



WICKHAM COMMON PRIMARY SCHOOL

Successful learners, confident individuals, responsible citizens

Child Protection/Safeguarding Policy

School/College: Wickham Common Primary

Designated Child Protection/Safeguarding Lead: Mrs Bethan Liston

Deputy Child Protection/Safeguarding Leads:

Mrs Deborah Allis & Mrs Rachel Stevenson

Designated Governor for Child Protection/Safeguarding:

Mrs Heather Walton

1. Introduction

The Governors and staff of Wickham Common primary school fully recognise the responsibilities they have to the safeguarding and protection of pupils. All governors and staff, including volunteers, have a full and active part to play in protecting children and young people from harm.

All staff and Governors believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual pupil.

2. Aims

- To support the child's development in ways that will foster security, confidence and independence, ensuring that we are 'protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.' Keeping children safe in education' (September 2016.)
- To raise awareness of all staff, including volunteers, of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring children known or thought to be at risk of harm.
- The school will have procedures and protocols which will be followed by all staff in cases of suspected abuse and/or the need for care.
- To develop and promote working relationships with other agencies. See *Working Together To Safeguard Children (February 2017)*.

- To ensure that all adults who have access to children have been checked as to their suitability and have an enhanced DBS disclosure, as well as being checked against the Independent Safeguarding Authority's (ISA) barred list, when necessary. That those for whom it applies have completed a Disqualification by Association form. The school will implement recruitment procedures as recommended in *Safeguarding Children and Safer Recruitment in Education 2012*.

3. Procedures

Our procedures will be in line with *Bromley and London Child Protection Procedures March 2018*. We will ensure that:

- We have a Designated Safeguarding Lead who will, in line with recommendations in *Keeping Children Safe in Education 2016* 57-58 undertake formal training at two yearly intervals. In addition, their knowledge and skills will be updated via additional training, at appropriate intervals, as and when required, (but at least annually), to keep up with any developments relevant to their role. All other staff will undertake training and refresher training at three yearly intervals with regular safeguarding updates regularly and at least annually.
- Our Designated Safeguarding Lead and/or a deputy will always be available to staff during school hours.
- All members of staff develop their understanding of the signs and indicators of abuse or need. (Appendix 2)
- All members of staff know how to respond to a pupil who discloses abuse. (Appendix 3 and *What to do if you think a child is being abused (March 2015)* – copies kept in staffroom, on the shared drive under 'Safeguarding' and in Headteacher's office)
- All staff will be kept up-dated on safeguarding issues and will be able to identify concerns and understand procedures to protect and safeguard children and young people. Issues include: Children Missing from Care and Home, Sexually Exploited Children, Children Witnessing Domestic Violence, Young Carers, Young Runaways, Forced Marriages, Female Genital Mutilation, Children at risk of Radicalisation.
- All members of staff are aware of any immediate/urgent action required to assist the child, eg emergency medical treatment.
- All members of staff will report concerns to the Designated Lead using the 'Concerns Form.' (Appendix 1). The Designated Safeguarding Lead will discuss the concerns and agree a course of action within 24 hours.
- Where a child is in immediate danger or at risk of harm, a referral should be made to children's social care or the police immediately. Anyone can make a referral but the Designated Safeguarding Lead should be informed as soon as possible and concerns recorded on the 'Concerns Form' (appendix 1).
- All parents/carers/volunteers will be made aware of the school's Child Protection/Safeguarding Procedures.
- All staff are responsible for reporting concerns regarding a colleague's behaviour. See *Whistle-blowing Procedures* – copy kept in staffroom policies file.
- The school's procedures will be regularly reviewed and up-dated.
- All staff will have seen a copy of this policy and new staff will be given a copy as part of their induction programme.

- Governors will receive regular reports about numbers of child protection referrals, allegations against school staff and other child protection/safeguarding matters.

4. Responsibilities

The Designated safeguarding lead is responsible for:

- Adhering to the *London Child Protection Procedures 2018, Bromley Safeguarding Children Board and School policies* with regard to referring a child if there are concerns about possible abuse. See Appendix 6 Triangle chart for the Assessment of Children in Need and their Families.
- Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- Ensuring all records are kept confidentially and securely and are separate from pupil records.
- Ensuring that the school follows the Bromley Safeguarding Board's protocol for First day Calling in the case of a child's absence. (see Appendix 7)
- In liaison with the designated Teacher for Looked After Children, ensuring that staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with the consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They should also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The designated safeguarding lead should have details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

See also, Keeping Children Safe in Education, Annex B: The Role of the Designated Safeguarding lead, DfE, September 2016.

5. Supporting Children

- We recognise that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame.
- We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- We know that disabled children and those with Special Educational Needs are more vulnerable to abuse than non-disabled children, and are especially liable to bullying and intimidation. (See "*Safeguarding disabled children 2009*")

Support will be given to all pupils by:

- Encouraging self-esteem and self- assertiveness while not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those agencies involved with the safeguarding of children.
- Notifying Social Care as soon as there is a significant concern.
- Providing continuing support to a pupil about whom there have been concerns, who leaves the school, by ensuring that appropriate information is forwarded to the pupil's new school under confidential cover.
- Establishing and maintaining an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensuring all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Including in the curriculum, opportunities for PSHE and Citizenship, including SEAL (Social and Emotional Aspects of Learning) which equip children with the skills they need to stay safe from harm and to know whom they should turn to for help.

6. Confidentiality

- We recognise that all matters relating to Child Protection are confidential.
- The Designated Officer or the Headteacher will disclose any information about a pupil to other staff on a 'need to know' basis only.
- All staff must be aware that they have a professional responsibility to disclose information to other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets.

7. Supporting Staff

- We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

8. Allegations against Staff

- We understand that a pupil may make an allegation against a member of staff.
- If such an allegation is made, the member of staff receiving the allegation will (a) take the allegation seriously (b) ensure the child is safe and supported and (c) inform the Headteacher as soon as possible. The member of staff should then accurately record what they have been informed/observed.
- The Headteacher, on all such occasions, will discuss the content of the allegation with the Local Authority Designated Officer (Lead Officer for Education Safeguarding).

- If an allegation is made against the Headteacher then the Chair of Governors must be informed and they will then discuss the allegation with the Local Authority Designated Officer.
- The school will follow both the London and Bromley's Safeguarding Children Boards protocols for managing allegations.

9. Allegations against other Pupils

- It is recognised that a pupil may make an allegation about another pupil.
- If such an allegation is made, the member of staff receiving the allegation will (a) take the allegation seriously (b) ensure the child is safe and supported and (c) inform the Designated Officer as soon as possible. The member of staff should then accurately record what they have been informed/observed.
- The school will follow the protocols in the *London Child Protection Procedures 2018* for managing allegations.

10. Safer Recruitment

- The School will implement its responsibilities for safer recruitment strategies as recommended in *Keeping Children safe in Education 2016*.
- This will include appropriate training for the Headteacher and others who recruit and select staff and volunteers. These staff will attend, or complete online, appropriate training from a respected provider e.g Bromley Safeguarding Board or NSPCC.
- As part of the Safer Recruitment process all staff being offered positions within the school will have their offers made subject to an enhanced DBS check and Disqualification by Association declaration.
- These checks will be renewed every three years.

11. Anti-radicalisation

- At Wickham Common we understand our responsibilities as set out under section 26 of the Counter-Terrorism and Security Act 2015 to 'have due regard to the need to prevent people from being drawn into terrorism'. This duty is known as the Prevent duty.
- Both the Designated Safeguarding Lead and the Head teacher have attended Prevent awareness training.
- All our staff are expected to uphold and promote the fundamental principles of British values, including democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs.
- Although at Wickham Common risk of incidents of radicalisation are judged to be low, it is important for us to be constantly vigilant and remain fully informed about the issues which affect the local and wider community.
- At Wickham Common we recognise that safeguarding against radicalisation is no different from safeguarding against any other vulnerability.
- If staff believe that a child is at risk of radicalisation they should follow the normal procedures for reporting safeguarding concerns as outlined in this policy.

12. Female genital mutilation (FGM)

When a girl has undergone FGM, a serious crime has taken place so it is important that the police are involved as soon as possible.

All teachers have a mandatory duty* to make a report to the police if they:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth (see section 2.1a for further information).

(*Introduced in Section 5B of the FGM Act 2003 as inserted by section 74 of the Serious Crime Act 2015)

Teacher cannot delegate this duty. However, they can share information with safeguarding staff. **All other staff should report to the safeguarding lead as soon as possible.**

There is **no requirement** for teachers to report to the police if they **suspect** that FGM has taken place or think a girl may be at risk. In these cases the normal safeguarding procedures should be followed as with any child judged to be at risk of harm and the concerns should be reported to the safeguarding lead as soon as possible.

Contacts Bromley MASH team: 0208 461 7329/7428/7309/7014 or call Police 999.

13. Online safety

The school ensures that appropriate filters and monitoring systems are in place to protect pupils from inappropriate and harmful online material.

The school has a whole-school approach to online safety (see Acceptable Use policy including e-Safety). Pupils are taught explicitly about staying safe online and this is embedded throughout the curriculum.

14. Making a Child Protection Referral

Who to contact:

Multi Agency Support Hub (MASH) Team

London Borough of Bromley

Old Town Hall

Tweedy Road

Bromley BR1 3FE

Tel: 020 8461 7329/728/7309/7014

Email: Mash@bromley.gov.uk

Out of Hours – Emergency Duty Team

020 8464 3333

Monday to Thursday 5.00pm-8.45am

Weekends and Bank Holidays 5.00pm-9.00am the next working day

- Advice will be sought from the Duty Social Worker or MASH (Multi-agency Support Hub) if there is any uncertainty about a referral
- Advice will be sought from the Duty Social Worker or MASH (Multi-agency Support Hub) as to whether parents should be informed.

- All referrals should be sent in writing using the multi-agency Children's Social Care Referral Form (Computer file: ST/Safeguarding/CSC Referral Form). The exception is in the case of urgent child protection, where the referral will be taken over the telephone and followed up in writing by the next working day (24-72 hours).

15. Early help

All staff need to be aware of the Common Assessment Framework (CAF) process and be prepared to identify children who may benefit. The CAF is designed as an assessment tool to facilitate early intervention and cooperation between agencies to improve outcomes for children/young people with additional needs.

We may use a CAF if:

- There is concern about how the child/young person is progressing in terms of their health, welfare, behaviour, learning or any other aspect of their wellbeing.
- A request is received from the child/young person or parent/carer for more support.
- There is concern about the child/young person's appearance or behaviour, but their needs are unclear or are broader than our service can address.
- To help identify the needs of the child/young person and/or to pool knowledge and expertise with other agencies to support the child/young person better.

For guidance about the threshold criteria for referrals to Children's Social Care, please see the Bromley Safeguarding Children Board (BSCB) 'Thresholds of Needs guidance' (May 2017)

16. Case Conferences

- If invited to a Child Protection Case Conference, staff will be given priority to attend.
- Any report requested from the school will be completed within the agreed time frame.

Related Policies and documents:

Behaviour Policy, including the use of force to control or restrain children
 Anti-Bullying Policy
 PSHEC Policy
 Health and Safety Policy
 Attendance Policy
 Safer Recruitment and Selection Policy
 Teachers' Standards, Part 2: Personal and Professional conduct

Appendices:

Appendix 1 Concerns form
 Appendix 2 Definitions of abuse and neglect
 Appendix 3 What to do when a child discloses abuse
 Appendix 4 Child protection procedures physical injury to children – checklist for recording
 Appendix 5 Quick referral flowchart
 Appendix 6 Format for a report for a child protection conference
 Appendix 7 First day calling protocol

Appendix 8 Useful safeguarding contacts
Appendix 9 Body map

Approved and adopted by Governors	June 2018	(date)
	<hr/>	
Date Policy to be reviewed:	June 2019	(yearly)
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APPENDIX 1



BROMLEY SAFEGUARDING CHILDREN BOARD Concerns Form

Child's Name: _____

Class: _____

Date of concern: _____

Details of concern:

Signed: _____

Position: _____

Date: _____

Action taken:

Reported/referred to: _____

Date:

APPENDIX 2

DEFINITIONS OF CHILD ABUSE AND NEGLECT

Whenever a concern is raised that a child may be being harmed in one or more of the following ways:

Physical Abuse

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

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg rape, buggery or oral sex) 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 watching sexual activities 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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food clothing and shelter (including exclusion from home or abandonment), protect a child from physical and emotional harm or danger,
- ensure adequate supervision (including the use of inadequate care-givers),
- ensure access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to a child's basic emotional needs.

APPENDIX 3

WHAT TO DO WHEN A CHILD DISCLOSES ABUSE

- Stay calm and reassuring
- Arrange a time and place to talk privately immediately after the child has initiated contact
- Explain that you cannot promise to keep what the child tells you a secret - you may have to contact a social worker or the police
- Don't make any other promises to the child - the situation may cause you to react emotionally
- Listen and reassure
- **Do not press for details** - this is likely to need further and possibly extensive investigation. It is better for the child if s/he does not have to repeat the details unnecessarily. This could also compromise a potential criminal investigation.
- Tell the child that s/he was right to tell - that s/he is not to blame for the incident. Let the child know that you understand how difficult it is to talk about such experiences. Thank the child.
- As soon as possible afterwards, record your conversation with the child. Remember the child's exact words. Record your own statements to the child.
- **Refer**
- Debrief with your line manager/ Designated Safeguarding Lead.

Note: A wide range of situations can fall into the category of "disclosure". Because it is impossible to know in advance what a child will say, it is advisable to always follow these suggestions.

Many victims of child abuse say that having the first person they told be supportive was the first step in recovering from their experience.

APPENDIX 4

CHILD PROTECTION PROCEDURES PHYSICAL INJURY TO CHILDREN

Checklist for Recording

- When you notice an injury to a child which needs to be recorded, try to record the following information in respect of each mark:
- Exact position of injury on the body, eg upper outer arm/left cheek
- Size of injury - in approximate centimetres or inches (or use indicators, eg size of one pence coin, etc.)
- Approximate shape of injury, eg round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff, etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot/does the child feel hot?
- Does the child feel pain?

Note: Do not attempt to guess at things beyond your own field of expertise, eg age of injury.

Only record visible injuries; do not strip children. If the child is injured Children's Social Care will arrange for a Child Protection Medical.

Also record

- Explanation for the injury:
 - Child (use child's own words)
 - Adult

- General appearance of the child:
 - Clothing
 - Hygiene

- Child's attitude/demeanour

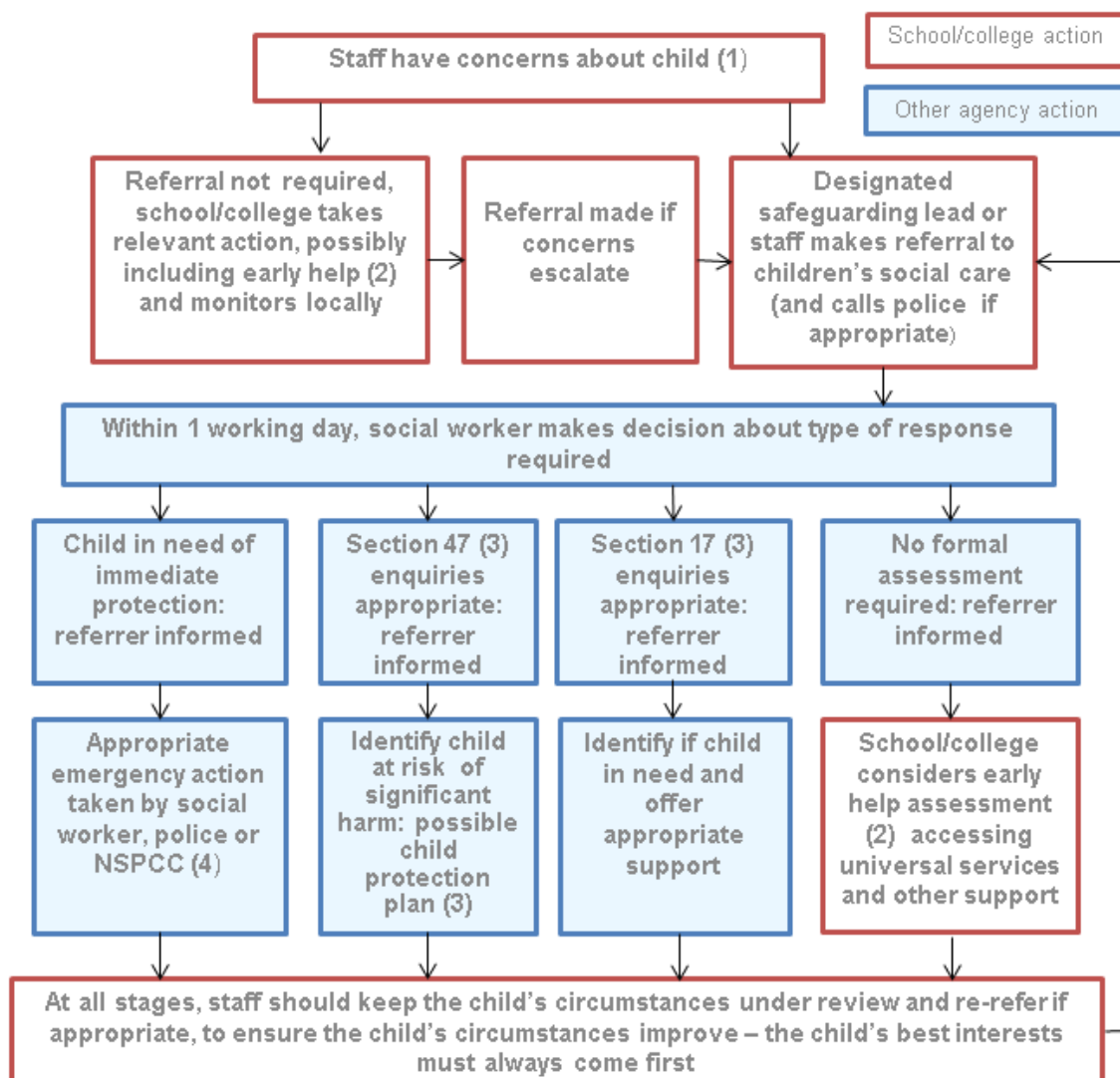
- Parent's attitude

- Action taken/proposed
 - In your view, does the child need treatment?

- Your name, designation, agency, telephone number

- Date and time of your observation

Actions where there are concerns about a child



1. In cases which also involve an allegation of abuse against a staff member, see Part four of Keeping Children Safe in Education September 2016

2. Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of Working together to safeguard children provides detailed guidance on the early help process.

3. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include s17 assessments of children

in need and s47 assessments of children at risk of significant harm. Full details are in Chapter one of Working together to safeguard children

4. This could include applying for an Emergency Protection Order (EPO).

BROMLEY MULTI-AGENCY CHILD PROTECTION CONFERENCE REPORT

Completing the Multi-agency Child Protection Conference Report

The attached Multi-agency Child Protection Conference Report Template should be completed by all professionals to provide information to the conference. The format of the report reflects the Signs of Safety/Strengthening Families framework.

The report should be provided to and discussed with parents, and children when appropriate, in advance of the conference. It is important that families do not hear new information at the conference and it is the responsibility of **all agencies** who have relevant information to make this available to the conference in the form of a written, legible and signed report.

Once the report has been discussed with the parents, it should be provided to the Quality Assurance Unit for the Conference Chair to have at least 48 hours prior to an initial conference and 5 working days in advance of a review conference.

These timescales are to give families sufficient time to prepare for such important meetings about their family life.

It is an expectation that all agencies will provide a written report for the conference. It has been agreed by the Bromley Safeguarding Children Board that if no written report is received for the conference, the Chair of the Child Protection Conference will initially contact the professional concerned to remind them of their responsibility to provide a written report and they will be given 3 working days in which to provide the report. If the written report is still not provided within that timescale their manager will be informed.

Completed reports sent via Egress, or any non-secure emails should be sent to:

Child.protection@bromley.gov.uk

If using a secure e-mail (i.e. health / Police / Probation) please send to:

QA.Safeguarding@bromley.gcsx.gov.uk

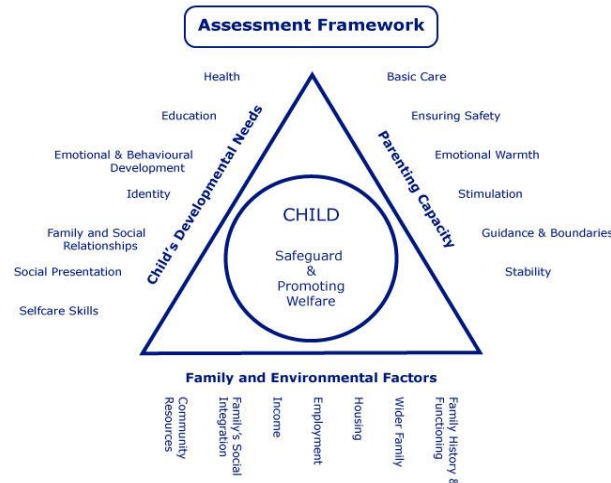
Confidentiality

Information shared verbally or in writing in the Conference must only be shared outside the meeting if it is to safeguard and promote the welfare of children. Conference reports and minutes are confidential and should not be passed to a third party without the consent of the parents or order of court.

Guidance on completing the Conference Report

Please write the report based on your professional knowledge and understanding of the child and family. **As this is a generic form you must ensure all the relevant information from your agency or specialism is included.**

You may wish to refer to the Assessment Framework triangle to aid your assessment:



Parent/ Carer and significant family or household member's information

This section should include **all** members of the household as known to your agency including anyone living in the household and significant people not living in the household.

Overview of your agency's involvement with child/ren & family

This section should include reasons for your agencies involvement, attendance and level of engagement, services or care provided, duration of involvement, progress to date and any actions outstanding.

Current Risks or Concerns

This section should include any factors you consider to pose risk of significant harm or increase the risk of harm to the child/ren.

Historic or complicating factors

This section should include any previous history of concerns within the family, anything that might get in the way of resolving current risks and any previous involvement with your agency.

Safety/ Protective Factors

This section should include factors that you believe reduce the risks of harm to the child/ren or help to ensure safety.

Strengths/ Positives

This section should include any features of family life and parenting that have a positive effect on the child/ren's lives and anything the parents/ carers are doing well and if they were not, would be considered a risk factor.

Grey Areas

This should incorporate any areas that are unclear or may be of potential concern for the child/ren but require further time, clarity or assessment.

Chronology

This section should include details of any incidents, injuries or significant events that your agency is aware of along with the date and a brief summary of the event.

Health Professionals Section

This section should only be completed by health professionals.

BROMLEY MULTI-AGENCY CHILD PROTECTION CONFERENCE REPORT TEMPLATE

Agency details	
Professionals Name	
Job Title	
Agency Name	
E-mail address	
Telephone Number	

Child/ren's information		
Name	NHS Number	Date of Birth

Parent/ Carer and significant family or household members information		
Name	Date of Birth	Relationship

Overview of your agency's involvement with child/ren and family	
<p>Include factors relevant to your service such as:</p> <ul style="list-style-type: none"> • purpose for your involvement • level of engagement and attendance • services or care provided • difficulties or challenges • referrals to other services • progress to date • duration of involvement • any actions outstanding 	

Current Risks or Concerns (if yes please state below)	
Are there any current risks or concerns?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Include what factors you consider to pose risk of significant harm or increase the risk of harm to the child/ren?					
Historic or Complicating Factors (if yes please state below)					
Are there any historic or complicating factors?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Include any previous history of concerns within the family, anything that might get in the way of resolving current risks and any previous involvement with your agency.					
Safety / Protective Factors (if yes please state below)					
Are there any safety/ protective factors?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Factors that you believe reduce the risks of harm to the child/ren or help to ensure safety.					
Strengths / Positives (if yes please state below)					
Are there any strengths/ positives?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Features of family life and parenting that have a positive effect on the child/ren's lives. Anything the parents/carers are doing well and if they were not, would be considered a risk factor.					
Grey Areas (if yes please state below)					
Are there any grey areas?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
This should incorporate any areas that are unclear or may be of potential concern for the child/ren but require further time, clarity, or assessment.					

Chronology

To insert a new row go to the menu bar, click on TABLE, then INSERT and select ROWS BELOW.

Date of incident	Type of incident	Details and outcome i.e. what happened as a result of the event e.g. child injured, child killed following an assault, child killed following DV	Name of perpetrator	Source of information
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[illegible]

What do you believe to be the likely outcome for the child/ren if their current situation continues?

What changes would you need to see in the family to assure you that the risk of harm to the child/ren is sufficiently reduced?

What can your agency contribute to a plan to keep the child/ren safe?

Any other relevant information

	Yes	No
Has this report been seen by they parents/ carers?	<input type="checkbox"/>	<input type="checkbox"/>
Has this report been seen by the child/ren/ young people?	<input type="checkbox"/>	<input type="checkbox"/>

What are the views of the parents/ carers and/or chid/ren/ young people on this report?

Report completed by:

Name		Job Title	
Signature		Date	

HEALTH PROFESSIONALS SECTION

This section is only to be completed by Health Professionals. Please complete the following sections for each child.

Child/ Young Person's Name	
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Relevant ante-natal/ birth details

Immunisation status (complete for initial conference only unless changed)	
e.g. Neonatal BCG; DtaP / IPV / Hib and PCV (8 weeks); DtaP / IPV / Hib and Men C (12 weeks); DtaP / IPV / Hib, MenC and PCV (16 weeks); Hib / Men C (12 months); 1 st MMR and PCV (13 months); DtaP / IPV (3-5 years); 2 nd MMR (3-5 years); HPV- 1 (girls aged 12-13 years); HPV- 2 (girls aged 12-13 years); HPV- 3	

Growth				
Date	Weight (centile)	Height (centile)	Head circumference (centile)	BMI
Comments/ Evaluation:				

Developmental Assessment			
Date	Screening/ Surveillance	Age	Outcome

Emergency Department Attendance		
Date	Reason	Outcome

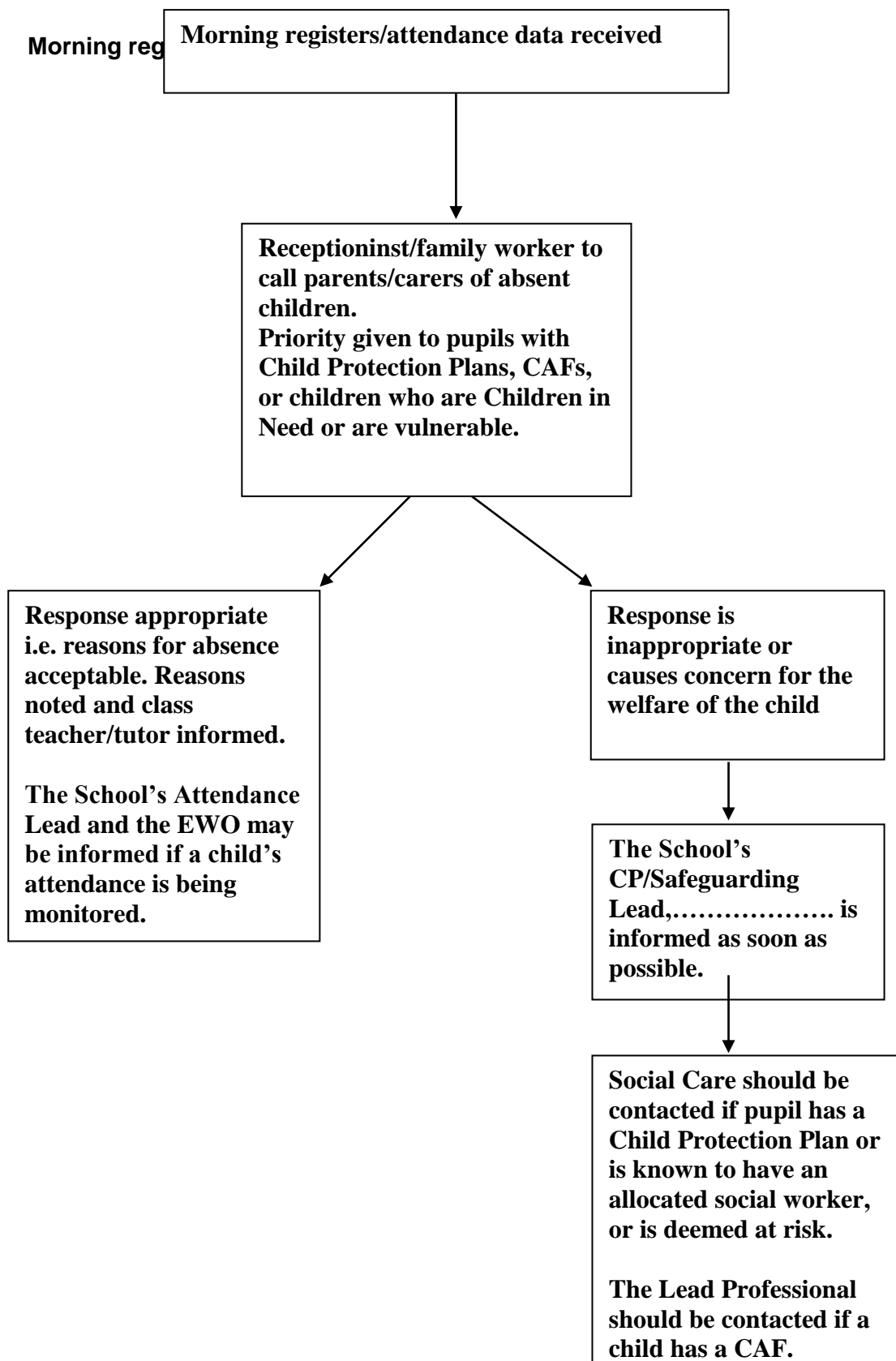
Outpatients Appointments		
Date	Reason	Outcome

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Appendix 7

FIRST DAY CALLING

This is intended as helpful guidance for schools in terms of protecting children. 'First Day Calling' is important because school absence and safeguarding are closely linked. This practice not only encourages good attendance it also helps to monitor a pupil's wellbeing and is an alert to their safety.



**APPENDIX 8
(Mar 16)
USEFUL SAFEGUARDING CONTACTS**

Rita Dada - Lead Officer for Education Safeguarding

St Blaise, Civic Centre, Bromley BR1 3UH

Tel: 020 8461 7669, Email: rita.dada@bromley.gov.uk

First contact regarding allegations against staff; advice and support regarding safeguarding matters; can provide specific whole school, or group, training.

Bromley Safeguarding Children Board

Room B40, St Blaise, Civic Centre, Bromley BR1 3UH

Tel: 020 8461 7816 - Email: BSCB@bromley.gov.uk

For information on the Board and its Committees, documents, training, annual conference.

Education Welfare Service

Civic Centre, Stockwell Close, Bromley BR1 3UH

Tel: 020 8313 4151 - Email: Education.welfare@bromley.gov.uk

To be notified when a child is identified as not attending school or not on a school roll; advice on Welfare matters, and to be informed when a parent withdraws a pupil to educate them at home. .

Angela Huggett - HR Consultancy Services Manager

Room E67a, East Wing, Bromley Civic Centre, Stockwell Close, Bromley BR1 3UH

Tel: 020 8313 4029- Email: angela.huggett@bromley.gov.uk

Advice on recruitment, discipline matters, terms and conditions etc.

Social Care - Referral and Assessment Team:

For advice and to make referrals. Please note that the referral form and guidance can be downloaded from www.bromleysafeguarding.org

Referral and Assessment Team

St Blaise, Stockwell Close, Bromley, BR1 3UH

Tel: 020 8461 7379/7373/7026

Common Assessment Framework (CAF)

Copies of the guidance and general information about the CAF can be found on the Bromley website.

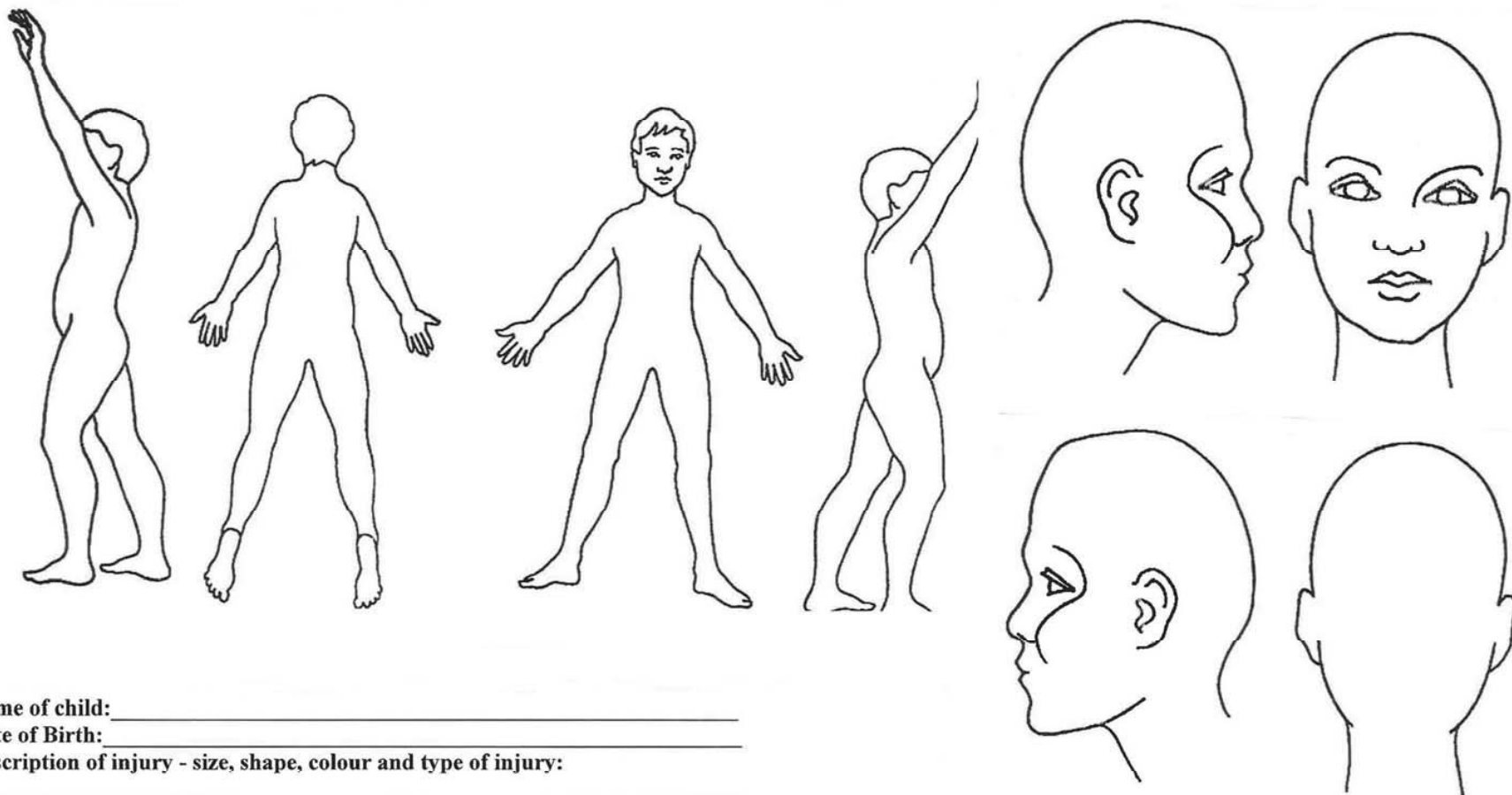
Tracy Lewis - Bromley Safeguarding Children Board Training

Tel: 020 8461 7799 - Email: safeguarding.training@bromley.gov.uk

Multi-agency safeguarding training

APPENDIX 9

BODY MAP
Please indicate the exact site of injury on map



Name of child: _____

Date of Birth: _____

Description of injury - size, shape, colour and type of injury:

Date marks/injury observed: _____

Name of person completing this form: _____

Date: _____

Action: _____
