



**Calderdale**  
**Safeguarding**  
**Children Board**

## **Calderdale Interfaith Council (CIC)**

### **Child Safeguarding Policy**

**Further reference should also be made in conjunction with this document to:**

*“Working Together To Safeguard Children:*

*A guide to Inter agency working to safeguard and promote the Welfare of Children (2013)”*

*“Working Together” is defined as:*

- Protecting children from maltreatment
- Preventing impairment of children’s health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

**February 2016**

# The Purpose of this Child Protection Policy Statement:

In implementing this child protection policy **Calderdale Interfaith Council (CIC)** will:

- Ensure that all volunteers/workers understand their legal and moral responsibility to protect children and young people from harm, abuse and exploitation;
- Ensure that all workers understand their responsibility to work to the standards that are detailed in these Child Protection Procedures and work at all times towards maintaining high standards of practice;
- Ensure that all workers are aware of *Calderdale Safeguarding Children Board* interagency safeguarding procedures and are confident in how to work within these guidelines.
- Ensure that all volunteers/workers understand their duty to report concerns that arise about a child or young person, or a worker's conduct towards a child/young person, to the faith group's named person for child protection;
- Ensure that the named person understands his/her responsibility to refer any child protection concerns to the statutory child protection agencies (i.e. Calderdale Care Services and/or Police);
- Ensure that any procedures relating to the conduct of volunteers/workers are implemented in a consistent and equitable manner;
- Provide opportunities for all volunteers/workers to develop their skills and knowledge, particularly in relation to the welfare and protection of children and young people;
- Ensure that children and young people are enabled to express their ideas and views on a wide range of issues and will have access to the CIC's Complaints Procedure, administered through the named lead person for Safeguarding;
- Ensure that parents/carers are encouraged to be involved in the work of CIC and, when requested, have access to all guidelines, training and procedures;
- Endeavour to keep up-to-date with national developments relating to the welfare and protection of children and young people.

OUR CHILD PROTECTION POLICY STATEMENT

# Calderdale Interfaith Council

1. **Calderdale Interfaith Council** believes that children must be protected from harm at all times.
2. We believe every child should be valued, safe and happy. We want to make sure all children we have contact with know this and are empowered to tell us if they are suffering any harm.
3. We want children who use or have contact with **Calderdale Interfaith Council** to enjoy what we have to offer in safety.
4. We want children, parents, carers and Faith groups who use or attend **Calderdale Interfaith Council** events to be supported to care for their children in a way that promotes their child's health and well-being and keeps them safe.
5. **Calderdale Interfaith Council** will achieve this by an effective child protection procedure and by following National guidance (*What To Do If You're Worried A Child Is Being Abused*) and local procedures (Calderdale Safeguarding Children Board). Such information is available on our Website and we will endeavour to display supportive materials at our events.
6. If we discover or suspect a child is suffering harm we will notify Calderdale Care Services or the Police in order that they can be protected if necessary.
7. This child protection policy and our child protection procedure apply to all staff, volunteers and users of **Calderdale Interfaith Council** and anyone carrying out any work for us or using our premises.
8. We will review our child protection policy and procedures annually at the Annual General Meeting to make sure they are still relevant and effective. This is now set up as a standard procedure and will include the pre AGM Steering Group meeting.
9. **Calderdale Interfaith Council** are committed to policies and action to ensure that those who are employed in paid or voluntary capacity and the people it serves, are not discriminated on the basis of disability, race, age, religion or belief, sexual orientation or gender. Reference to this can be seen on the CIC Website and any of the CIC Trustees can be approached regarding such fears of discrimination.

Signed by the Trustees of CIC: .....

Signed by the Named Person: .....

Date: .....

## Developing our Child Protection Guidelines and Procedures

The **Calderdale Interfaith Council** Child Protection procedures will be maintained and continually reviewed as per the statutory, legal and context appropriate requirements.

Key events will be preceded by risk assessments and information sharing with all involved.

Key features for example, such as the rule that no single adult should accompany a child on their own, be this in a car or within a building, will be applied and shared as standard procedure and raised as an aspect of ongoing training.

A high proportion of CIC staff and volunteers have DBS Certification, for some it is not required but it will have been applied for and subsequently recorded that DBS is not required. Almost all staff and volunteers have and update their Safeguarding training. Training requirements will regularly be reviewed in order to maintain the required current standards. CIC Steering Group, staff members and volunteers will therefore undertake the necessary training to gain an appropriate awareness of the signs and symptoms of child abuse and of Calderdale Safeguarding Children Board interagency procedures.

The following definitions are taken from *Working Together to Safeguard Children, (2013)*. They are included in this document to assist those providing our services to children when assessing whether the child may be suffering actual or potential harm.

In addition the CIC Steering Group and Trustees have included **Spiritual Abuse** as a further safeguarding aspect of concern.

**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 development capability, as well as over protection 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 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 children, 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 (i.e. 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, sexual online images, 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 and development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

Provide adequate food and clothing, 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.

**Spiritual Abuse:** CIC is also aware of the potential and possible effects and outcomes of Spiritual Abuse where to children, someone in a position of religious influence uses this position of authority to unduly proselytize, or uses such authority enjoyed as a teacher of faith to justify or promote exploitive or demeaning behaviour against a different faith to those children/child; Or, when someone's explanation of their faith denigrates the faith of another, so as to challenge, explicitly or implicitly in a threatening manner, generating an attitude of fear or contempt towards the child/family adherents of another faith.

### **A Named Person(s) for Child Protection:**

**Calderdale Interfaith Council** has an appointed individual who is responsible for dealing with any child protection concerns. In his/her absence, a deputy will always be available for workers to consult with. Details of how to contact the named person and a deputy can be found on the CIC Website.

**Named Person** for Child Protection: John Butterfield

Land-line telephone number: 01422 881230                      Mobile number: 07799 801417

**Deputy Name** of contact person: Surraya Bibi

Mobile number: 07491 116608

The role and responsibilities of the named person(s) are:

- To ensure that all those directly associated with CIC are aware of what they should do and who they should go to if they are concerned that a child/young person maybe subject to abuse or neglect.
- Ensure that any concern about a child/young person are acted on, clearly recorded, referred on where necessary and, followed up to ensure the issues are addressed.
- The Named Person(s) will record any reported incidents in relation to a child/young person or breach of Child Protection policies and procedures. This will be kept in a secure place and its contents will be confidential.

### **The Stages that should be followed by anyone associated with CIC who is worried about a Child/young person**

**Calderdale Interfaith Council** recognises that it has a duty to act on reports or suspicions of abuse and believes that the safety of the child should override any doubts, hesitations, or other considerations (such as the potential to have a negative impact on those involved. When worrying changes are observed in a child's or young person's behaviour, physical condition or appearance, staff will:

#### **Initially:**

- Talk calmly to the child/young person about what you are observing.  
Initial questions can be asked but not subsequently elaborated upon for example, "I've noticed that you don't seem/appear yourself today, is everything okay?"
- Never use leading questions.
- Listen carefully, without disruption or seeking clarification, to what the young person has to say and take it seriously;

- Never investigate or take sole responsibility for a situation where a child/young person talks about matters that may be indicative of abuse;
- Always explain to children and young people that any information they have given will have to be shared with others, if this indicates they and or other children are at risk of harm;
- Record what was said as soon as possible after any disclosure
- Respect confidentiality and file documents securely;  
Notify the CIC Named Person for Child Protection.

### **What the Named person should do:**

- The Named person will take immediate action if there is a suspicion that a child has been abused or likely to be abused. In this situation the Named Person will contact Calderdale Social Care, First Response Team telephone number 01422 393336 and/or Police. For out of hours referrals contact the Emergency Duty Team contact number: 0845 1111137
- If a referral is made direct to Calderdale Social Care this must be followed up in writing within 48 hrs followed up in writing using care services referral and information record (see appendix 2) <http://calderdale-scb.org.uk/whattodo.htm>  
NB: Parents/carers will need to be informed about any referral to Calderdale Social Care unless to do so would place the child at an increased risk of harm.
- The named person might also seek advice and clarity about a situation that is beginning to raise concern through the NSPCC National Child Protection Helpline on 0808 800 5000.
- Specific advice about issues concerning South Asian children can be sought on the NSPCC National Child Protection Asian Helpline on 0800 096 7719

### **Managing Allegations Made Against A Member of Staff or Volunteer**

CIC has procedures in place to ensure that any allegation made against a member of staff or volunteer is dealt with appropriately. The procedures include the CIC ethos of listening to children and young people and their parents/carers and taking any concerns seriously. CIC is also committed to ensuring that it's workers feel safe to express their concerns about the practice of others.

**Calderdale Interfaith Council** will ensure that any allegations made against member or members of staff or volunteers will be dealt with swiftly and in accordance with these procedures:

- The worker should listen carefully to what the child says, but not ask detailed questions.
- The worker must ensure that that the child is safe and away from the person against whom the allegation is made.
- The named person for child protection should be informed immediately. In the case of an allegation involving the Named Person for Child Protection, alternative arrangements should be sought to ensure that the matter is dealt with by an independent person. (Note: this could be a committee member, Trustee or anyone within CIC that is in a senior position and believed to be independent of the allegations being made).
- The named person should contact the Local Authority Designated Officer (LADO - based within Calderdale Safeguarding & Quality Assurance Services: 01422 394086) for advice on how to proceed with the immediate situation. Outside of working hours the Emergency Duty Team can give advice and/or in the event of an emergency situation arising, the Police.
- The individual who first received/witnessed the concern should make a full written record of what was seen, heard and/or told as soon as possible after observing the incident/receiving the report. It is important that the report is an accurate description. The Named Person for Child Protection within the Faith Group (if appropriate) can support the worker during this process but must not complete the report for the worker. This report must be made available on request from either the Police and/or Calderdale Social Care.

Regardless of whether a police and/or Calderdale Social Care investigation follows, **Calderdale Interfaith Council** will ensure that an internal investigation takes place and consideration is given to the implications and operation of intervention procedures.

### **The Management and Supervision of Staff / Volunteers**

**Calderdale Interfaith Council** is committed to the appropriate management and supervision of staff and/or volunteers working with children and/or young people to ensure that appropriate lines of accountability are in place.

CIC will determine, as it will also recommend to all those with whom it is associated, which is the most appropriate policy, procedures and structures for the management and supervision of staff in light of the type of work it undertakes with children and young people. Recordings will be made in the form of Pro-formas as to the required regular logging of necessary procedures. (See for example Developing our Guidelines para 3)

If CIC has any concerns that someone they employ should not be working with children they must refer their concern and talk to the Local Authority Designated Officer (LADO).

DBS checks are intended to improve the vetting of those working with children and vulnerable adults but there is no perfect system.

### **Recording and Managing Confidential Information**

The recording of confidential information will be through the use of the required documentation as per the appendices below. CIC has very limited involvement with children and young people directly therefore the creation of a pro-forma is difficult to envisage at this time. Compliance with legal requirements is therefore the mode of recording. Storage of such documents will be at the Offices of the Halifax Minster and in line with Data Protection guidelines.

Decisions as to who will have access to such documents will be context dependent and at the advice of those professionally and legally associated with the said situation.

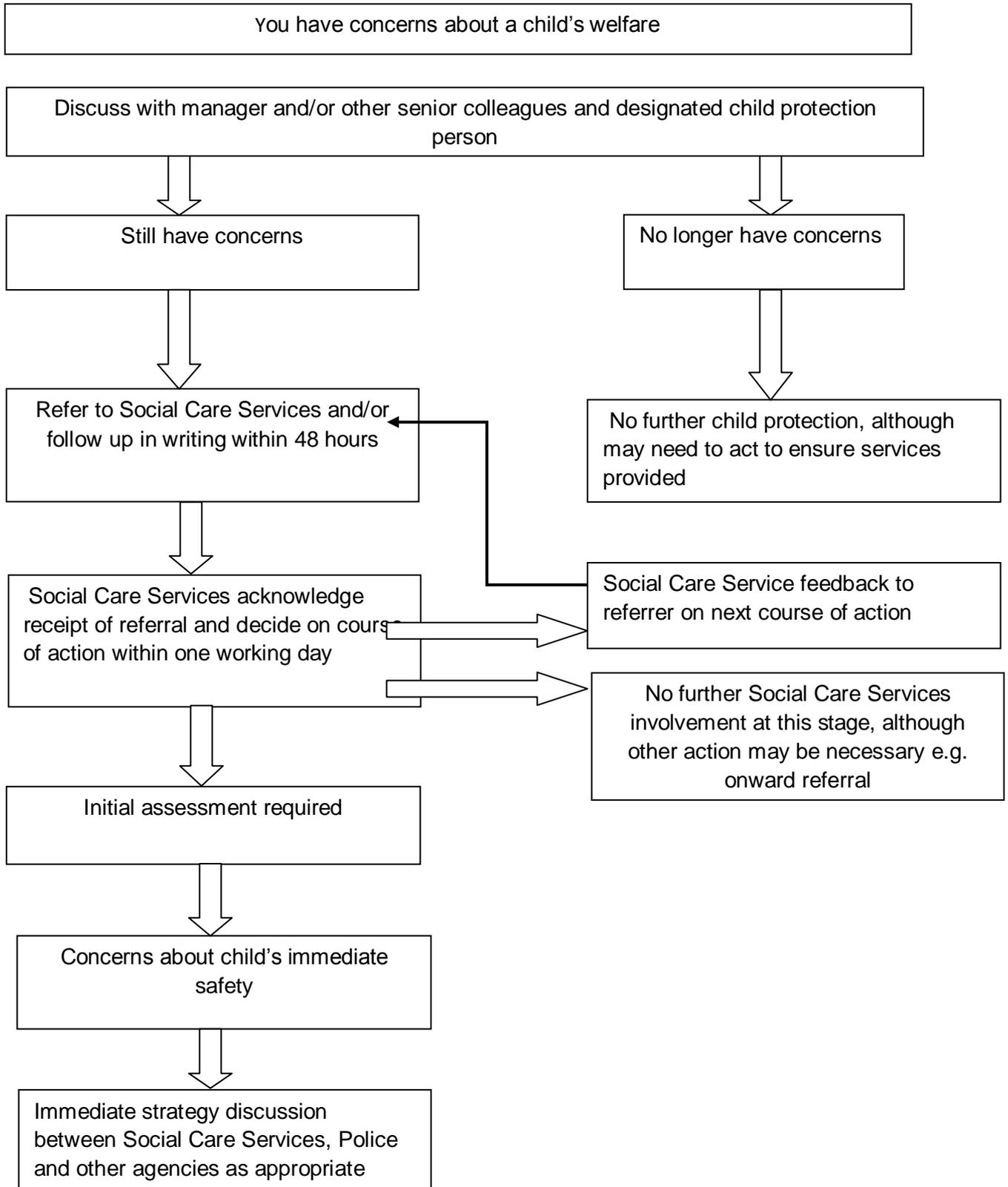
**Date of completion of the revised document: February 2016**

**Date for the next review: AGM following February 2017**

# Appendices:

## Appendix 1

### Reporting Child Protection Concerns



## Appendix 2

### SAFEGUARDING CHILDREN REFERRAL FORM



Please refer to the practice guidance.

Please complete this form as fully as possible.

However, do not delay the referral in a situation where this may place the child at further risk.

Please type this form or ensure it is written legibly i.e. printed.

If you are aware that the child has a Social Worker, go directly to the Social Worker/District. There is no need to use this form.

REFERRAL TO : Calderdale Children's Social Care								
Date of Referral				Time of Referral				
<b>REFERRAL FROM:</b>								
NAME								
JOB TITLE								
AGENCY								
ADDRESS								
TEL								
EMAIL	Secure Y/N							
<b>Details of Child(ren)</b>								
Child's name			DOB/EDD			Age		
Gender M/F			Disability [if known please specify]			Unborn Y/N		
Ethnicity	Language					Is an interpreter needed? Y/N		
Address								
Postcode			Tel No					
Name of child's primary carer/s			Relationship			DOB: / /	Parental Responsibility	Y/N
Name of child's primary carer/s			Relationship			DOB: / /	Parental Responsibility	Y/N
School/Nursery/College attended: [also please give name of any key contact person]								
Child's GP				Tel No				
<b>Family Composition/Significant Others</b>								
Name	DOB	Relationship	School	Parental Responsibility Y/N				


**REASON FOR REFERRAL**

**STATE THE KEY AREAS OF CONCERN ABOUT RISK OF HARM or NEGLECT**

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**WHAT MAKES THE SITUATION WORSE FOR THE CHILD/YOUNG PERSON?**

**LIST THE ACTIONS TAKEN OR SUPPORT PROVIDED SO FAR e.g. Assessments**

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**WHAT IMPROVES THE SITUATION FOR THE CHILD/YOUNG PERSON?**

**WHAT ARE YOU REQUESTING FROM CHILDREN'S SOCIAL CARE *[See guidance notes re services available]***

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Is the child aware of the referral?

YES

NO

Are the parents/ carers aware of the referral?

YES

NO [State reason why]

Have they given permission for the referral?

YES

NO

Have they given permission to share information?

YES

NO [State reason why]

**Child/Family View of the referral –including professional discretion/reasons for refusal**

**Child/Young Persons Health and Developmental key points to note**

*Consider all aspects of child/young person's social, emotional, education health and well being*

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**Parenting Capacity**

*Issues affecting parent/carers capacity to respond appropriately to child/young person's needs; consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries and stability.*

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**Family and Environmental Factors**

*Consider the extended family, housing, employment, the family's social integration and the availability of community resources to provide support.*

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**HAS A CAF/CAF PRE ASSESSMENT CHECKLIST BEEN COMPLETED ON THIS CHILD/YOUNG PERSON?**

**YES** [By your agency]

**YES** [by another agency –give name of lead professional]

**NO** [Give reasons why not]

**NOT KNOWN**

**ATTACH CAF/CAF PRE ASSESSMENT CHECKLIST IF AVAILABLE**

YES

NO

**Other agencies/provision involved e.g. Family Support, YOT, Adult Social Care if known**

**Name of Organisation and Profession**

**Contact Details: Address/  
Telephone No/ Email Address**

**Brief description of work undertaken to support child/young person**


**Have you attached additional information? If so please specify:**

## **SAFEGUARDING CHILDREN REFERRAL FORM GUIDANCE**

If you are aware the child already has a Social Worker there is no need to use the referral form; go directly to the Social Worker/District.

**PLEASE TYPE OR PRINT THE FORM** – in the past many forms have been illegible and had insufficient information in order for Children’s Social Care to be able to make decisions of what action is required. Please complete the form as clearly and fully as possible. However, do not delay the referral if you do not have all the information required in a situation where a delay may place the child at further risk.

### **Date of Referral:**

It is essential that the date a referral is made is clearly stated on the form.

### **Time of Referral**

It is essential that the time a referral is made is clearly stated on the form. This ensures that the referral is **compliant with Laming Recommendation 12.**

### **Child’s Name**

State clearly the correct spelling of the child/ren’s full name and any other name that the child is known by.

### **DOB & Age and Expected Date of Delivery**

State the full date of birth of the child/ren and the age at the time of the referral. State if the child is unborn and the expected date of delivery.

### **Disability**

Please tick yes or no if the child is disabled – give more details of the disability including any Statement of Special Educational Needs in the assessment section (child’s developmental needs)

### **Ethnicity**

State clearly, to the best of your knowledge, the ethnicity of the child. This information may assist the person/agency you are referring to, by identifying services that meet the child’s ethnic background.

### **Language**

It is essential to identify the child’s first language. This information will ensure that the person/agency you are referring to is aware of any language needs when engaging and communicating with the child/ren.

It would be helpful to include any other communication needs in this section.

### **Is an Interpreter needed?**

**Laming Recommendation 12** states that when communication with a child is necessary for the purpose of safeguarding and promoting the child’s welfare and the first language of that child is not English, an interpreter **must** be used. If the child’s first language is not English and an interpreter is not needed, please state clearly the reason why.

### **Address, postcode tel.**

State clearly the full home address of the child including the postcode and phone number. If the child is residing at more than one address or is residing away from their home address, please include all the

details under the section current address (if different from above). **NB** an alternative home address may indicate that the child is living with other family members under an arrangement e.g. private fostering.

### **Name of Child's Main Carer & Relationship to the Child:**

State the name of the person/s who is the main carer for the child/ren and **if known** state whether the carer has parental responsibility. Record the nature of the relationship to the child i.e. mother, father, grandparent, aunt etc. Please state the date of birth.

If the address is different to the child's home address this may indicate a private fostering arrangement. If enquiries confirm this, a referral to Children's Social Care must be undertaken. If in doubt, seek advice.

If the parent is not the main carer and resides at a different address, please give information about the parents here but make it clear if they are not the main carer.

### **Nursery/ School /College**

Please complete if known, and add in the name and contact number for any key member of staff.

### **GP & Telephone Number**

If the child's General Practitioner is known please state clearly, the full name and phone number any other details about the GP, if known.

### **Family Composition/ significant others**

Please give details of all other children in the household and state if these children are also subject to referral. Please state all other adults in the household e.g. relatives, lodgers or family friends and also include details of any partners (to main carer) who may have contact with the family.

### **Reason for Referral**

Briefly outline the reason for the referral, being specific about **what is needed** for the child/ren and family and **why**, and about the nature of any concern for the child's welfare, including the need for protection and **why** you think they are **at risk of significant harm**.

### **Action Taken**

Please give details of any support your service has already provided to address the concerns or needs of the child. Please indicate whether a CAF has been completed and whether an agreed plan is in place and lead professional identified. It may also be useful to identify the outcome of the plan, specifically noting what has worked/not worked. Completed CAFs/case plans can be attached to the referral to support the information provided in this section. Include any other relevant assessments that have been undertaken by your agency such as, Asset, or Statement of Special Educational Needs.

### **What are you requesting from Children's Social Care?**

The information provided here and above will help determine the urgency and nature of any action required, particularly the need for statutory intervention. Please consider whether the child's primary need is for protection and requires urgent statutory intervention.

#### **1. Need for IMMEDIATE PROTECTION**

If you feel that there is a need for **immediate** and urgent protection, contact the **Police**. If there is a risk to the life of a child or the likelihood of immediate serious harm, please indicate this on the referral form following telephone referral to the Police and Children's Social Care.

#### **2. Further Assessment**

If you feel that an assessment by Children's Social Care is required, please state this clearly in this section. An initial assessment is a brief assessment of each child referred to children's social care to determine whether

- The child is in need
- There is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm
- Any services are required, and of what types
- A further more detailed assessment should be undertaken

### **3. Multi-Agency/ Professionals Meeting**

If the request is for a social worker to attend a professionals meeting or multi agency meeting to discuss a child and family specify clearly the date, time and location of the meeting. Identify the key issues why specialist social work input is now required, if in doubt access a social work consultation via the district teams.

### **4. Private Fostering Assessment**

If the referral is a notification of a private fostering arrangement ensure this is clearly recorded on the referral and that a referral to assess a private fostering arrangement is required.

### **5. Young Carers Assessment**

If the referral is a request for a Young Carers Assessment clearly identify on the referral that this is a specific request for an assessment of a young carer. If there are concerns of significant harm relation to a young carer then an initial assessment should be requested.

### **Is the Child Aware of the Referral?**

Simply tick in the box 'Yes' or 'No'. It is important to note that in most circumstances informing a child or young person that you are going to make a referral/request for support and for what reason is good practice.

**However, you need to use your professional judgment, as there are other circumstances when it is not appropriate e.g. the child/young person's age and level of understanding, or if to do so would place the child at risk of significant harm.**

### **Are the Parents/Carers Aware of the Referral?**

Simply tick in the box 'Yes' or 'No'. You should inform the parent/s or carer that you intend to make a referral (unless to do so would place a child/ren at risk). It is critical to develop a co-operative working relationship from the outset (wherever possible), so that parents and caregivers feel respected and informed, that professionals are being open and honest with them and they in turn are confident about providing vital information about their child, themselves and their circumstances.

**HOWEVER do NOT inform the parents if you have any reason to believe this would put the child at further risk of harm (i.e. the parent may be the perpetrator of abuse or harm).**

### **Have They Given Permission for the Referral and to Share Information?**

Simply tick in the box 'Yes' or 'No'. It is good practice to seek permission from the parent/carer to make a referral and to share information. Unless there are exceptional circumstances as outlined in CSCB procedures, it is expected that parent/cares will have given permission. Working in partnership with the parent/ carer by explaining the purpose and reason for the referral and for sharing information is likely to encourage a better working relationship with parent/carers. If you have ticked no, give reasons why e.g. it is an emergency and parent/carers are not able to be contacted, or it meets CSCB criteria. If in doubt, please seek advice.

**HOWEVER do NOT seek permission from the parents if you have any reason to believe this would put the child at further risk of harm (i.e. the parent may be the perpetrator of abuse or harm).**

### **Child/Family view of the referral**

Where possible, it is important that the child understands why the referral is being made and it is good practice for Professionals to seek their views regarding this. Children may have strong opinions about their needs and ways in which they can be met. Professionals should take into account the child's age, developmental level, language, disability, gender, culture and age when communicating with children and ensure they feel they have been listened to and their concerns have been heard.

Unless it would place the child at risk of harm, parents should be informed about the referral and encouraged to express their views about this and the needs of their child and what support they require in order to support their child's needs.

### **Assessment Section**

The information you share in this section is essential for the recipient of the referral/request for support. It will provide a valuable picture of the child/ren's current and future development needs and will assist with identifying an appropriate response.

If you have completed a common assessment (CAF), you can attach it to the referral/request for support and state, **please see common assessment** in the following headings. Please also include evidence of any previous case planning undertaken.

Please include any other assessments where appropriate eg. Asset, Statement of Special Educational Needs

### **Child/ren's Development Needs**

Please provide a brief account of the child/ren's Health issues e.g. Immunisations where appropriate and developmental checks, dental and optical care, any illnesses, disabilities or hospitalization, Education issues e.g. cognitive development, interaction with other children/adults and attendance at school, observations about the child/ren's behaviour and social presentation, and any other information relevant to the child's developmental needs. This includes factors such as, missed appointments with agencies, missing education or going missing from home. It is important that you highlight what the strengths are of the child and family and what is working well for the child and family, as well as any needs/deficits.

### **Parent/Carer's Parenting Capacity**

The information you share in this section is essential for the recipient of the referral. It will provide a valuable picture of your observations / knowledge about the parents/carer parenting of the child/ren. The information you provide will assist with identifying support to the child and family and with the planning of appropriate services. Please provide a brief account to the best of your knowledge on the parents ability to provide basic care e.g. shelter, clean and appropriate clothing and adequate personal hygiene, protection from significant harm or danger, emotional warmth towards the child, encouragement and praise, a sufficiently stable environment with a secure attachment to the primary carer(s)'s. Indicate the nature of any parental difficulties (such as, drug or alcohol misuse, mental health issues, domestic abuse?) and how they impact upon their care of the child. It is important that you also highlight what the strengths are, and what is working well for the child and family, as well as any needs/deficits.

### **Context (Family & Environmental Factors)**

The information you share in this section is essential for the recipient of the referral. It will provide a valuable picture of your observations and knowledge about the child's family situation, circumstances and their environment. Please provide information to the best of your knowledge about any members of the child's wider family who have a significant relationship with the child, any significant changes within the family like a separation between parents and what the sibling relationship is like (if appropriate). Are you aware of any housing issues that are having an impact on the child? Are there any issues such as employment and income that are having an impact on the child? Are the parents and child experiencing any difficulties in their local neighbourhood or community or are they an isolated family within the community. It is important that you highlight what the strengths are, and what is working well for the child and family.

If a common assessment has been completed, this can be attached and referred to in the referral form in the assessment sections to avoid the need to repeat and duplicate information.

The form asks for details of the key agencies involved with the child and family.

Lord Laming Recommendation 12 states the front line staff who come into regular contact with children must include the child's school, nursery or college. Please include any other agency known to be involved with the child or family.

**The form also allows for other agencies to be listed. Information sharing good practice asks us to ensure that agencies consent/know that information they hold may be shared. Details of agencies involved allows for easier sharing of information and therefore more effective provision of service/support**

**Referral From:**

State your professional title/designation, first name and your surname.

**Agency:**

State the organisation you work for e.g. Education or Health

**Address**

State the address of your place of work

**Additional Information**

If you attach additional information, please specify in the box provided so that it doesn't get lost.

If you are faxing the referral form, please write in clear capital letters the name of the child/ren at the top of each page of the referral form in case the sheets become separated from each other. If possible please type the form.

Feedback will be provided within one working day.

**Secure e-mail:**        [FirstResponseDuty@calderdale.gcsx.gov.uk](mailto:FirstResponseDuty@calderdale.gcsx.gov.uk)

**Telephone number:**    **01422 393336**

**Fax number:**            **01422 392889**

**Out of Hours:**         **0845 1111137**

**Appendix 3**

# Calderdale Interfaith Council

## DATA PROTECTION ACT

Information about individuals, whether on computer or on paper, falls within the scope of the Data Protection Act and must comply with the data protection principles. These are that personal data must be:

- Obtained and processed fairly and lawfully.
- Held only for specified purposes.
- Adequate, relevant and not excessive.
- Accurate and up to date.
- Not kept longer than necessary.
- Processed in accordance with the Act.
- Kept secure and protected.

## Appendix 4

### Useful Numbers:-

The NSPCC Child Protection Helpline is a free 24-hour service that provides counselling, information and advice to anyone concerned about a child at risk of abuse. Telephone: 0808 800 5000 - Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Specific advice about issues concerning South Asian children can be sought on the NSPCC National Child Protection Asian Helpline on 0800 096 7719. The helpline is a free multilingual service for the UK's Asian communities providing counselling, information and advice to ANYONE who is concerned about the welfare of a child, including:

- Parents, carers or relatives who need advice
- Children or young people in need of help and advice
- Education, health and social welfare professionals seeking culturally sensitive advice and information

#### Telephone Numbers

- Police - Non emergency 101 / Safeguarding 01422 337362
- Emergency Duty Team (EDT) – 0845 1111137
- First Response – 01422 393336
- Local Authority Designated Officer (LADO) – 01422 394086

For safeguarding information visit:

<http://www.calderdalescb.org.uk/>

[safenetwork.org.uk](http://safenetwork.org.uk) – specific support for the voluntary sector