



SAFEGUARDING AND CHILD PROTECTION POLICY

**Keeping children and young people safe is everyone's
responsibility**

Document Control

Title:	Safeguarding and Child Protection Policy
Version:	Version 1
Approved By:	The Cabinet
Date Approved:	
Author:	Martin Cowan
Next Review Date:	November 2020

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1 INTRODUCTION

Abuse can occur within many situations including the home, school and all forms of clubs and societies. It is known that some individuals will actively seek employment or voluntary work with children in order to harm them. Safeguarding children – the action we take to promote the welfare of children and protect them from harm – is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.

All Stratford-on-Avon District Council (SDC) staff, and particularly those who come into contact with children and young people during the normal course of their duties, should be able to identify the signs and symptoms of abuse and neglect, know how to share that information and work together to provide children and young people with the help they need. In addition to this, SDC recognises that it has both a moral and legal obligation to ensure that when staff are given responsibility for children they should provide them with the highest possible standard of care.

This Policy has been developed on the basis of guidelines set out by Warwickshire Safeguarding Children’s Board (WSCB).

1.1 Policy Statement:

“The Council believes that safeguarding is everybody’s business, with employees, Members, contractors, partners and the public playing a part in promoting wellbeing, preventing harm and responding effectively if there are concerns about neglect or abuse.

The Council will work with its partners to help to protect those least able to protect themselves, while empowering them and respecting their wishes, needs and feelings.”

This means:

- Promoting an understanding that safeguarding is everyone’s responsibility; for services to be effective every member of staff has to play their full part.
- SDC is committed to safeguarding children and protecting them from abuse when they are engaged in services organised and provided by, or on behalf of, the Council.
- SDC will take seriously any concern made by a councillor, employee, member of the public, volunteer or contracted service provider, child or vulnerable adult and treat it sensitively.
- Referrals made by a councillor, employee, member of the public, volunteer or contracted service provider cannot be anonymous. These should be made in the knowledge that individuals may be required to be a prosecution witness. This will be made clear to the individual who made the referral
- Those making a referral should be reminded to then keep details of their referral confidential and to deal with the data they know or suspect without breaching any Data Protection protocols. SDC will not tolerate harassment of any councillor, employee, member of the public, volunteer, contractor, child or vulnerable adult who raise concerns of abuse.
- SDC will work in co-operation with Warwickshire County Council. It will comply with the WSCB Inter-agency Safeguarding Procedures and will respond positively to any recommendations regarding the improvement of its safeguarding and child protection policy and procedures

1.2 Named Senior Officers

SDC is a member of the WSCB and as such has a named Officer who has overall responsibility for:

- ensuring that the organisation operates procedures for dealing with allegations in accordance with the guidance in Sections 3 and 6 of WSCB Inter-agency Safeguarding Procedures;
- resolving any inter-agency issues; and,
- Liaison with the WSCB on the subject.

The named Senior Officer is the Executive Director with responsibility for paid service.

1.3 Named Officers – Officer Lead for Safeguarding Children:

Lead: Housing Options Manager

Deputy: Private Sector Housing Manager

2 RECOGNISING ABUSE

2.1 Being alert to children's welfare

Safeguarding and promoting the welfare of children for the purposes of this guidance is defined as:

- protecting children from maltreatment,
- preventing impairment of children's health or development,
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best life chances.

This guidance applies to all children who have not yet reached their eighteenth birthday. The fact that a child has reached sixteen years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his or her status or entitlement to services or protection.

Child protection is part of safeguarding and promoting welfare. It refers to the legal activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

2.2 Assessing children in need

The Department of Health Framework for the Assessment of Children in Need and their families provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child.

The framework is to be used for the assessment of all children in need including those where there are concerns that a child may be suffering significant harm. The definition for children in need used in Warwickshire identifies a range of circumstances in which children may be deemed in need if their health or development would be impaired without provision of service.

2.3 Background factors influencing the vulnerability of children

Many families under great stress nonetheless manage to bring up their children in a warm, loving and supportive environment in which the children's needs are met and they are safe from harm. Sources of stress within families may, however, have a negative impact on a child's health, development and well-being, either directly, or because they affect the capacity of parents to respond to their child's needs. Research tells us that such sources of stress may include the following:

Social exclusion

Including poverty, racism, and other forms of harassment, contributing to issues such as poor housing/education/health.

Domestic abuse

Noting the inter-relationship between domestic abuse and the neglect of children, the emotional abuse they suffer from witnessing abuse and sometimes may become physically abused themselves.

Mental Health

Parental illness may markedly restrict children's social and recreational activities. Where severe, children may have age inappropriate caring responsibilities placed upon them. Children may become targets for aggression or rejection or may be neglected as a result of a parent's illness.

Drug and Alcohol Misuse

As with mental ill health, it is important not to generalise, or make assumptions about the impact on a child of parental drug and alcohol misuse. It is, however, important that the implications for the child are properly assessed.

Parental Learning Disability

Where a parent has a learning disability it will be important not to generalise or make assumptions about their parental capacity. They may need support to develop the understanding, resources, skills and experience to meet the needs of their children.

Children with a disability

The particular needs of children with disabilities may make initial recognition more difficult. Disclosures of abuse may be less likely from children who are disabled because of communication difficulties, or isolation, or lack of awareness.

Sexual Exploitation

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (eg food, accommodation, drugs, alcohol, cigarettes, affectation, gifts, money) as a result of them performing and/or another or others performing on them, sexual activities.

Child Victims of Trafficking

Trafficking is the control, movement and exploitation of children or adults (trafficking does not need to be between countries, it can be from one town or village to another).

Female Genital Mutilation

Female genital mutilation, also regarded as physical abuse, is a collective term for procedures which include the removal of part or all of the external genitalia for cultural or non-therapeutic reasons.

Additional consideration also needs to be given to children who are:

- Young carers
- Asylum seekers
- Looked after by the Local Authority (Warwickshire County Council)
- Otherwise living away from home (such as in a private fostering arrangement)
- Vulnerable to being bullied, or engaging in bullying behaviours
- Living in temporary accommodation
- Living transient lifestyles
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- Speaking a language other than English as a first language
- At risk of becoming radicalised, involved in gangs and / or subject to violent extremism

2.4 Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority (Warwickshire County Council) is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (Section 47).

The legal definition of significant harm is contained within the WSCB Inter-agency Safeguarding Procedures, but there are no absolute criteria on which to rely when judging what constitutes significant harm.

(<https://www.safeguardingwarwickshire.co.uk/safeguarding-children/i-work-with-children-and-young-people/interagency-safeguarding-procedures>)

2.5 Definitions of Abuse

The following definitions of abuse and the guidance on recognition are given to assist professional staff and those providing services to children in assessing whether abuse may have occurred.

A Child - Is defined as a young person who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Abuse - Someone may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Neglect

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

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

Deprivational abuse is the deliberate and malicious prevention of a child's needs being met. This would usually involve withholding those things which are necessary to meet a child's needs and is a form of neglect. i.e withholding food, water, shelter but also withholding affection, trust, love and other positive emotions which promote healthy development in a child.

Physical Abuse

A form of abuse which 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 causes, illness in a child.

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 the outside of clothing. They may 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.

Emotional Abuse

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 communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitations of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

2.6 The Impact of Abuse and Neglect

The sustained abuse or neglect of children physically, emotionally or sexually, can have major long-term effects on all aspects of a child's health, development and well-being.

The harm may be physical, such as neurological damage, physical injuries, impaired growth, disability, or in the extreme case, death.

The harm may be emotional and impact on a developing child's mental health, behaviour and self-esteem and is especially damaging in infancy. Domestic abuse, adult mental health problems and substance misuse may feature in the families where children suffer emotional harm.

The harm may be psychological, manifesting itself in behaviour problems, such as aggression, long-term difficulties with social functioning and relationships, educational difficulties or intellectual impairment.

Sexual abuse can lead to disturbed behaviour, including self-harm, inappropriate sexualised behaviour that may endure into adulthood. The severity of the harm increases the longer the abuse occurs, the more extensive the abuse and the older the child. The severity of harm is also linked to the extent of pre-meditation and the degree or threat of coercion. The child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by support of a non-abusive adult or carer who believes the child, offers protection and helps the child to understand the abuse.

3 MAKING A CHILD PROTECTION REFERRAL

3.1 In What Circumstances to Refer

It is particularly important that all those whose work either brings them into contact with children or contact with adults who have children, are alert to the definitions and indicators of child abuse.

In circumstances where you have concerns that a child is suffering or is likely to suffer significant harm to his or her health or development, or where a child gives information detailing abuse, the following principles must be adhered to:

- a) concerns and allegations, whatever their origin, must be taken seriously and considered with an open mind which does not pre-judge the situation,
- b) in circumstances where a child volunteers/discloses information about abuse, listen to the child. Ask sufficient questions to establish concern. Do not interrogate him/her
- c) never stop a child who is freely recalling significant events,
- d) the child should not be asked to repeat their story to a colleague or asked to write it down,
- e) in circumstances where a child has an injury but no explanation is volunteered, it is acceptable to enquire how the injury was sustained,

f) if there are concerns about the explanation given for the cause of the injury, these must be referred to the Multi Agency Safeguarding Hub (MASH),

g) always make a written record as soon as possible of any information volunteered to you. The record will include the time it was written, the setting, personnel present, as well as what was said,

h) record all subsequent events/interactions up to the time of Children's Services/Police intervention,

i) do not promise confidentiality,

j) **ACT NOW – DO NOT DELAY.** If you are at all unsure, contact your Line Manager or Head of Service in the Line Manager's absence, for advice about your safeguarding concerns and whether to make a child protection referral. This should not unduly delay the referral process.

It is the responsibility of the individual member of staff who identifies concerns to ensure that the matter is referred to the MASH at Warwickshire County Council.

While staff should, in general, seek to discuss any concerns with the family and, where possible, seek agreement to make the referral to MASH, this should only be done where such discussions will not place a child at increased risk of significant harm or cause any significant delay.

Concern need not be related to a single specific incident. It may also arise from the accumulation of minor concerns.

Information must be shared in accordance with the MASH Information Sharing Agreement (<https://apps.warwickshire.gov.uk/api/documents/WCCC-1073-740>) and the Council's Data Protection Policy (<https://www.stratford.gov.uk/doc/207340/name/Data%20Protection%20Policy.pdf>)

3.2 Procedures to follow when making a referral

Download and complete the Multi Agency Referral Form (MARF) which can be accessed via the MASH website [http:// https://www.warwickshire.gov.uk/safeguardingreferral /](http://https://www.warwickshire.gov.uk/safeguardingreferral/) and email it to: mash@warwickshire.gov.uk

If a child is at immediate risk of serious harm requiring immediate action and where a delay caused by the completion of this document would cause further harm, then contact the MASH directly on: **01926 414144 . Lines are open from:**

- Monday to Thursday: 8:30am – 5:30pm
- Friday: 8:30am – 5:00pm

Out of hours, for all areas in the county, the Emergency Duty Team should be contacted on: **01926 886922**

The contact must always be followed up by completing and submitting the MARF to the MASH. (Appendix A)

When you are making a referral regarding child protection concerns, it is important to have the following information wherever possible readily available for the duty social worker:

- Name, date of birth, ethnic origin, gender of the child, address and telephone numbers;
- The reasons for your concern;
- Injuries and/or other indicators observed;
- The child's first language;
- Details of any specific needs of the child, e.g. disability, etc;
- Details of family members, if known;
- Other agencies, professionals involved;
- Family doctor.

Emergency contact:

If you think that a child is at immediate risk, contact the police immediately on **999**.

For non-urgent concerns, complete the Multi Agency Referral form and email it to: : mash@warwickshire.gov.uk

4 LOW LEVEL CONCERNS

4.1 Early Help (formerly known as CAF)

There are circumstances where staff may be concerned about the well-being of a child, although it is NOT a child protection concern. Under these circumstances, trained staff can initiate the Early Help process. The intention is to ensure that any child or young person in Warwickshire with additional needs, which do not meet thresholds for intervention by statutory services, is provided with access to support.

Any child or young person up to age 19 (up to age 24 if the young person has a learning difficulty or disability), is entitled to an Early Help assessment to support them or their families, particularly where:

- There are worries about how a child or young person is progressing, for example concerns relating to their health, development, welfare, behaviour or any other aspect of their well-being
- A child or young person or their parent/carer raises concerns
- The child or young person's needs are unclear, or not being met by their current service provision

The Early Help process can address emerging needs, which may include (but are not limited to):

- A significant change in the child's behaviour and/or appearance
- Children at risk of exclusion from school
- A routine visit (e.g. housing) which may raise concerns about the welfare of the unborn child or a visit which may lead to concerns about the child's circumstances
- Low attendance/ frequent absences from a club
- Worries that a child is being affected by factors at home
- The impact on children of a family breakdown
- Children and young people are exhibiting signs of anti-social behaviour
- Concerns about children and young people's physical and/or mental health
- The impact of a family member being imprisoned
- A child who may be a young carer

Early Help is an assessment that is designed to get a complete picture of a child's additional needs at an early stage (i.e. before problems become exacerbated and need more intensive support). It can be used for children and young people of any age (including an unborn baby).

Early Help ensures that, irrespective of the agency in which the initiating practitioner works and their professional discipline, a holistic assessment of the child/young person's situation is undertaken. This prevents young people and their families having to repeat their story as they move from one agency to another and facilitates much more effective sharing of information across agencies. Early Help is an entirely voluntary and consensual process, with one of the great advantages being the active involvement of the young people and families in the assessment and planning stages so that they retain ownership of the actions. The assessment is the starting point to coordinate a multi-agency action plan, which also includes actions for the family and young person.

Early Help is the bridge between universal services and specialist intensive support services. The aim is to build resilience and independence to enable families to respond to the changes and challenges life brings.

4.2 Early Help Training and Support

Warwickshire County Council provides training for those staff who may need to start the Early Help Assessment process, or take on the role of Lead Professional. The training covers:

- Context of integrated working;
- The Early Help Assessment;
- Family support meetings;
- The role of Lead Professional
- Information sharing

Training can be access via Wilma, or by calling the Early Help Training Team on 01926 414147

Early Help Officers provide support on

- The assessment
- The action plan
- Family Support meetings
- Engaging other agencies
- Plans that are not progressing
- Any other issues encountered

To find out the local Early Help Officers, contact 01926 414147

4.3 Thresholds for Services

Information on the WSCB Thresholds for Services, Meeting the needs of Children and Young People in Warwickshire, are shown at Appendix 'B'. This is designed to help anyone living or working in Warwickshire to think about the needs of children and young people and work together to ensure they get the most appropriate services to meet their needs.

The full threshold document is available at:

5 GUIDELINES FOR MANAGERS - Recruitment and Training

5.1 Reducing Opportunities for Allegations/Abuse to Occur

SDC has robust recruitment, pre-employment checking and induction processes which operate consistently for all new employees. In addition, employees are contractually obliged to declare any convictions which occur after commencing employment, and posts subject to a DBS check are re-checked every three years.

When recruiting new staff managers should refer to:

- Recruitment and Selection Guidelines
- Pre-Employment Vetting Procedure.
- Induction Guidelines, Checklist and Handbook

SDC Managers must be aware of the need to reduce the opportunities for allegations of child abuse being made against staff. This can be achieved through an appropriate induction and training process.

5.2 Criminal records check (Disclosure and Barring Service) (DBS Check)

SDC has a DBS Procedure which covers all aspects of checking of criminal records including during recruitment, where a change in job duties means a check is required, and also refreshing the checks on a regular basis.

5.3 Safeguarding and Child Protection Training

All SDC staff need to understand their responsibility towards protecting children and young people, and must be aware of the procedure to follow should they have any concerns.

SDC has a robust process in place to ensure that all staff, councillors, and apprentices attend basic safeguarding awareness training within their first 6 months of employment or engagement. This training will be repeated as a minimum every three years.

Where SDC staff come into contact with children and young people during the normal course of their duties an assessment must be made by the line manager as to whether an enhanced level of safeguarding training should be undertaken. If this is agreed this should also be refreshed on a regular basis (minimum of once every three years).

Where changes in the safeguarding procedures are made these will be communicated to all staff in a timely manner.

5.4 Contracting Individuals and Organisations

All contracts with individuals or organisations must include an assessment of risk with regard to safeguarding/child protection issues. This would also include such situations as the District Council letting out buildings or parts of building which are to be used by organisations engaging with children and or young adults.

As necessary, further guidance would need to be sought from Legal Services in relation to safeguarding expectations within contracts.

6 ALLEGATIONS AGAINST STAFF

6.1 Managing Concerns in Relation to Children

Concerns/allegations regarding people who come into contact with children (paid staff members and volunteers) will be dealt with sensitively and in a timely manner.

This procedure is about the management of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that an individual who works with children (including volunteers) has:

- behaved in a way that has harmed a child, or may have harmed a child,
- possibly committed a criminal offence against or related to a child, or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or likely to suffer, significant harm. This includes any allegations or concerns that might indicate an individual is unsuitable to continue working with children in their present position or in any capacity.

Experience has shown that children can be subject to abuse by those who work with them in any and every setting. All allegations of abuse of children by an adult in a position of trust, e.g. staff member or volunteer, should be taken seriously and treated in accordance with these procedures.

Where allegations are made, or where there are concerns about suitability to work with children, the investigation is likely to involve one or more of the following three strands of activity:

- The Police investigation of a possible criminal offence
- Enquiries and assessment by Children's Social Care as to whether the child is in need of protection or in need of services
- Consideration by an employer of disciplinary action in respect of the individual.

Where allegations of abuse are made against an adult in a position of trust whether recent, historical or both, the risk of harm to children posed by the person under investigation should be effectively evaluated and managed in respect of the child/children involved in the allegations and any other children in the individual's own home, work or community life.

The concern about risk of harm to a child may occur in the context of the person's deployment within the council or in a personal capacity. Although an allegation will usually relate to the person's work or their role as a volunteer, in some circumstances it may relate to their behaviour outside this setting, e.g. an allegation that an individual has harmed, or failed to protect, their own child; an individual whose children are made subject to a Child Protection Plan; an allegation that an individual has been involved in some form of criminal activity, such as downloading abusive images of children etc.

This procedure also applies to anybody who works or volunteers to work with or has access through their employment to information about children and who:

- As a result of their personal relationship with a child or an alleged perpetrator, may be implicated in the harm of, committal of a criminal offence against or behaviour towards a child or children that indicates they may pose a risk of harm to children
- May be in a position to influence the investigation of an allegation.

Any concerns or allegations should be reported immediately to the relevant Head of Service, who will ensure that the response is based upon the guidance detailed in Section 6 of the WSCB Inter-agency Safeguarding Procedures document rather than being dealt with as a complaint or any other form of representation. The Head of Service will report all concerns and allegations to the Management Team and also to Human Resources

Warwickshire County Council's Local Authority Designated Officer (LADO) must be informed within one working day of all allegations that are reported to Heads of Service.

It is essential that any allegation is dealt with very quickly, in a fair and consistent way that provides effective protection for the child/children and at the same time supports the person who is the subject of the allegation.

The procedure for dealing with allegations needs to be applied with common sense and judgement. The LADO will advise the Council about the most appropriate course of action. Some rare allegations will be so serious that they require immediate intervention by the Children's Team and/or the Police. The LADO should still be informed of all such allegations within one working day, ensuring consultation between the Police, Children's Services and the LADO.

The nature of the allegation against the member of staff may require suspension to be considered. In this situation the procedures in the council's Disciplinary Policy should be followed and advice sought from Human Resources.

6.2 Confidentiality

It is extremely important that when an allegation is made, the council makes every effort to maintain confidentiality and guard against unwanted publicity whilst an allegation is being investigated or considered.

The Head of Service will take advice from the LADO, Police and Children's Services to agree the following:

- Who needs to know and, importantly, exactly what information can be shared;
- How to manage speculation, leaks and gossip;
- What, if any, information can reasonably be given to the wider community to reduce speculation; and
- How to manage press interest if and when it should arise.

If there is any indication of actual, or potential, media attention the LADO and the Head of Service will liaise with the council's Communications & Community Engagement Manager.

Appendix A



Warwickshire
Safeguarding
Children Board

Warwickshire MASH Multi-Agency Referral Form (MARF)- Concerns about a Child

This form should always be completed when making a referral about a child/ren to the Warwickshire Multi-Agency Safeguarding Hub (MASH). Please complete as fully as possible.

All urgent child protection referrals where there is an immediate concern about a child should be made by telephone by calling the MASH on telephone number 01926 414144. Outside of office hours for an immediate concern about a child in danger dial 999 and contact the Emergency Duty Team on telephone number 01926 886922. You must then complete this Multi Agency Referral Form as written confirmation of your referral and send to mash@warwickshire.gov.uk

1. Declaration

I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded

Yes

2. About the Child

First Name	Enter the child's first name	Last Name	Enter the child's last name
Address	Click here to enter the address	Postcode	Click here to enter the postcode
Telephone	Enter the child's mobile number	Gender	Select a gender
Date of Birth or Expected Delivery Date	DD-MM-YYYY	If you do not know the DOB or EDD estimate the child's age	Enter estimate age
Ethnicity	Choose a category	Religion	Choose a category
Disability	Please choose	Please state (see guidance for definitions)	Choose the disability which best corresponds with the child's needs
Interpreter Required? (If yes, state language)	Yes <input type="checkbox"/> No <input type="checkbox"/> Which language?		
Defining physical features e.g. hair colour, eyes	Please describe the child's appearance		

3. Other children in the same family

First Name	Last Name	DOB/EDD/Age	Ethnicity	Address and Telephone	Gender	Relationship to the Child	School or GP if different to Child
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select a gender	Please state	Enter text

4. About You			
First Name	Click here to enter your name	Last Name	Click here to enter your name
Name of Organisation	Enter your organisation	Job Title	Click here to enter your role
Email Address	Enter your email address	Telephone Number	Enter your contact number
Relationship to child / your agency's role or service provided	How do you know the child?	Contact Address	Enter your work address

5. The Child's Voice	
I have spoken to the child about my concerns and they are aware of this referral:	Please choose
If not, what is the rationale for not informing the child you have concerns? Enter text	

6. Informing the Parent(s) and Carer(s).	
As a professional working with the child or family, it is your responsibility to speak to the parents or carers about your concerns; unless by doing so will place the child at risk of significant harm or cause undue delay.	
Have you informed parents or carers about making this referral?	Choose an item
If not, what is the rationale for not informing the parent/carer you are making this referral? Enter text	

7. Reason for referral (If your concern is about a risk from an adult we still need you to complete this section)	
Why are you concerned about the child? Give as much information as possible, including when any incidents occurred and who was present. What has the child said or experienced?	Click here to enter text
What type of referral are you making?	
Are you making a Child Protection referral as you are concerned this child is at immediate risk of harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you making a Child Protection referral because you believe the child is or may be suffering significant harm on an ongoing basis but is not at immediate risk of harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you making a Child In Need referral as you are not concerned about the child being at immediate risk of harm but the family require statutory child in need services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you referring for SEND Social Care? If yes, what support is needed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Is abuse/neglect suspected?	
Physical harm to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Sexual Abuse	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Alcohol or Substance Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Mental Ill Health or Self-Harm?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Emotional Abuse	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Domestic Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Child Sexual Exploitation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Trafficking?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Female Genital Mutilation (FGM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Forced Marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Honour Based Violence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Extremism?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
What actions and additional information does your agency hold about the family?	

What action have you / your agency taken to address this specific concern or needs?	Click here to enter text
Confirm how long you have been involved; include any historic information and action taken.	Click here to enter text

8. Details of Father / Mother / Adult Siblings / Carers / Grandparents / Family Members / Significant Adults etc.

First Name	Last Name	DOB/EDD /Age	Ethnicity	Address	Telephone	Email	Relationship to the Child
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
First Name	Last Name	Include	Choose	Insert Details	Insert Details	Insert Details	Please state
Please state who has parental responsibility for the children?					Please provide details of those with PR.		
Do any members of the family require an interpreter or an alternative method of communication (e.g. sign language)? If so what language or type of support is required and for who?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		
Do the family have the legal right to be living in the UK?					Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please describe		
Does your referral relate to any other children or young people?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		

9. Details of Professionals Involved with Child or Family (GP, School, Health, Voluntary Organisation etc)

Name	Organisation	Relationship to Child	Email Address and telephone number
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Email Address
Has an Early Help Single Assessment already been completed? (Please attach and provide contact details for the lead professional)			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who is the lead professional?
Have you discussed this already with a MASH Officer?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who did you speak with?

10. Date & Time referral has been sent to MASH

Date of referral:	Click here to enter a date.
Time of referral:	Click here to enter a date.

Upon completion of the MARF please email the referral from a secure email address and send to the MASH at mash@warwickshire.gov.uk or complete the form online. The MASH has no fax facilities. If you are having difficulties sending your referral please call the MASH on 01926 414144.

Remember to send any other relevant documents with the MARF, such as copies of a single assessment if this has been completed or other documents which may evidence concerns or detail previous action/concerns that your agency has undertaken.

After sending this referral to the MASH please maintain a copy of this form on the child's record or in your agency file and ensure you record when the referral was sent and when you receive an acknowledgement from the MASH. If you work in Education or Health please also send another copy of the referral to your agency safeguarding lead for monitoring purposes.

For further information please refer to the Warwickshire Safeguarding Children's Boards Procedures available at www.warwickshire.gov.uk/wscb and the MASH Standard Operating Procedures available at www.warwickshire.gov.uk/mash

**If you find the text in this booklet difficult to read
we can supply it in a format better suited
to your needs.**

For further information about the
Safeguarding and Child Protection Policy please contact:

Martin Cowan on 01789 260849
e-mail: martin.cowan@stratford-dc.gov.uk