 376748) or email (if secure) a copy of the completed SIF to the Contact Centre. If a CAF is already open for the child, send the CAF to support the referral. Please ensure that you keep a copy of the referral in your child protection files.

ReferralCentre.Children@cambridgeshire.gov.uk

Adapted from Education Child Protection Service – Designated Person Training 2010 / Working Together 2013

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