Braintree District Council

BRAINTREE DISTRICT COUNCIL SAFEGUARDING CHILDREN POLICY

Agenda Item ..

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Background Papers:- Policy document (Feb 2008), ECC999 form
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Equalities Implications:- None
Legal Implications:- None
Options: To agree revised policy or not
Risks: Potential for risk if child protection not addressed effectively within BDC

EXECUTIVE SUMMARY

This new policy follows a best practice format seen in other similar policies across organisations and is in line with the Southend, Essex and Thurrock (SET) Child Protection Procedures produced by Essex Safeguarding Children Board.
It includes key sections on Definitions, the Council's role in safeguarding, support available, and what to do in response to an incident.
It covers all functions of Braintree District Council and also contractors working on behalf of the Council.
The final appendix is a copy of the ECC999 referral form for Social Care.

DECISION

For the Cabinet to agree to adopt the revised Safeguarding Children policy

BRAINTREE DISTRICT COUNCIL SAFEGUARDING CHILDREN POLICY

The previous Child Protection policy was published in June 2005 and has now become obsolete due to the publication of the SET procedures.
It was written from a Leisure services perspective and therefore did not translate easily to other services.
Under the Children Act (2004) Braintree District Council has a duty to cooperate to ensure the safeguarding and welfare of all children and young people across the District and this policy will evidence some of this duty.
It includes comprehensive definitions on recognition of signs of abuse to enable effective identification and sections on responses which includes responding to a disclosure, concerns regarding adults behaviour, acting on disclosure from adults involved and also allegations against staff members.

Braintree District Council

Safeguarding Children Policy

February 2008

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Named Safeguarding Officer:

Table of Contents

1 Background……………………………………………………………………4

2 Statement of Purpose…………………………………………………………4

3 Key Definitions and Concepts………………………………………………..4
- 3.1 Children……………………………………………………………………4
- 3.2 Age, Ethnicity and Culture……………………………………………….5
- 3.3 Abuse and Neglect………………………………………………………..5

4 The Role of Braintree District Council in Safeguarding Children………6

5 Support Within Braintree District Council…………………………………6

6 Principles………………………………………………………………………..6

7 Procedure………………………………………………………………………7
- 7.1 Responding to a disclosure………………………………………………7
- 7.2 Acting on a Concern Regarding an Adults Behaviour………………...8
- 7.3 Acting on a Disclosure from an Adult that they are Involved in the Abuse of a Child………………………………………………………..8
- 7.4 Acting on an Allegation Against an Employee or other Person Working on Behalf of Braintree District Council…………………...…9

8 Staff Conduct…………………………………………………………………9

9 Unaccompanied Children in public Settings……………………………..10

10 Training…………………………………………………………………………11

11 E-Safety………………………………………………………………………12

12 Useful Telephone Numbers and Contacts………………………………..13

Appendix 1 – Referral Flowchart……………………………………………………14

Appendix 2 – Categories of Abuse and Neglect…………………………………15

Appendix 3 – ECC999 Inter-Agency Referral Form (Children & Young People)……..23

1 Background

This policy relates to all services and functions of Braintree District Council, including those delivered under contract via external organisations.

The child protection standards in this procedure are consistent with the Essex Safeguarding Children Board: "Southend, Essex, Thurrock (SET) Child Protection Procedures (2006), and the Government publications: "Working Together to Safeguard Children (2006)" and "What To Do If You're Worried a Child is Being Abused (2006)".

Please note that this strategic policy is designed to complement and provide context for the more detailed Child Protection Procedures and does not replace them. Please refer to those for full guidance on child protection investigations and multi-agency safeguarding procedures.
For further information see www.escb.org.uk.

2 Statement of Purpose

Section 11 of the Children Act (2004), Places a duty of care on a range of agencies, including District Council's. This includes making arrangements to ensure that all council functions are discharged having regard to safeguarding and promoting the welfare of young children. This is a duty that Braintree District Council takes very seriously and has revised its safeguarding policy in line with this and other guidance.

Contractors
Braintree District Council will ensure all contractors providing services directly related to children and young people have an understanding and are working to this policy. Where the term staff is used throughout this document it is taken to imply all staff and others carrying out work on behalf of Braintree District Council, unless otherwise stated.

Partners
Braintree District Council also expect that all partners working with them will have regards to safeguarding and promoting the welfare of children and young people.

3 Key Definitions and Concepts

3.1 Children

In this document, as in the Children Act (1989) and (2004), a child is anyone who has not yet reached their 18th Birthday. 'Children' therefore means children and young people throughout. 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, in prison or in a Young Offender's Institution,

does not change his or her status or entitlement to services or protection under the Acts.

3.2 Age, Ethnicity and Culture

Children from all cultures are subject to abuse and neglect. All children have the right to grow up safe from harm. In order to make sensitive and informed professional judgements about a child's needs, and parent's capacity to respond to the child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles, and to child rearing patterns that vary across different racial, ethnic and cultural groups.
At the same time they must be clear that child abuse cannot be condoned for religious or cultural reasons.

3.3 Abuse and Neglect

'Child abuse and neglect' are forms of maltreatment of a child. These terms include serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.
Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

Abuse can occur within the family or in an institution or community setting. Abuse can occur within all social groups regardless of religion, culture, social class or financial position.

Children may be abused by those known to them or, more rarely, by a stranger. They may be abused by an adult/s or another child/ren.

Working Together to Safeguard Children 2006 sets out definitions and examples of the 4 broad categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse and
- Neglect

These categories overlap and an abused child frequently suffers more than a single type of abuse. See appendix 2 for further information on:

- Definitions of these categories
- Information to help identify potential abuse and neglect

4 The Role of Braintree District Council in Safeguarding Children

Braintree District Council, as a member of Essex Safeguarding Children Board has a role in identifying children and young people who may be at risk and alerting the appropriate service.

- All staff in ESCB member agencies must ensure that they know the child protection procedures that are in force within the establishment and which staff member is responsible for child protection issues.
- In some cases advice can first be sought from the named officer responsible for child protection support within the Council, however, this should not preclude a direct referral to Children's Social Care, particularly if there is any element of immediate risk.

Referrals must always be made to Children's Social Care **(0845 603 7627, immediate concern or out of hours 0845 603 7634)** if there are signs that a child under the age of 18 years, or an unborn baby is suffering or has suffered abuse and/or neglect

- Is likely to suffer abuse and/or neglect
- (With agreement of a person with parental responsibility) would be likely to benefit from family support services

5 Support within Braintree District Council

Staff should raise all child safeguarding concerns with their line manager. Line managers must be informed of all child protection issues, including those that have been notified to the named officer. If the line manager is not available, the manager covering their responsibilities must be informed. If no one is available, advice must be sought direct from Children's Social Care. If staff are in any doubt, whatsoever, they must always seek guidance.

6 Principles

The following principles are key for all staff:

- The interests of the child are paramount

- In cases of suspected child abuse all staff have a responsibility to take action in the ways set out in this procedure.

- Immediate action, to refer or consult, is required where there is the suspicion of abuse.

- Investigation is the responsibility of the relevant Children's Social Care Department and the Police. These agencies have to balance the necessity for action to protect the child with the potential adverse effects of an investigation on the family and/or others.

- Record keeping is essential at each stage and all documents should be kept to standards outlined in Braintree District Council's recording procedures.

- This procedure also covers disclosures made in electronic communications (e-mail or text messaging).

7 Procedure

(See also appendix 1 – referral flowchart)

7.1 Responding to a Disclosure

If someone tells you that they, or someone they know, is being abused:

- Believe what the person is saying and take it seriously.

- Reassure the person who has made the disclosure to you that they have done the right thing.

- Give the child time to talk and do not probe, investigate or ask leading questions. Investigation is not your responsibility.

- Do not promise to keep secrets. All allegations of harm or potential harm must be acted upon.

- Explain to the child that you will share this information with a senior member of staff who will ensure the appropriate procedures will be followed.

- E-mails or text messages received containing details of suspected abuse should be saved and immediately responded to within 24 hours by contacting the young person by phone or face-to-face to obtain further information.

- Record the event in accordance with Braintree District Council's procedure.

- The named officer will support you in contacting Children's Social Care, to make a referral. They will be familiar with the procedure and will be able to advise you.

- The timing of referrals must reflect the perceived risk, and should be within a maximum of one day from disclosure. If for any reason you cannot contact the named officer you should go ahead and contact Children's Social Care.

- When a referral is made to Children's Social Care you must agree with them what the child and parents will be told, by whom and when. It is good practice to inform the parents that a referral is being made, but not to include details as to why. You must confirm verbal and telephone referrals in writing within 48 hours, using the interagency referral form ECC999 (Appendix 3). Any Common Assessment Framework (CAF) that has been undertaken should be attached to the referral. Children's Social Care should acknowledge your written referral within one working day of receiving it. Should you not have had a response within three working days contact them again.

- Under no circumstances should you speak to or confront the alleged abuser. Do not share suspicions or information with any person other than the named officer, your line manager, Children's Social Care or the Police. Information given to Children's Social Care or the Police will be taken seriously, handled sensitively and shared only on a 'need to know' basis, wholly to protect the child. However, in order to ensure that children are safeguarded on the basis of proper evidence, the source of the referral cannot be kept anonymous.

7.2 Acting on Concerns regarding an Adult's Behaviour

If you have concerns about an adults behaviour towards children (not an employee or other person carrying working on behalf of Braintree District Council)

- Do not ignore it – Concerns such as these will be taken seriously.

- You must discuss your concerns with the named officer, who will support you in liaising with the statutory agencies should any child protection matter arise.

- Do not confront the adult but seek advice of the named officer or your line manager or Children's Social Care.

7.3 Acting on a Disclosure from an Adult that they are Involved in the Abuse of a Child

If someone not employed by Braintree District Council discloses that they are involved in the abuse of a child, YOU MUST TAKE ACTION:

- Believe what they are saying and take the allegation seriously.

- Record details of what you have been told as soon as possible.

- Report it to the named officer, who will ensure the appropriate actions are taken, also explaining the limits of confidentiality.

- If for any reason you cannot immediately contact the named officer, then you must contact either Children's Social Care or the Police. Your actions should be communicated to the named officer as soon as possible.

7.4 Acting on Allegations Against an Employee or Other Person Working on Behalf of Braintree District Council

- If you believe there to be a child protection issue directly relating to an employee working for Braintree District Council the named officer must be informed. All such allegations or concerns should be referred to the person with specialist responsibility for safeguarding. They will refer on to Children's Social Care.

- All allegations, even those that appear less serious, need to be followed up and examined objectively by someone independent of the Council. All allegations will be considered by the Local Authority Designated Officer, who will act on behalf of Essex Safeguarding Children Board to monitor allegations and ensure that responses are in line with the SET Child Protection Procedures.

- There are up to 4 strands in consideration of any allegation:

  1. A Police investigation of a possible criminal offence
  2. Children's Social Care enquiries/assessment about whether a child is in need of protection or services
  3. Consideration of disciplinary action or performance management measures
  4. Complaint procedures

- The process should be documented fully in writing and advice sought about storage to ensure that access is strictly limited to relevant staff and external professionals on a need to know basis.

8 Staff Conduct

The following guidelines apply to all staff:

- Always avoid unnecessary physical contact with children.

- Wherever possible avoid taking a child alone in a car, however short the journey.

- Do not take a child to the toilet unless another adult is present or only if another adult is aware.

- If you find you are in a situation where you are alone with a child, make sure that others can clearly observe you.

- Maintain appropriate working relationships with a child.

- Do not divulge personal contact details such as email addresses or telephone numbers.

- Do not make suggestive or inappropriate remarks to or about a child, even in fun, as this could be misinterpreted.

- If a child makes any kind of accusation regarding a member of staff, you should report this immediately to the named officer.

- Ensure you participate in any training which is available to you to support you in your work with children.

- Remember that those who abuse children can be of any age (including other children), gender, ethnic background or class and it is important not to allow personal preconceptions about people to prevent appropriate action taking place.

- Good practice includes valuing and respecting children, and the adult modelling of appropriate conduct – which would exclude bullying, aggressive behaviour, racism, sectarianism or sexism.

- Except in the case of an emergency no staff member should be alone with an individual child.

9 Unaccompanied Children in Public Settings

There will be situations where young children visit public settings unaccompanied (excluding organised sessions and events) by their parents or carers. Whilst not wishing to discourage children from visiting places such as leisure centres, play facilities and libraries, staff need to take reasonable steps to ensure the safety of the child and to inform parents/carers of their responsibilities. The way in which staff deal with unaccompanied children must be based on awareness of the responsibility of the parent or the 'loco parentis' carer (i.e. the one taking the responsibility of the parent), and the duty of care of the service to all children on the premises. In no instance would staff be expected to take on parental responsibilities for children in these settings.

A suitable notice should be displayed and staff should make parents/carers aware of this if they are about to leave their children on the premises.

A good practice response on discovering an unaccompanied child on the premises is to:

- Try to avoid being left alone with the child. Try to ensure colleagues are present when you are dealing with unaccompanied children.

- Try to establish whether the child is allowed by the parent/carer to come and go alone.

If you are satisfied that the child is allowed to come and go alone, then allow the child to leave. If you gather this information only from the child then personal judgement will need to be used to ascertain whether they are competent to leave alone.

Relevant factors may be:

- Whether the child exhibits signs of nervousness
- Whether the child appears to clearly understand your questions
- Whether the child seems physically capable
- Whether the child appears to know clearly and readily where they live
- How far the journey is
- Whether you know of any particular hazards on the journey
- The child's age and vulnerability

If you are in doubt, encourage the child to remain on the premises until you have been able to contact a parent or carer. Children under 10 years of age should not normally be allowed to leave alone unless you know that in the particular case the parent/carer allows it.

Ask the child if they are expecting to be collected by an adult. Even if the child is expecting to be collected soon, do not wait until closing time to take the next step.

Try to contact the parent/carer. Ask the child for an address and telephone number.

10 Training

All staff working with children should attend child protection training.
Essex Safeguarding Children Board, via Locality Safeguarding Groups, provide single agency and multi-agency training events periodically throughout the year.

Training will be organised and delivered in line with the requirements of 'Working together to Safeguard Children' and the SET procedures.
The named officer will be able to assist any staff wanting to access training opportunities.

11 E-Safety

Children can be vulnerable to exploitation and abuse through the medium of Information and Communication Technology (ICT). It is important that staff are alert to potential risks children may be exposed to, and that steps have been taken to mitigate the risk of this occurring, with specific reference to:

- Content – e.g. exposure to age inappropriate material, inaccurate or misleading information, socially unacceptable material (e.g. inciting violence, hate or intolerance) and illegal material (including images of child abuse;)

- Contact – e.g. grooming using ICT leading to inappropriate behaviour or abuse;

- Commerce – e.g. exposure to inappropriate advertising, online gambling, identity theft and financial scams;

- Culture – e.g. bullying via websites, mobile phones or other ICT, or inappropriate downloading of copyright materials (i.e. music, films, images).

If there is any indication that a child or young person is experiencing difficulties in this area, (for instance if they are reported to be spending long periods of time using a PC on their own or if they appear unnecessarily defensive, secretive or anxious about their PC use), then this must be taken seriously.

Settings offering ICT access to members of the public or children should consider placing restrictions on access, developing an 'acceptable use' policy and having an agreement about the conditions in which children will be able to access ICT equipment unsupervised.

12 Useful Telephone Numbers and Contacts

Essex:
Children's Social Care normal telephone enquiries/referrals:
0845 603 7627

Where there are concerns about the immediate welfare or safety of a child:
0845 603 7634

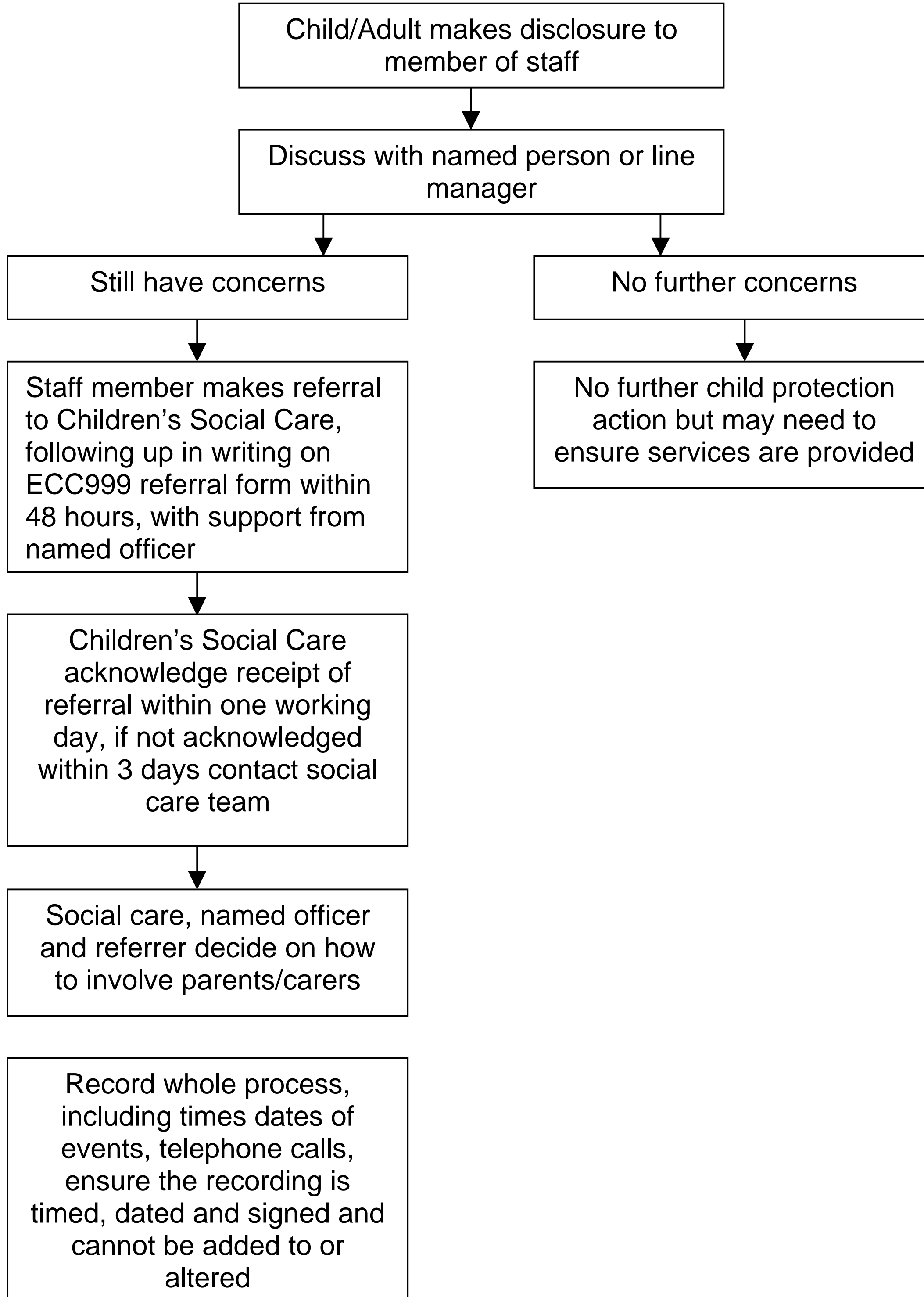
Essex Police Child Abuse Investigation Unit:
01245 490608

Essex Police out of office hours:
01245 491491

National:
NSPCC National Child Protection Helpline:
0808 800 5000

Child-line:
0800 1111

Appendix 1 – Referral Flowchart



Appendix 2

Categories of Abuse and Neglect

Physical Abuse

Physical abuse may involve hitting, shaking, throwing poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

It may also be caused when a parent/carer fabricates symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person

- Imposing developmentally inappropriate expectations e.g. interactions beyond the child's development capability, overprotection, limitation of exploration and learning, preventing the child from participation in normal social interaction

- Causing children to feel frightened or in danger e.g. witnessing domestic violence, seeing or hearing the ill treatment of another

- Exploitation or corruption of children

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

Activities may involve physical contact, including penetrative and non-penetrative acts. Penetrative acts include 'rape' (intentional penetration of vagina, anus or mouth with a man's penis) and 'assault by penetration' (intentional sexual penetration of the vagina or anus of a child with a part of her/his body or an object.

Sexual activities may also include non-contact activities, e.g. involving children in looking at, or in production of abusive images, watching sexual activities or encouraging them to behave in sexually inappropriate ways. This

may include use of photographs, pictures, cartoons, literature or sound recordings e.g. the internet, books, magazines, audio cassettes, tapes, CD's

Children under 16 years of age cannot provide lawful consent to any sexual activity, though in practice many are involved in sexual contact to which, as individuals, they may have agreed.

Neglect

Neglect involves persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of her/his health and development.

Neglect may occur during pregnancy as a result of maternal substance misuse.

Once the child is born, neglect may involve failure to:

- Provide adequate food, clothing or shelter (including exclusion from home or abandonment)
- Protect from physical and emotional harm or danger
- Meet or respond to a child's basis emotional needs
- Ensure adequate supervision including the use of adequate care-takers
- Ensure access to appropriate medical care or treatment
- Ensure educational needs are met

Recognising Abuse and Neglect

Factors described in this section are frequently found in cases of child abuse and/or neglect. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of possible significant harm
- Justify the need for careful assessment and discussion with designated/named/lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and/or referral to Children's Social Care

Generally, in an abusive relationship the child may:

- Appear frightened of a parent/carer

- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

Staff should be sensitive to the adverse impact on children's development of parental difficulties e.g. domestic violence, mental health problems.

Staff should also be aware of the potential risk to children when those previously known or suspected to have abused children, move into or have contact with the household.

Recognising Physical Abuse

This section provides information about sites and characteristics of injuries, which may be observed in abused children and is intended to assist non medical staff recognise bruises, burns and bits which should be referred to Children's Social Care and/or require expert medical.
The following may be indicators of concern:

- An explanation inconsistent with injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- Parents/carers uninterested or undisturbed by an accident or injury
- Parents absent without good reason when child presented for treatment
- Repeated presentation of minor injuries – may be a 'cry for help' (and if ignored could lead to a more serious injury) or may represent fabricated or induced illness
- Family use of different doctors, hospital ED's and other direct access health provisions
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as highly suspicious of a non accidental injury unless there is an adequate explanation provided:

- Any bruising or other soft tissue injury to a pre-crawling or pre-walking infant or non mobile disabled child

- Bruising seen away from bony prominences

- Simultaneous bruising to both eyes without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)

- Bruising on sites less commonly injured accidentally: the face, back, abdomen, buttocks, ears and hands
- Cluster of bruises may indicate defensive injuries on the upper arm, outside of thigh or the trunk and adjacent limb
- Multiple bruising of uniform shape
- Bruises that carry the imprint of an implement used e.g. belt marks, hand prints, grasp marks or a hair brush
- Linear pink marks, haemorrhages or pale scars may be caused by ligature, especially at wrists, ankles, neck, male genitalia
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting or slapping
- Broken teeth and mouth injuries (a torn frenum – the flat of tissue in the midline under the upper lip – is highly suspicious in non-mobile children, but frequently occurs accidentally in mobile children)

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns & Scalds

It can be difficult to distinguish accidental and non-accidental burns and scalds, and to do so will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g:

- Circular burns from cigarettes are characteristically punched out lesions 0.6 – 0.7 cm in diameter and healing usually leaves a scar
- Friction burns resulting from being dragged
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of her/his own accord will struggle to get out and cause splash marks)

- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns, to the feet, are indicative of dipping into a hot liquid or bath

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint

The possibility of abuse should be considered carefully for all fractures in non-mobile children

There are grounds for concern if:

- There is an unexplained fracture in the first 18 months of life
- History provided is vague, non-existent or inconsistent with the fracture type
- There are associated old and/or multiple fractures
- Medical attention is sought after a delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as signs are usually behavioural rather than physical. Its manifestations may also suggest other forms of abuse.

Recognition of emotional abuse is usually based on observations over time and the following offer some associated indicators:

Parent/carer & child relationship factors

- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Frequent complaints about/to the child and failure to provide attention or praise (high criticism/low warmth environment)
- Conveying to a child s/he is worthless or unloved, inadequate, or valued only insofar as s/he meets the needs of another person e.g. persistent negative comments about the child or ‘scape-goating’

within the family

- Developmentally inappropriate or inconsistent expectations e.g. over-protection, limited exploration and learning, interactions beyond child's developmental capability, prevention of normal social interaction

- Causing a child to feel frightened or in danger e.g. through seeing or hearing the ill treatment of another person

Child presentation concerns

- Delay in achieving developmental, cognitive and/or other educational milestones

- Failure to thrive/faltering growth

- Behavioural problems e.g. aggression, attention seeking

- Frozen watchfulness, particularly in pre-school children

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

- Poor peer relationships including withdrawn or isolated behaviour

Parent/carer related issues

- Dysfunctional family relationship including domestic violence

- Parental problems that may lead to lack of awareness of child's needs e.g. mental illness, substance misuse, learning difficulties

- Parent or carer emotionally or psychologically distant from child

Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. Full account should also be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Behavioural indicators

- Inappropriate sexualised conduct

- Sexually explicit behaviour, play or conversation, inappropriate to child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for sports events (but this may be related to cultural norms or physical difficulties)
- Running away

Physical indicators

- Pain or itching of genital area
- Vaginal discharge
- Enuresis
- Sexually transmitted diseases
- Blood on underclothes
- Pregnancy
- Symptoms e.g. injuries to genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Recognising Neglect

Evidence of neglect is built up over time and can cover different aspects of parenting.

Child related indicators

- Unkempt/inadequately clothed/dirty/smelly
- Perceived to be frequently hungry
- Seen to be listless, apathetic and unresponsive with no apparent medical cause or displaying anxious attachment, aggression or indiscriminate friendliness

- Failing to grow or develop within normal expected pattern, with accompanying weight loss or speech/language delay
- Suffering recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies
- Having unmanaged/untreated health/medical conditions including poor dental health
- Suffering frequent accidents/injuries
- Frequently absent or late at school
- Having poor self esteem
- Thriving if away from home environment

Indicators in the care provided

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure by parents/carers to meet the child's health and medical needs e.g. poor dental health, failure to attend or keep appointments with health visitor, GP or hospital, lack of GP registration, failure to seek or comply with appropriate medical treatment
- A dangerous/hazardous home including failure to use home safety equipment, risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play/learn
- Child left with adults who are intoxicated, misuse substances or are violent
- Child abandoned, or left alone for excessive periods

Appendix 3

ECC999 Interagency Referral Form (Children & Young People)

Essex County Council

Inter Agency Referral Form (Children & Young People)

This form is to assist agencies to either make a referral about a child or young person to children's social care services or confirm a referral in writing already made by telephone (*all professionals making telephone referrals to social services must confirm this in writing within 48 hours*). This form may be posted, transmitted by fax, or sent as an email attachment (see below). The form should be completed, with reference to the Guidance Notes (separately available).

Making a referral/inquiry by telephone
Normal telephone inquiries/referrals: 0845 603 7627 **Out of hours** (5.30pm - 9.00am Mon - Thurs, 4.30pm Fri - 9.00am Mon and Bank holidays): 0845 606 1212 and Fax 01245 434700 **Where there are concerns about the immediate welfare or safety of a child/young person: 0845 603 7634 (all callers) OR 0845 606 1212 (Office hours number for professionals only).**

Sending this form to social services
By email to: socialcaredirect@essexcc.gov.uk as an attachment (must be password protected – see guidance notes) **By post to:** Essex Social Care Direct, Essex House, 200, The Crescent, Colchester, Essex CO4 9YQ **By fax to**: 0845 601 6230

☐ This is a new referral
OR
☐ This is confirmation of a referral I made by telephone on (date), Reference

PART 1 CHILD/YOUNG PERSON'S DETAILS

Family Name:		Given names:		
Date of Birth or expected date of delivery:				
Gender:	Male ☐	Female ☐	Unborn ☐	
Usual or home address:		Post code:	Tel no.:	
Child or young person's first language or preferred means of communication:				
Is an interpreter required?:	Yes ☐	No ☐		
Current address if different: (e.g. staying with relative or friend)		Post code:	Tel no.:	
Responsible local authority (if child/young person is known to be in the care of another authority but living in Essex):				
Child/young person's main carers:				
Name	Relationship to child/young person	Ethnicity	First language	Parental Responsibility
				Yes ☐ No ☐
				Yes ☐ No ☐
Is an interpreter/signer required?	Mother: Yes ☐ No ☐		Father:	Yes ☐ No ☐
Other main carers (please specify name):				
Are any of the main carers disabled?	Mother: Yes ☐ No ☐		Father:	Yes ☐ No ☐

The child/young person or the child's parents should be asked which ethnic group the child belongs to. This information on ethnicity will help us to assess fair access to services by all communities, better plan services and complete statistical returns required by Government (these categories are supplied by Government)

Black or Black British	Asian or Asian British	White	Mixed	Other Ethnic groups
	Indian ☐		White & Black Caribbean ☐	Chinese ☐
Caribbean ☐	Pakistani ☐	White British ☐	White & Black African ☐	Any other ethnic group ☐
African ☐	Bangladeshi ☐	White Irish ☐	White & Asian ☐	Not given ☐
Any other Black background ☐	Any other Asian background ☐	Any other White background ☐	Any other mixed background ☐	If other, please specify:

Further details regarding child/young person's ethnicity:

Child/young person's religion:

Child/young person's nationality (if not British and if known):

Nationality: Home Office registration number:

Immigration status: Asylum seeking ☐ Refugee status ☐ Exceptional leave to remain ☐

Child/young person's Unique Pupil Number (if school age and if known):

Other Unique identifier (if used – please give identifier and describe what this is):

Parent's details if not main carers (and if known):

Mother's name:	Mother's address:
Postcode:	Tel:
Mother's first language:	Mother's ethnicity:
Father's name:	Father's address:
Does father have parental responsibility?	Yes ☐ No ☐
Is either parent disabled?	Mother Yes ☐ No ☐ Father Yes ☐ No ☐
Is an interpreter/signer required?	Mother Yes ☐ No ☐ Father Yes ☐ No ☐

Other household members (including non-family members – if known):						
Family name	Given name	DoB	UPN identifier (If known)	Other unique identifier (if known)	Relationship to child	Tick if you are also referring to Social Services at same time as child
						☐
						☐
						☐
						☐
						☐
						☐

As far as you know has the child/young person, or another child of the family been: (please give details)

	Yes	No		
on the disability record	☐	☐	Name:	
			Date(s):	
on a child protection register	☐	☐	Name:	
			Date on:	Date off:
			Category: -	
looked after by a local authority	☐	☐	Name:	
			Date(s):	

Any other family members who are not living in the child/young person's household but who has significant involvement (e.g. sibling, relative)				
Surname	Forename	Relationship	Address	Phone No.

Agencies involved with the child. Please complete if currently involved with family. You do not need to contact other agencies, social services will do so if necessary.			
Agency	**Name**	**Phone No.**	**If a common assessment has been completed & permission has been given for it to be shared please tick**
GP			☐
Health Visitor			☐
Nursery			☐
School			☐
Education Welfare Officer			☐
School Nurse			☐
Community Paediatrician			☐
Dentist			☐
Child and Family Consultation Service			☐
Police			☐
Youth Offending Team			☐
Other			☐

PART 2 REASON FOR REFERRAL

Please give your reasons for referral/request for services (please continue on separate sheet as necessary)

Awareness of referral (The child/young person and parents/carers should be made aware of your intention to make a referral to Social Services, unless there is a specific reason for this being inappropriate, e.g. risk of significant harm)					
Is the parent/carer aware of the referral?	Yes ☐	No ☐	Is child/young person aware?	Yes ☐	No ☐
Has the parent, carer (or young person if competent) given consent to the referral?	Parent/carer	Yes ☐	No ☐	If No consent please give reason for this being inappropriate	
	Young person	Yes ☐	No ☐		

PART 3: REFERRER'S DETAILS

Referred by			
Agency:		Name:	
Address:			
Post Code	Phone No.	Email address	
Date of any previous referral to Social Services if relevant What services are you or your organisation are already providing to the child/young person or family? **Have you completed a Common Assessment concerning this child/young person? Yes ☐ No ☐ (if yes please attach)**			
Any safety issues to be aware of? Yes ☐ No ☐ unknown ☐ If yes please specify			
Completed by: Name ……………………………………Signature ……………………………………………… Date: ……………..…..			

PART 4: TO BE COMPLETED BY ECC STAFF ONLY

Action by Social Care Direct

Date Received by Social Care Direct

SWIFT Record number:

Date sent to children's operational team:

Action by Children's operational team

Date Received by Children's operational team

Decision by Team Manager on referral: NFA ☐ Initial Assessment ☐

Date referral acknowledged

Date outcome of referral notified to referrer (if different)

PART 5: TO BE COMPLETED BY ECC OPERATIONAL TEAM, DETACHED AND SENT TO THE REFERRER

Date:

Referrers Name:

Referrer's Address:

Dear Colleague

Concerning: (Child's/young person's name)

Address: (Child's/young person's address)

Referred on (Referral date)

Thank you for your referral. I am writing to confirm the outcome of your referral.

Decision on referral:
NFA ☐ Reason for NFA:
OR
Initial Assessment ☐
Date of decision

Contacts for further inquiries about this referral:
☐ The social worker who should be contacted about this matter is
OR
☐ There is no allocated social worker in this case. Any further inquiries should be directed to (name and contact details)

Signed ....

Team Manager Name

Team Manager Contact Details