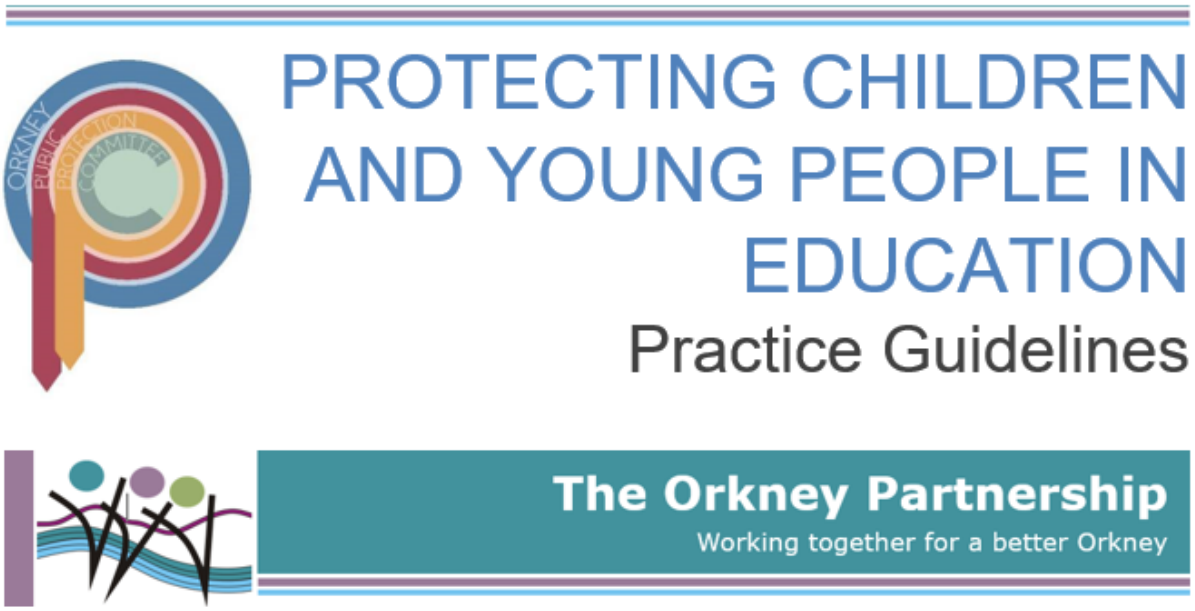
ORKNEY
ISLANDS COUNCIL

# Education, Leisure and Housing

## Protecting Children and Young People in Education




**To make a child protection referral, contact the Duty Social Worker:**

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| During working hours<br>(Monday to Friday, 09:00 - 17:00): | Call 01856873535.<br>Ask for the Duty Social Worker. |
| Outside working hours: | Call 01856888000.<br>Ask for the Duty Social Worker. |
| In an emergency (any time): | Call 999.<br>Ask for the Police. |

# Contents

# 1. The Context

Every child or young person has the right to be safe and protected, and to feel safe and protected from any avoidable situation or acts which might result in that child:

- Being physically, sexually or emotionally harmed in any way.
- Put at risk of physical, sexual or emotional harm, abuse or exploitation.
- Having their basic needs neglected or experiencing that their needs are met in ways that are not appropriate to their age and stage of development.
- Being denied the sustained support and care necessary for them to thrive and develop normally.
- Being denied access to appropriate medical treatment.
- Being exposed to demands and expectations which are inappropriate to their age and stage of development.

Children and Young People (Scotland) Act 2014.

“Child Protection” means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient to have identified a likelihood or risk of significant harm. Always discuss your concerns with your line manager. Key services will make the appropriate decision based on information received.

# 2. About the Guidelines

These guidelines, which should be read in conjunction with The Orkney Partnership’s Interim Interagency Child Protection Guidelines, apply to all Education staff.

They also apply to other employees of the Council and well as volunteers and others working with children and young people in educational establishments (including early learning and childcare settings and youth clubs).

These guidelines are informed by the prevailing national guidance (2014), with particular reference to paragraphs 182-189, and underpinned by practice which is focused on Getting it Right for Every Child. They will be updated as required, to take account of changes in legislation and practice.

These guidelines will assist all employees who work with children, young people and families by:

- Developing an ethos which safeguards and promotes the welfare and wellbeing of all children.
- Providing clear guidance for all staff on the roles and responsibilities involved in child protection.
- Ensuring that staff respond appropriately when a concern is identified.
- Describing the processes and procedures that all staff must follow in response to disclosure, allegation or suspicion of child abuse.
- Ensuring effective interagency communication, collaborative working and provide a consistent framework for practice.

## 3. Significant Harm and the Nature of Risk

From a child protection perspective, it is the risk of significant harm that is central. There are no absolute criteria for judging what constitutes significant harm; sometimes, it can be a single traumatic event, such as a violent assault or poisoning; often, it is a combination of significant events which can interrupt, change or damage the child's physical and psychological development.

Concerns about actual or potential harm to a child or young person may arise over a period of time or in response to a particular incident.

Concerns may also arise as a result of direct observation or reports from the child or young person themselves, from a third party, or from concerns raised anonymously.

A child who has been abused and/or neglected may show obvious physical signs of injury or maltreatment. However, an assessment of whether a child is experiencing, or likely to experience, harm should also look closely at the child's behaviour and development. Some common behaviours which may indicate a cause for concern are detailed in appendix 1.

Where concerns are raised about the potential significant harm to a child, they must be considered child protection concerns. The challenge for practitioners is identifying which children require protective measures. Failure to properly identify risk can lead to serious, and even fatal, outcomes for children. Risk is part of everyday life. Getting it Right for Orkney's Children and Young People (which can be found on the Council's website) includes tools which are integral to the assessment of risk: The Wellbeing Indicators; the My World Triangle; and the Resilience Matrix.

## 4. Child Protection Measures

Formal child protection measures can be broadly divided into a number of different stages:

- Recognising actual or potential harm to a child.
- Sharing concerns and initial information-gathering.
- Joint investigation/assessment.
- Medical examination and assessment.
- Child Protection Case Conferences.
- Developing a Child Protection Plan.

When considering the immediate needs of a child or young person once a concern about their possible safety is raised, it is essential that practitioners consider the following questions:

- Is this child at immediate risk?
- What is placing this child at immediate risk?
- What needs to happen to remove this risk now?

Education staff have a key role to play in recognising actual or potential harm to a child and in sharing concerns and initial information gathering.

Social Work and/or Police staff lead on joint investigations, assessments, case conferences and planning. As the investigating services, Social Work in conjunction with the Police, will determine the extent to which any risk to a child requires immediate action.

## 5. Responding to Concerns about Children and Young People

All notifications of concerns about children or young people should be taken seriously. Staff responsible for responding to these concerns should be aware that even apparently low-level concerns may point to more serious and significant harm.

When a Child Protection referral is made to Social Work or the Police, they will check to determine whether or not they already know the child/family. Initial enquiries with relevant other agencies will be made to help inform an initial assessment of risk. In most cases, the child, parent or any other person will not be contacted at this stage.

Any concerns related to the risk of significant harm are investigated by Social Work and Police officers who will also liaise with their Education and Health colleagues, where appropriate. The information gathered from the initial enquiries will be used to review initial assessment of risk and to determine what further action, if any should be taken.

Where concerns related to the risk of significant harm arise any immediate risk should be considered by the Child Protection Co-ordinator and actioned as a matter of urgency. Where a child is thought to require immediate medical assistance, this should be sought without delay from the relevant health services.

The process of responding to child protection concerns in diagrammatical form is shown in section 7 of these guidelines.

Where risk of significant harm is not indicated, practitioners should consider the health and wellbeing of the child and the five ‘Getting it Right for Every Child’ questions should be used:

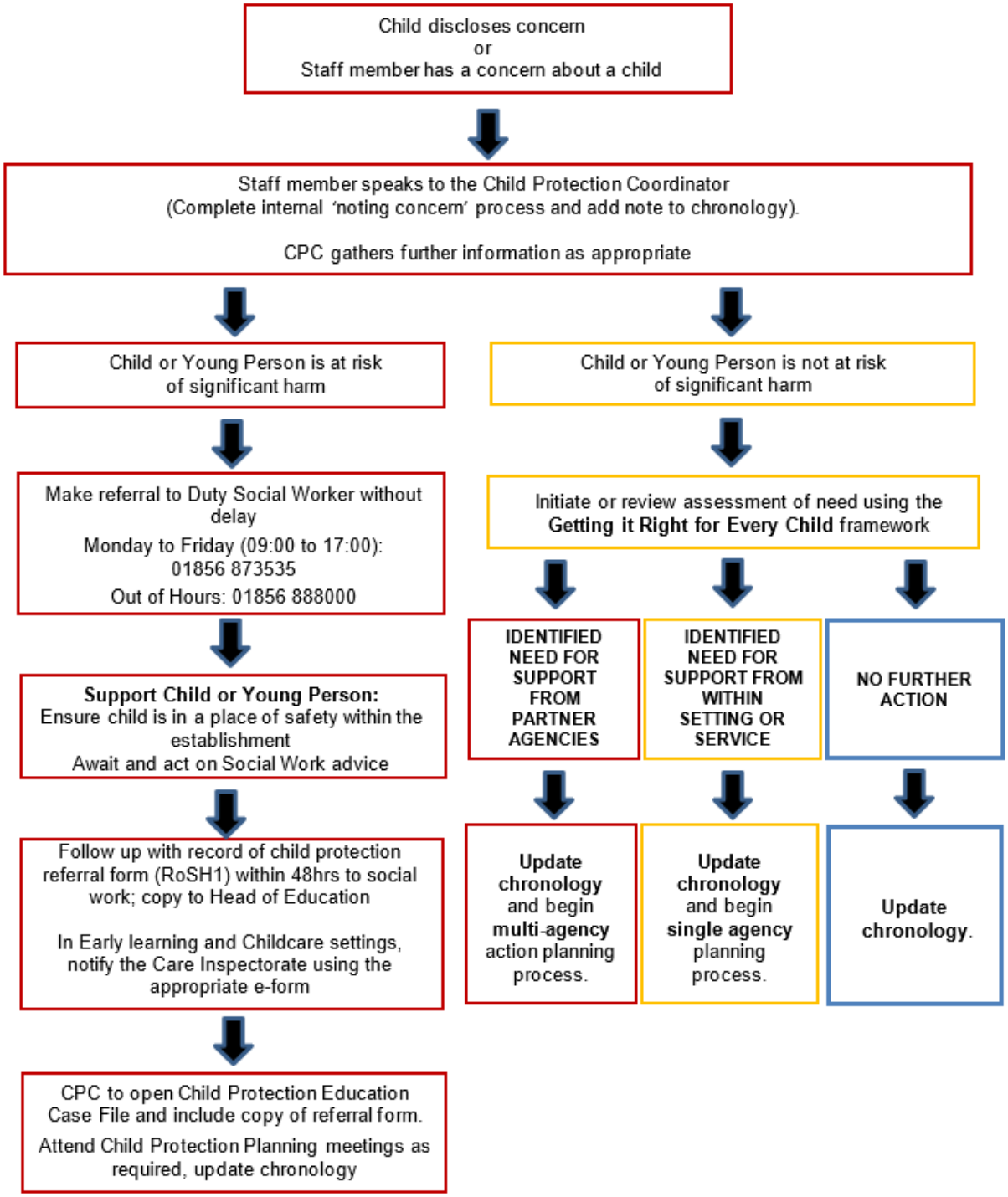
- What is getting in the way of this child's or young person's well-being?
- Do I have all the information I need to help this child and young person?
- What can I do now to help this child and young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

## 6. Informing Parents and Carers

The most important aspect of child protection procedures is keeping children and young people safe from harm.

When, how and by whom parents and carers are informed should always be discussed with Social Work or Police Scotland colleagues as part of the referral process. CPC should not inform parents or carers prior to this discussion.

# 7. Child Protection Procedure in Education: Flow Chart



## 8. Roles and Responsibilities: All Staff and Volunteers

If any member of staff has a concern relating to a child or young person the procedure in detailed in the Child Protection Procedure in Education: Flow Chart shown in section 7 of these guidelines, must be followed.

Members of staff must:

- Remember that their role is to recognise, respond, record and report. Do not investigate.
- Discuss your concerns immediately with the Child Protection Co-ordinator (CPC) for your establishment or if he or she is unavailable, a senior member of staff.
- Ensure that the information you have is accurately recorded.
- Be aware that the CPC will consider this information and may gather further information, dependent upon the situation.
- Maintain confidentiality at all times.
- If the incident occurs out of hours, or it is not possible to speak to the CPC, or a senior member of staff, then it is important that you do not wait. Immediately contact the Out of Hours Emergency Social Work Service on 01856 888000 or if you believe a crime has taken place the Police, directly.

## 9. Roles and Responsibilities: Child Protection Coordinator (CPC)

Child Protection Co-ordinators are responsible for ensuring that appropriate action is taken in response to concerns being reported. Child Protection Coordinators must follow the Child Protection Procedure in Education: Flow Chart. Child Protection Co-ordinators are not responsible for investigating allegations or concerns, their role is to help ensure that all the available information is passed on at the point of referral and that this is done without delay.

- The CPC will gather further information from appropriate sources as a matter of urgency.
- The CPC will make an assessment and determines whether or not the child is in need of protection without delay.
- If an immediate risk exists the CPC will contact Social Work to share concerns. CPCs will ensure that any information is accurately recorded on the appropriate form (RoSH1) with reasons for the decision reached.
- The CPC will share information that is relevant, necessary, legitimate, appropriate and proportionate with others, including the Head Teacher and Head of Education.
- The CPC will co-operate fully where additional information or clarification is needed by Social Work or the Police.
- When feedback is available the CPC must ensure this is recorded and the chronology updated as appropriate.
- In early learning and childcare settings, the CPC will notify the Care Inspectorate using the relevant e-form (Allegation of Abuse Concerning a Service User).

## 10. The Response of Children and Families Social Services

Details of how a referral is processed is contained within the Orkney Community Planning Partnership's Interim Child Protection Guidance.

Child Protection Referrals will be dealt with by the Duty Social Worker for the Children and Families Social Work Team. Child Protection Referrals take priority over all other work and referrals will be the subject of an immediate assessment.

The Duty Social Worker will gather information to inform an initial risk assessment and Inter-agency Referral Discussion (IRD) with the IRD Sergeant, Police Scotland.

The timing of subsequent actions will be informed by the initial risk assessment which should address the safety of the child or young person and any risk to others. Timescales will be agreed by the Operational Manager and IRD Sergeant.

In summary however, the Duty Social Worker will gather information to inform an initial risk assessment and Inter-agency Referral Discussion (IRD) with the IRD Sergeant, Police Scotland.

## 11. Initial Referral Discussion

An Initial Referral Discussion (IRD) is the start of the formal inter-agency process which allows for information to be gathered and shared in order to inform decision making as to whether or not a child or unborn child is in need of protection or may be exposed to current or future risk. An IRD involves tripartite discussion (Police, Health and Social Work) about the level of concern and what immediate actions and processes are required to address these.

Where the child or young person attends nursery or school, staff within the education service will be asked to contribute to the IRD process. The details contained in RoSH1 (appendix 5) will form the basis of the information they may be asked for.

In Orkney the initial IRD will be recorded by the Police Public Protection Unit Designated Officer and circulated to attendees. This record must be copied into relevant systems within each agency. Any subsequent IRD meetings will be recorded by Social Work.

If the Operational Manager in consultation with the IRD Sergeant decides the referral does not need a joint response under Child Protection Procedures, then one of the following decisions will be made:

- No further action.
- Single agency investigation by either Children's Social Work or the Police.
- Further assessment of the child's needs by Children's Social Work, Health or Education Services.
- Review of an existing Child's Plan by Lead Professional and Core Group.

The staff member who made the Child Protection Referral should be informed of the outcome within 7 working days. It would not be usual to receive feedback when the

matter is proceeding to Case Conference as the outcome of this meeting (and any subsequent meeting) will be the basis for feedback and the CPC's entry into the child's chronology.

## 12. The Child Protection Case Conference and Child Protection Register

Following completion of an Initial Referral Discussion (IRD) it may be that a Child Protection Case Conference (CPCC) is convened.

Education staff may be invited to attend the CPCC. At the CPCC services and agencies can share information, assessment and chronologies where there are suspicions or allegations of child neglect. Education staff have a duty to cooperate in line with national and local child protection procedures.

All attending education staff should receive the CPCC minutes and must check these carefully alerting the CPCC chair to any errors and ensuring that in particular any inaccurate information or dissention is clearly minuted.

Education staff must be prepared to be open and honest about their views even in the presence of parents/carers.

In some situations, it may be appropriate for the staff to be accompanied by a more senior member of staff, but in general only those actively involved with the child and family should be involved in the CPCC.

In general, if attending a CPCC education staff:

- Will be involved in the Child Protection Plan (CPP) and will be supported to have an active commitment to this interagency plan.
- Must feel confident to influence and shape the CPP.
- Have a responsibility to ensure that CPPs are outcome focused.
- Should remain focused on the improvements required to achieve positive outcome for the child.

Where appropriate education staff will be involved and attend the Core Group which meets regularly to review decisions and the plan. This can be particularly challenging in case of neglect.

If attending a Child Protection Case Conference staff are representing the education service, and will be asked to participate in decision making, including whether or not a child's name is placed on the child protection register.

Experience of child protection cases has emphasised the importance of all agencies involved with children likely to be subject to abuse working together as a Team Around the Child (TAC) sharing information, concerns and needs.

It is very important that the procedures are adhered to and that any concern about children possibly subject to abuse is shared promptly with the relevant children and families team.

# Appendix 1 – Definitions of Abuse

The following definitions show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances or abuse will vary from child to child.

## Physical Abuse

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after (fabricated or induced illness).

## Emotional Abuse

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age or developmentally inappropriately expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

## Sexual Abuse

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented.

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

## Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect or, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children, the consequences may be life-threatening within a relatively short period of time.

# Appendix 2 – Possible Signs of a Cause for Concern

## Physical Abuse

- Injuries, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to explain and discuss injuries.
- Untreated injuries or delay in reporting them.
- Admission of punishment which appears excessive.
- Fear of parents being contacted.
- Fear of returning home.
- Fear of medical help.
- Arms and legs kept covered in hot weather.
- Withdrawal from physical contact.
- Self-destructive tendencies.
- Aggression towards others.
- Chronic running away.

## Emotional Abuse

- Fear of parents being contacted.
- Admission of punishment which appears excessive.
- Physical, intellectual and emotional development lags.
- Significant decline in concentration.
- Sudden speech disorders.
- Over-reaction to mistakes.
- Continual self-deprecation.
- Fear of new situations.
- Inappropriate emotional responses to painful situations.
- Neurotic behaviour (e.g. rocking, constant hair- twisting, excessive thumb-sucking).
- Self-mutilation.
- Extremes of passivity or aggression.
- Drug/solvent abuse.
- Compulsive stealing/scavenging.
- Indiscriminate friendliness.
- Socio-emotional immaturity.

## Sexual Abuse

- Hint about secrets they cannot tell.
- Say that a friend has a problem.
- Ask if you will keep a secret if they tell you.
- Seem to be keeping secret something which is worrying them.
- Begin lying, stealing, blatantly cheating in the hope of being caught.
- Have unexplained sources of money.
- Exhibit sudden inexplicable changes in behaviour, such as becoming aggressive or withdrawn or regressing to younger behaviour patterns.

- Stop enjoying previously liked activities, such as music, sports, art, scouts, brownies.
- Be reluctant to undress for gym.
- Become fearful of or refuse to see certain adults for no apparent reason.
- Having terrifying dreams.
- Act in a sexual way, inappropriate to their age.
- Draw sexually explicit pictures depicting some act of abuse.
- Start wetting themselves.
- Have urinary infections, bleeding or soreness in the genital, anal or throat areas.

## Neglect

- Constant hunger.
- Emaciation.
- Constant tiredness.
- Poor personal hygiene.
- Poor state of clothing.
- Untreated medical problems.
- Frequent lateness or non-attendance at school.
- Low self-esteem.
- Destructive tendencies.
- Neurotic behaviour e.g. rocking; constant hair- twisting; excess thumb-sucking.
- Limited social relationships.
- Chronic running away.
- Compulsive stealing or scavenging.
- Significant lack of growth.
- Weight loss.
- Hair loss.
- Poor skin or muscle tone.
- Circulatory disorders.

# Appendix 3 – Child Protection in Specific Circumstances

## Disability

The definition of “Disabled Children” includes children and young people with a comprehensive range of physical, emotional, developmental, learning, communication and health care needs. Disabled children are vulnerable to the same types of abuse as their able-bodied peers. Children with behavioural disorders, learning disabilities and stroke or sensory impairments are particularly at risk. Neglect is the most frequently reported form of abuse, followed by emotional abuse.

Disabled children are more likely to be dependent on support for communication, mobility, manual handling, intimate care, feeding and stroke or invasive procedures. There may be increased parental stress, multiple carers and care in different settings and there may be a reluctance amongst adults, including practitioners to believe that disabled children are abused. Disabled children are likely to be less able to protect themselves from abuse.

## Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

Further guidance in relation to CSE
http://www.gov.scot/Resource/0050/00508563.pdf

## Female Genital Mutilation

Female genital mutilation is a culture-specific abuse practice affecting some communities. It should always trigger child protection concerns. The legal definition of female genital mutilation is ‘to excise, infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris of vagina’. Female genital mutilation is illegal in Scotland and in the United Kingdom. It is illegal to perform or arrange to have female genital mutilation carried out in Scotland or abroad. Further guidance in relation to female genital mutilation is contained in the national guidance for child protection in Scotland, Part 4, paragraphs 469 – 474.

## Honour-Based Violence and Forced Marriage

Honour-based violence is the spectrum of criminal conduct with threats and abuse at one end and honour killing at the other. Such violence can occur when perpetrators believe that a relative/community member, who maybe a child, has shamed the family and/or the community by breaking their honour code. The punishment may include assault, abduction, confinement, threats and murder. The type of incidents that constitute a perceived transgression include:

- Perceived inappropriate make-up or dress.
- Having a boyfriend/girlfriend.
- Forming an inter-faith relationship.

- Kissing or intimacy in a public place.
- Pregnancy outside marriage.
- Rejecting a forced marriage.

A forced marriage is defined as a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual and emotional pressure.

## Fabricated or Induced Illness

Fabricated or induced illness (FII) in children is not a common form of child abuse, but practitioners working with children should be able to understand its significance. Although it can affect children of any age, fabricated and induced illness is most commonly identified in younger children. Where concerns do exist about the fabrication or induction of illness in a child Practitioners must work together, considering all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illnesses.

There is more information about FII on the NHS (UK) website

## Ritual Abuse

Ritual abuse can be defined as organised sexual, physical, psychological abuse, which can be systematic and sustained over a long period of time. It involves the use of rituals which may or may not be underpinned by a belief system, and often involves more than one abuser. Ritual abuse usually starts in early childhood and uses patterns of learning and development to sustain the abuse and silence the abused.

## Abuse by Organised Networks or Multiple Abusers

Complex cases in which a number of children are abused by the same perpetrator or multiple perpetrators may involve the following:

- Networks based on family or community links. Abuse can involve groups of adults within a family or a group of families, friends, neighbours and/or social networks who act together to abuse children either "on or off line".
- Abduction - may involve internal/external child trafficking and may happen for a number of reasons.
- Institutional setting – abuse can involve children in an institutional setting or looked after children living away from home being abused by one or more perpetrators, including other young children.
- Commercial sexual exploitation.

## Child Trafficking

Typically exposes children to continuous and severe risk of significant harm. It involves the recruitment, transportation, transfer, harbouring and/or receipt of a child for purposes of exploitation. This definition holds whether or not there has been any coercion or deception as children are not considered as capable of informed consent to such activity. It is essential to take timely and decisive action where child trafficking is suspected because of the high risk of the child being moved. For further

and more detailed information please see the National Guidance for Child Protection in Scotland 2014.

## Age Limit for Child Abuse (All Categories)

In Scotland, a child legally becomes an adult when they turn 16, but statutory guidance which supports the Children and Young People (Scotland) Act 2014 includes all children and young people up to the age of 18. Where concerns are raised about a 16 or 17 year old, agencies may need to refer to the Adult Support and Protection (Scotland) Act 2007, depending on the situation of the young person at risk. Section 21 of the national guidance for child protection in Scotland explains how professionals should act to protect young people from harm in different circumstances (Scottish Government, 2014).

Adolescents, even those who can legally consent to have sex, can be victims of abuse where their experience of sexual activity occurs in situations characterised by exchange, a power differential and/or an absence of freely given, informed consent. This includes sixteen and seventeen year olds, whose potential vulnerability is recognised in a series of offences applicable to this older age group within the Sexual Offences legislation.

This is not about policing adolescent sexuality or creating victimhood where it does not exist, but about recognising that there are circumstances in which older children require protection despite their increasing age and capacity.

## Neglect

Neglect is the most prevalent form of child maltreatment in the UK. We know that intervening

in neglect is likely to be costly, requiring intensive, long-term, multi-faceted work by a highly skilled workforce. Neglect can have a devastating impact on all aspects of child development, and this impact can last throughout their life. It differs from other forms of abuse because it is frequently passive, it is more likely to be a chronic condition than crisis led and often overlaps with other forms of maltreatment. There is a repeated need for intervention with families requiring long term support. The indicators are often missed with no early intervention and a lack of clarity between professionals on the agreed intervention threshold.

Action for Children provides a resource pack for practitioners who work with neglected children.

Effective interventions to achieve the best outcome for the child must be based upon clear assessment processes. Glasgow Social Work Services and Action for Children have been working together to adapt the Graded Care Guidance and endorse the use of the tool as the main risk assessment in the assessment of neglect.

# Appendix 4 – Allegations Against a Member of Staff

On occasion Child Protection concerns may be identified or raised in relation to someone working or volunteering in an educational establishment or service.

This may include staff of that establishment or service, visiting Council employees, or workers not directly employed by Orkney Islands Council.

Should any member of staff be concerned or receive such a concern, then, as well as following the procedure outlined in the Child Protection Procedure in Education: Flow Chart (section 7 of these guidelines), the Head of Education should be notified without delay.

Throughout, the first and paramount consideration must always be the safety of children and young people.

However, in order to separate responsibilities towards the child from responsibilities towards the staff member about whom concern has been expressed, different individuals will be tasked with the responsibility of taking forward each respective area.

The Head of Education will assume the overall responsibility for ensuring that the response is co-ordinated and effective.

# Appendix 5 – Child Protection Training

Every education establishment and service should refresh their knowledge and understanding of the child protection process at least once a year. In some services and settings, it may be necessary to do this more frequently.

Heads of establishment/managers are responsible for ensuring the annual refresh referred to above takes place. They are also responsible for ensuring staff teams (and volunteers) are up to date with the relevant training requirements, as set out below:

**Briefing - Helpers, Volunteers and Daily Relief Staff** should be given a safeguarding briefing at the start of every period of activity (the reason for not doing so should be recorded by the activity manager/ leader).

They should also be provided with access to:

- The Protecting Children and Young People in Education: Practice Guidelines.

Wherever possible they should undertake Child Protection Basic Awareness training (iLearn).

**Step 1 – General Contact Workforce** (anyone who has **any contact** with children, young people and/or family members) should be provided with access to:

- The Protecting Children and Young People in Education: Practice Guidelines.
- The Orkney Community Planning Partnership's Interim Child Protection Guidance.
- The National Child Protection Guidance.

They should also undertake **a minimum of one** child protection training course (Child Protection Basic Awareness training – iLearn) in each 3 year period.

**Step 2 – Heads of Establishment, Nursery Managers and Child Protection Co-ordinators** should have access to:

- The Protecting Children and Young People in Education: Practice Guidelines.
- The Orkney Community Planning Partnership's Interim Child Protection Guidance.
- the national child protection guidance.

They should also undertake multi-agency child protection and adult protection training in each 5-year period. This is currently a 1 day locally facilitated training held twice per year.

Every education establishment and service should refresh their knowledge and understanding of the child protection process at least once a year. In some services and settings, it may be necessary to do this more frequently.

# Appendix 6 – Risk of Significant Harm: Referral Form (RoSH1)

### Referrer Information

| | |
|---|---|
| Name of person making referral. | |
| Role (e.g. Head Teacher, CPC, Nursery Manager): | |
| Establishment or Service: | |
| Email Contact: | |

### Duty Social Worker Information

| | |
|---|---|
| Please state the name of social work contact and date of discussion: | Name:<br><br>Date: |

### Named Person Information

| | |
|---|---|
| Child or Young Person's Named Person: | |

### Referral Information

| | |
|---|---|
| Name of Child/Young Person: | |
| Address (include town and postcode: | |
| Gender: | Male. ☐ Female. ☐ |
| Date of Birth / CHI Number: | |
| Family composition, siblings, parents, carers: | |

### Circumstances of the Concern

| | |
|---|---|
| Circumstances may include some or all of the following – the list is not exhaustive:<br>• What the concerns are.<br>• What has been observed or heard and what sense has been made of the information.<br>• Details of the alleged perpetrator if known.<br>• Details of any specific incidents – dates, times, witnesses, any visible injuries. | |

| | |
|---|---|
| • Relevant background information about the child or history of previous concerns.<br>• Safety factors including family, friends or support staff. | |
| Special circumstances relating to the child/children (e.g. non-disclosure restrictions, additional support needs, medical condition). | |
| Where is the child at present: | |

**Other Relevant Information (School/Nursery)**

| | |
|---|---|
| Early Years Provider/School: | |
| Phone Number (if available): | |
| Relevant Education Information: | |

**Other Relevant Information (Planning and Support)**

| | |
|---|---|
| Does the child have a Child's Plan? | Yes. ☐ No. ☐ |
| If 'Yes', name and role of the Lead Professional: | |
| Is the child on the CP register? | Yes. ☐ No. ☐ |
| Care Experienced Child (LAC/LAAC)? | Yes. ☐ No. ☐ |

**Other Relevant Information (Parent/Carer Contact Details)**

| | |
|---|---|
| Name of Parent/Carer: | |
| Phone Number: | |
| Address (including Town and Postcode): | |
| Email Address: | |
| Home Language(s) Preferred language for communication: | |

**For Service/Setting/Establishment Use Only**

| | | |
|---|---|---|
| RoSH 1 Submitted to Duty Social Worker. | Yes. ☐ No. ☐ | (date). |
| RoSH 1 Submitted to Head of Education. | Yes. ☐ No. ☐ | (date). |

**Feedback**

| | |
|---|---|
| Please state the name of social work contact and date of discussion: | Name:<br><br>Date: |
| Summary of Feedback: | |
| Summary of Action (include 'no further action' and 'update chronology'): | |