



**COVID-19 school closure arrangements for  
Child Protection and Safeguarding at  
Wellington Primary School and Nursery**

**This policy works in conjunction with Wellington  
Primary School and Nursery Child Protection and  
Safeguarding Policy.**

Staff Responsible:	Head Teacher
Policy Date:	Spring 2020
Date of Next Review:	As per new government guidelines

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## 1. Context

From 20th March 2020 parent/carers were asked to keep their children at home, wherever possible, and for schools to remain open only for those children of workers critical to the COVID-19 response - who absolutely need to attend.

Schools and all childcare providers were asked to provide care for a limited number of children - children who are vulnerable, and children whose parent/carers are critical to the COVID-19 response and cannot be safely cared for at home.

This addendum of the Wellington Primary School and Nursery Safeguarding and Child Protection policy contains details of our individual safeguarding arrangements.

## 2. Key safeguarding contacts

Role	Name	Contact number	Email
Designated Safeguarding Lead	Mrs D Hughes	01432830264	dhughes@wellington.hereford.sch.uk
Deputy Designated Safeguarding Lead	Mr S Moore	01432830264	smoore@wellington.hereford.sch.uk
	Mr T Mamak	01586 616919	tmamak@lps.hereford.sch.uk
Headteacher	Mr T Mamak	01586 616919	tmamak@lps.hereford.sch.uk
Chair of Governors	Mrs J Willis	01432839497	
Safeguarding Governor	Mrs J Willis	01432839497	

## 3. Vulnerable children

Vulnerable children include those who have a social worker and those children, children who are young carers and young people up to the age of 25 with Education, Health and Care Plans (EHCP).

Those who have a social worker include children who are subject to a Child Protection Plan and those who are looked after by the Local Authority. A child may also be deemed to be vulnerable if they have been assessed as being a Child in Need or otherwise meet the definition in section 17 of the Children Act 1989.

Those with an EHCP will be risk-assessed by the Head Teacher, Mr T Mamak, and the Head of School, Mrs D Hughes in consultation with the Local Authority and parent/carers/carers, to decide whether they need to continue to be offered a school or college place in order to meet their needs, or whether they can safely have their needs met at home. This could include, if necessary, carers, therapists or clinicians visiting the home to provide any essential services. Many children and young people with EHC plans can safely remain at home.

Eligibility for free school meals should not be the determining factor in assessing vulnerability.

The Head Teacher, Mr T Mamak and the Head of School and Designated Safeguarding Lead, Mrs D Hughes who know who our most vulnerable children are have the flexibility to offer a place to those on the edge of receiving children's social care support.

Wellington Primary School and Nursery will continue to work with and support children's social workers to help protect vulnerable children. This includes working with and supporting children's social workers and the local authority virtual school head (VSH) for looked-after and previously looked-after children. The lead person(s) for this will be Head Teacher and Deputy Designated Safeguarding Lead, Mr T Mamak, and Head of School and Designated Safeguarding Lead, Mrs D Hughes.

There is an expectation that vulnerable children who have a social worker will attend an education setting, so long as they do not have underlying health conditions that put them at risk, see table below. In circumstances where a parent/carer does not want to bring their child to an education setting, and their child is considered vulnerable, the social worker and Wellington Primary School and Nursery will explore the reasons for this directly with the parent/carer and come to an agreement.

Where parent/carers are concerned about the risk of the child contracting COVID19, Wellington Primary School and Nursery or the social worker will talk through these anxieties with the parent/carer/carer following the advice set out by Public Health England.

Wellington Primary School and Nursery will encourage our vulnerable children and young people to attend a school if it is safe to do so, including remotely if needed.

↓ <b>Clinically Vulnerable</b>	↓ <b>Extremely Clinically Vulnerable and Shielding</b>
<p><b>What does clinically vulnerable mean?</b></p> <p>Clinically vulnerable people are those considered to be at a higher risk of severe illness from coronavirus.</p>	<p><b>What does extremely clinically vulnerable mean?</b></p> <p>Extremely clinically vulnerable people are those considered to be at very high risk of severe illness from coronavirus.</p>
<p><b>Clinically vulnerable people are those who are:</b></p> <ol style="list-style-type: none"> <li>1. aged 70 or older (regardless of medical conditions)</li> <li>2. under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):</li> <li>3. chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis</li> <li>4. chronic heart disease, such as heart failure</li> <li>5. chronic kidney disease</li> <li>6. chronic liver disease, such as hepatitis</li> <li>7. chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy</li> <li>8. diabetes</li> <li>9. a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets</li> <li>10. being seriously overweight (a body mass index (BMI) of 40 or above)</li> <li>11. pregnant women</li> </ol>	<p><b>Extremely clinically vulnerable people are those who are:</b></p> <ol style="list-style-type: none"> <li>1. Solid organ transplant recipients.</li> <li>2. People with specific cancers: <ul style="list-style-type: none"> <li>• people with cancer who are undergoing active chemotherapy</li> <li>• people with lung cancer who are undergoing radical radiotherapy</li> <li>• people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment</li> <li>• people having immunotherapy or other continuing antibody treatments for cancer</li> <li>• people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors</li> <li>• people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs</li> </ul> </li> <li>3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).</li> <li>4. People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).</li> <li>5. People on immunosuppression therapies sufficient to significantly increase risk of infection.</li> <li>6. Women who are pregnant with significant heart disease, congenital or acquired.</li> </ol>
<p><b>Can my child attend school if they are clinically vulnerable?</b></p> <p>You are advised to stay at home as much as possible and, if you do go out, take particular care to</p>	<p><b>Can my child attend school if they are extremely clinically vulnerable?</b></p> <p>No your child should not attend school.</p>

<p>minimise contact with others outside your household.</p> <p>If you child is in this category parents/carers should follow medical advice regarding school attendance and update school accordingly.</p>	
<p><b>Can my child attend school if someone in the household is clinically vulnerable?</b></p> <p>If someone in your household is in this category parents should follow medical advice regarding school attendance and update school accordingly.</p>	<p><b>Can my child attend school if someone in the household is extremely clinically vulnerable?</b></p> <p>No your child should not attend school.</p>

#### **4. Attendance monitoring**

Local authorities and education settings do not need to complete their usual day-to-day attendance processes to follow up on non-attendance.

Wellington Primary School and Nursery and social workers will agree with parent/carers/carers whether children in need should be attending school – Wellington Primary School and Nursery will then follow up on any pupil that they were expecting to attend, who does not. Wellington Primary School and Nursery will also follow up with any parent/carer or carer who has arranged care for their child(ren) and the child(ren) subsequently do not attend.

Wellington Primary School and Nursery office staff hold a list of all those children who are expected to attend school on a daily basis. Any children who do not attend school as expected will be contacted by the school office staff either by telephone or parent/carer mail to gain a reason for absence and gain an update on future attendance plans. Any parent/carers/carers who are not contactable are passed onto Head of School and Designated Safeguarding Lead, Mrs D Hughes, to risk assess whether any further actions is required to safeguarding those children.

To support the above, Wellington Primary School and Nursery, when communicating with parent/carers/carers and carers, confirm emergency contact numbers are correct and ask for any additional emergency contact numbers where they are available.

In all circumstances where a vulnerable child does not take up their place at school, or discontinues, Wellington Primary School and Nursery will notify their social worker.

#### **5. Designated Safeguarding Lead**

Wellington Primary School and Nursery has a Designated Safeguarding Lead (DSL), Mrs D Hughes, and two Deputy Designated Safeguarding Leads (DDSL), Mr S Moore and Mr T Mamak.

The optimal scenario is to have a DSL or DDSL available on site at all times and a DSL or DDSL also available via phone, online video and email - for example when working from home. Where a trained DSL or DDSL is not on site, in addition to the above, a senior leader will assume responsibility for coordinating safeguarding on site. It is important that all Wellington Primary School and Nursery staff and volunteers have access to a DSL or DDSL on each day staff on site will be made aware of that person is and how to speak to them. All staff have a list of staff responsible for safeguarding on each particular day/week. The DSL or DDSL will continue to engage with social workers, and attend all multi-agency meetings, which can be done remotely.

## **6. Reporting a concern**

If a member of staff has any concern about a child's welfare, they will act on them immediately by speaking to the DSL or a DDSLs. If in exceptional circumstances the DSL or DDSLs are not available, this should not delay appropriate action being taken and will speak to a member of the Senior Leadership Team (SLT). Staff will not assume that another member of staff will take action in relation to a concern.

All staff members are aware of the procedure for referring concerns to Children's Social Care, have access to Children's Social Care Multi Agency Referral Form (Appendix 1) and understand their responsibilities in relation to confidentiality and information sharing. All staff members are aware that they need to contact the Children's Social Care and Police if they have concerns of immediate and serious harm or if there are concerns that a criminal offence has been committed.

Any staff member to whom allegation of child abuse is made or observed must:

- Listen to a child that is telling or indicating that something abusive has happened to him/her or someone else.
- Allow the child to tell you as much as they want to without interrupting. Remember you will need to record this.
- Limit any questions to clarify what happened and strictly avoid leading the child by making suggestions or introducing your own ideas in the questions. Do not try to investigate further.
- Tell the informing child that you will make sure that the right people will follow up what they have said.
- Reassure the child that a person of their choice will support them if at all possible.
- Ask them if there is anything that they immediately need to make them feel safe and assure them that staff will try as far as practicable to follow their wishes.

- Refer the matter immediately, with all relevant details, to the Designated Teacher for Child Protection/Safeguarding.
- Record in writing as soon as possible what you have been told/observed, using the exact words by the informant and yourself including any questions and answers on the school's 'Record of Session' (Appendix 2) and completed a Body Map (Appendix 3) if relevant.
- Confidentiality should not be promised to a child as there may be a disclosure of alleged abuse and it will be necessary to share that information as part of the Child Protection/Safeguarding process. The school cannot protect the child; only social services and the police have the power necessary to carry out enquiries.
- Support will be offered to the child making an allegation and will involve allocating an appropriate member of staff, as far as possible, a person chosen by the child.
- On receiving details of the concerns for a child welfare the DSL or DDSLs will first of all take any necessary steps needed to protect any child from risk of immediate harm. The DSL or DDSL will make a decision on a child's level of need/risk and what action is required by referring to Herefordshire's Level of Need Document and if required discuss the concerns with the Multi Agency Safeguarding Hub who have responsibility for advising and support schools on the most appropriate course of action.
- If the school has a concern about a child we will share these concerns with parent/carers/carers. However, if sharing these concerns puts the child at risk of significant, further harm or a criminal offence is suspected we will seek advice from Multi Agency Safeguarding Hub.

#### Herefordshire Levels of Need:

##### Level 1

Level of Vulnerability: Children making good overall progress in all areas of their development, broadly receiving appropriate universal services such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

No additional support beyond that which is universally available.

##### Level 2

Level of Vulnerability: Children and young people with emerging vulnerabilities whose needs require targeted support.

Threshold to consider Early Help Assessment: Relevant Agency Intervention Required

##### Potential Indicators:

- Children whose parent/carers have difficulties managing their behaviour
- Children in families where there is poor hygiene (including dental hygiene)
- Children identified by school as requiring additional educational support
- Children with additional health needs that require extra support
- Children involved in criminal activity or anti-social behaviour Advice to Schools and Colleges on Gangs
- Children in households where difficulties in adult relationships have the potential to impact on the child if early help and support is not offered
- Children who require support to access appropriate leisure and community activities in order to promote their development and enable them to reach their potential
- Children where there are behaviour/mood changes which could indicate a change in their mental health and wellbeing
- Children with unhealthy/poor diet and/or concerning weight gain/weight loss
- Children starting to have unauthorised absences from school
- Children involved in substance misuse drugs
- Children of families seeking asylum
- Children involved in unhealthy relationships (potentially risky sexual behaviours)

### Level 3

Level of Vulnerability: Children or young people with identified vulnerabilities and needs that require a multi-agency co-ordinated approach.

Threshold to initiate Early Help Assessment. Multiple Agency Intervention Required

Early Help means providing support as soon as a problem emerges, at any point in a child's life. Any family may benefit from Early Help.

All staff are aware of the local Early Help process and are able to identify children who may benefit from this level for support. All staff in the first instance discuss Early Help requirements with the DSL or DDSLs. The DSL, DDSL and Emmy Newton, Link Family Support Worker from Early Help Team, will take the lead where Early Help is appropriate.

### Potential Indicators:

- Children with a significant emotional and/or behavioural disorder
- Children persistently absent and/or excluded from school Children missing from Education/School
- Children beyond parent/careral control
- Children in families without permanent accommodation
- Children with an acute or chronic health condition (including morbid obesity) where there is nonattendance for appointments or poor engagement with treatment compliance, where this will have a significant impact on the child's health
- Children involved in escalating criminal activity or anti-social behaviour
- Children involved in substance misuse

- Children in households where parent/caring is compromised as a consequence of: mental health issues, substance misuse, domestic abuse, learning difficulties, poverty, prolific offending/in custody or physical disability
- Unaccompanied asylum seekers
- Young Carers

Links to further information and support regarding early help:

[https://www.herefordshire.gov.uk/info/200227/support\\_for\\_schools\\_and\\_settings/615/behaviour\\_and\\_support/2](https://www.herefordshire.gov.uk/info/200227/support_for_schools_and_settings/615/behaviour_and_support/2)

#### Level 4

Level of Vulnerability: Children or young people with very complex needs or there is an extreme concern for their safety based on evidence of abuse or neglect or disclosure by the child. The child's health and development is being adversely affected. Where a child is suffering, or is likely to suffer from harm, it is important that a referral to Children's Social Care, and if appropriate the police, is made immediately.

Threshold to refer to Children's Social Care: Immediate intervention or assessment required from Multi Agency Safeguarding Hub.

#### Potential Indicators:

- Children where physical, sexual or emotional abuse or neglect is suspected.
- Children where the following is suspected: fabricated illness, allegations of harm by a person in a position of trust, female genital mutilation, honour based violence, forced marriage, sexual exploitation and trafficking.
- Children whose parent/carers are unable to provide care, for whatever reason.
- Children who disappear or are missing from home or care regularly or for long periods.
- Children who are in contact with persons who have been assessed as Posing a Risk to Children.
- Children whose health and development are adversely impacted because parent/caring is compromised as a consequence of: mental health issues, substance misuse, domestic abuse, learning difficulties, poverty, prolific offending/in custody, physical disability or severe/ complex medical conditions.
- Children whose behaviour is so extreme they are at risk of removal from home e.g. control issues, risk taking, dangerous behaviour.
- Children who are experiencing extreme forms of bullying that adversely impact upon their health and development.
- Children aged 16 and 17 who present as homeless Government guidance for young people who are homeless.
- Children whose health and development is being adversely impacted through non-engagement with services.
- Where a pre-birth assessment has identified an unborn child's health or development is being adversely impacted.
- Children with Disabilities.

- Children who are young carers and wish to exercise their right to an assessment.

Within one working day of a referral to Children's Social Worker being made, a Local Authority Social Worker should acknowledge receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:

- The child requires immediate protection and urgent action is required
- The child is in need and should be assessed under section 17 of the Children Act 1989.
- There is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989.
- Any services are required by the child and family and what type of services
- Further specialist assessments are required to help the local authority to decide what further action to take.

Staff are required to monitor a referral if they do not receive information from the Local Authority regarding what action is necessary for the child. If Social Workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment. If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

Many cases are resolved with advice and support to parent/carers/carers; other cases however may require much longer involvement through support via a Child in Need Plan or Child Protection Plan.

A Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local Authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, a Strategy Discussion/Meeting will be called. The DSL or DDSLs should attend. If a school representative is unable to attend, documents will be sent to the meeting and an educational representative from the Multi Agency Safeguarding Hub would represent the school.

Children's Social Care may recommend that an Initial Child Protection Conference (ICPC) should be convened if their assessment substantiates that a child is suffering, or is likely to suffer significant harm. The conference is an opportunity for all professionals with the family to consult about how the child may best be protected and in particular, decide whether the child should be subject to a Child Protection Plan. The DSL or DDSLs will attend the conference and share appropriate information to inform decision making. The first Review Child Protection Safeguarding Conference will be called within three months and typically reconvened every six months.

If a child is subject to a Child Protection Plan the child will have an allocated Social Worker and a core group of professionals to support the family will be identified. The DSL or DDSLs will typically always been a member of the core group. An outline Child Protection Safeguarding Plan will be drawn up and the core group will be responsible for meeting regularly to implement it.

When a child is subject to a Child Protection, the DSL and DDSLs must decide who needs to be told. This should be done on a 'need to know' basis, but should include personnel who monitor attendance, who have day-to-day responsibility for their education and any pastoral staff who may be working with the child.

The DSL and DDSLs will notify Children's Social Care if there is an unexplained absence of more than two days of a pupil who is on a Child Protection Plan or a Child in Need Plan.

Links to further information and support regarding referring to the Multi Agency Safeguarding Hub

<http://westmidlands.procedures.org.uk/local-content/zgjN/multi-agency-referral-reporting-concerns-marf>

<https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-board/report-concerns-about-a-child/>

Links to further information and support regarding early help:

[https://www.herefordshire.gov.uk/info/200227/support\\_for\\_schools\\_and\\_settings/615/bbehaviour\\_and\\_support/](https://www.herefordshire.gov.uk/info/200227/support_for_schools_and_settings/615/behaviour_and_support/)

Links to further information and support regarding the escalating and professional disagreement:

Resolution of Professional Disagreement about a Safeguarding Children Response Policy.

Links to further information and support regarding Herefordshire Levels of Need [https://herefordshiresafeguardingboards.org.uk/media/1011/hscb\\_levels\\_of\\_need\\_full\\_guide\\_nov\\_2014.pdf](https://herefordshiresafeguardingboards.org.uk/media/1011/hscb_levels_of_need_full_guide_nov_2014.pdf)

## 7. Safeguarding Training and induction

All members of the safeguarding team at Wellington Primary School and Nursery have received Designated Safeguarding Lead training which is in date.

Role	Name	DSL Training Complete (Yes/No)	DSL Training in date (Yes/No)
Designated Safeguarding Lead	Mrs D Hughes	Yes	Yes
Deputy Designated Safeguarding Lead	Mr S Moore	Yes	Yes
Deputy Designated Safeguarding Lead	Mr T Mamak	Yes	Yes

All existing school staff have had safeguarding training and have read part 1 of Keeping Children Safe in Education (2019). The Head of School and Designated Safeguarding Lead, Mrs D Hughes, will communicate with staff any new local arrangements, so they know what to do if they are worried about a child.

Where new staff are recruited, or new volunteers enter Wellington Primary School and Nursery, they will continue to be provided with a safeguarding induction.

If staff are deployed from another education or children's workforce setting to our school, we will take into account the DfE supplementary guidance on safeguarding children during the COVID-19 pandemic and will accept portability as long as the current employer confirms in writing that:-

- the individual has been subject to an enhanced DBS and children's barred list check
  - there are no known concerns about the individual's suitability to work with children
  - there is no ongoing disciplinary investigation relating to that individual
- Upon arrival, they will be given a copy of the receiving setting's child protection policy, confirmation of local processes and confirmation of DSL arrangements.

## 8. Safer recruitment/volunteers and movement of staff

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children. When recruiting new staff, Wellington Primary School and Nursery, will continue to follow the relevant safer recruitment processes for their setting, including, as appropriate, relevant sections in part 3 of Keeping Children Safe in Education (2019) (KCSIE).

In response to COVID-19, the Disclosure and Barring Service (DBS) has made changes to its guidance on standard and enhanced DBS ID checking to minimise the need for face-to-face contact.

Where Wellington Primary School and Nursery are utilising volunteers, we will continue to follow the checking and risk assessment process as set out in paragraphs 167 to 172 of KCSIE. Under no circumstances will a volunteer who has not been checked be left unsupervised or allowed to work in regulated activity.

Wellington Primary School and Nursery will continue to follow the legal duty to refer to the DBS anyone who has harmed or poses a risk of harm to a child or vulnerable adult. Full details can be found at paragraph 163 of KCSIE.

Wellington Primary School and Nursery will continue to consider and make referrals to the Teaching Regulation Agency (TRA) as per paragraph 166 of KCSIE and the TRA's 'Teacher misconduct advice for making a referral.

During the COVID-19 period all referrals should be made by emailing [Misconduct.Teacher@education.gov.uk](mailto:Misconduct.Teacher@education.gov.uk)

Whilst acknowledging the challenge of the current National emergency, it is essential from a safeguarding perspective that any school is aware, on any given day, which staff/volunteers will be in the school or college, and that appropriate checks have been carried out, especially for anyone engaging in regulated activity. As such, Wellington Primary School and Nursery will continue to keep the single central record (SCR) up to date as outlined in paragraphs 148 to 156 in KCSIE.

## **9. Supporting children not in school**

Wellington Primary School and Nursery is committed to ensuring the safety and wellbeing of all its Children and Young people. Where the DSL/DDSL has identified a child to be on the edge of social care support, or who would normally receive pastoral-type support in school, they should ensure that a robust communication plan is in place for that child or young person. Details of this plan must be recorded, as should a record of contact have made.

The communication plans can include; remote contact, phone contact, door-step visits. Wellington Primary School and Nursery recognises that school is a protective factor for children and young people, and the current circumstances, can affect the mental health

of pupils and their parent/carers/carers. Class Teacher are aware of this in setting expectations of pupils' work where they are at home.

When a staff member is communicating with a parent/carer/carer and child at home via the telephone staff members will follow the below guidelines:

- Where possible make the telephone call from school using the school phone. If this is not possible the staff member will make the call from their home.
- If a staff member has to use their personal phone they should withhold their number by dialling 141 or altering the caller ID settings on their phone. The staff member should delete the families contact details from their device call history after the call.
- If a staff member makes a call from home they must ensure they can talk in private to ensure the families confidentiality.
- All calls must be made within school working hours.
- Staff must start and end the phone call by speaking to a parent/carer/carer.
- Staff must ensure the parent/carer/carer agrees to their child being spoken to and understands the purpose of the call.
- Which staff member is most suitable to make phone calls to vulnerable children for safeguarding/check-in purposes should be agreed by the Head of School and Designated Safeguarding Lead, Mrs D Hughes.
- A record of the content of the phone call should be emailed to Head of School and Designated Safeguarding Lead, Mrs D Hughes, afterwards.

## **10. Supporting children in school**

Wellington Primary School and Nursery is committed to ensuring the safety and wellbeing of all its students. Wellington Primary School and Nursery continues to be a safe space for all children to attend and flourish. The Headteacher, Mr T Mamak, will ensure that appropriate staff are on site and staff to pupil ratio numbers are appropriate, to maximise safety. Wellington Primary School and Nursery will refer to the Government guidance for education and childcare settings on how to implement social distancing and continue to follow the advice from Public Health England on handwashing and other measures to limit the risk of spread of COVID19. Wellington Primary School and Nursery will ensure that where we care for children of critical workers and vulnerable children on site, we ensure appropriate support is in place for them. Where Wellington Primary School and Nursery has concerns about the impact of staff absence – such as our Designated Safeguarding Lead or first aiders – will discuss them immediately with the Local Authority.

## Appendix 1 Herefordshire Multi Agency Referral Form

### Herefordshire Multi-Agency Referral Form (MARF)

This form is to be used by all professional agencies referring a child/young person to Children's Wellbeing Services (Children's Social Care) for assessment as a child in need of:

- Support services
- Child protection; or
- Accommodation (to become looked after)

**It is your responsibility to provide as much information as possible and to inform the parent / carer of your referral unless in doing so you believe that the child / young people would be placed at risk of significant harm.** To assist your decision in whether a referral to social care is the correct option for the child and for support in ensuring you submit a good quality referral you should refer to the following guidance when completing this form:

- [HSCBs Standards & Guidance for Multi-Agency Referrals to Children's Social Care](#)
- [Herefordshire Levels of Need Threshold Guidance](#)

If you are still unsure whether a referral is appropriate, please telephone the Multi-Agency Safeguarding Hub on **(01432) 260800**; MASH secure email: [cypd@herefordshire.gcsx.gov.uk](mailto:cypd@herefordshire.gcsx.gov.uk)  
The out of hours Emergency Duty Team for MASH is (01905) 768020 (\*out of hours number for when MASH are unavailable).

If a referral is made by telephone / direct contact the MARF should be completed within **TWO** working days.

If you do not have any relevant information for specific section please state 'No Information Available' or 'Not Applicable'. Please **do not** leave any sections blank.

Guidance on how to submit this for securely is included within the Standards & Guidance Document above.

**If an up-to-date [Early Help Assessment \(EHA\)](#) is available please attach and provide additional information using this form.**

**If a Graded Care Profile 2 (GCP2) has been completed please attach it to this form. HSCB recommends a GCP2 is completed, by a licensed user, when there are concerns of child neglect and when an EHA is identified for Neglect.**

**If a [Child Exploitation Screening Tool](#) has been completed please attach it to this form.**

**If Domestic Abuse is a concern and you have completed a Domestic Abuse Assessment please submit it with this form.**

If your agency has access to **Anycomms+** (a secure files transfer system hosted by Herefordshire Council) send the file to the service listed as: **Children's Safeguarding & Family Support**

**Please securely submit the completed MARF to [cypd@herefordshire.gcsx.gov.uk](mailto:cypd@herefordshire.gcsx.gov.uk)**

<b>Informing the Family</b>						
Have you informed the child / family that you are making this referral?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'No' please state why not:		Do not leave blank				
<b>If a practitioner believes a child is at risk of significant harm they have a duty to make a referral. These referrals do not require consent but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence.</b>						
Who has been informed? If anyone has not been informed, why not?		Do not leave blank				
<b>Details of the Children</b>						
<i>Record details of unborn baby, infant or young person being assessed. If unborn, state name as 'unborn baby' and mother's name e.g. unborn baby of Ann Smith.</i>						
Name:			AKA/ Previous Names			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
Date of birth or Expected Due date:						
Address:		School / nursery / college attended:				
		Schools / colleges – insert unique Pupil No. (UPN):				
		Health Professionals – insert NHS No.				
		Religion:				
		Ethnicity:				
Post Code:		Childs first language:				
Contact phone no. for Carer/ Parent:		Parents first language:				
Is an interpreter or signer required?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have a disability? If Yes, please give details:					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Family composition / significant others (attach genogram if available)</b>						

(E.g. family structure including siblings, other significant adults etc. who live with the child and who do not live with the child and parents /carers / siblings. Significant adults also includes those not relate to the child e.g. lodger etc.)

Name:	Date of Birth:	Relationship to child:	Parental Responsibility		Address (if difference from child above)
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Referral Information

**Please refer to the Herefordshire Levels of Needs and Service Response Guidance in completing this section, and communicating your specific concerns as to how the child's health and development are being adversely affected by the issues that are causing you concern.** Include your professional judgement, backed up by an explanation of the evidence which that is based upon including:

- What is the foundation / evidence of your concerns and how and why have the concerns arisen?
- What appear to be the needs of the children? And what appear to be the needs of the family that are impacting on the children?

### Child's development needs

This includes: health, education, identity, self-care skills, social presentation, family & social relationships, emotional & behavioural development & any special needs / disabilities.

- **Parenting capacity**

This includes: basic care, ensuring safety, emotional warmth, stimulation, guidance, boundaries & stability.

- **Family & social environment factors**

This includes: community resources, family's social integration, income, employment, housing, wider family, history & functioning (this includes adult factors that may be impacting on parenting capacity & child development, e.g., drug or alcohol misuse, mental health problems, domestic abuse, special needs / disability, history of offending behaviour etc.)

Which Level of Need do you feel this referral meets?

Level 3

Level 4

Communicate your specific concerns as to how the child's health & development are being adversely affected by the issues that are causing you concern. Include your professional judgement, backed up by an explanation of the evidence which that is based upon including:  
 What is the foundation / evidence for your concerns and how and why has the concern/s arisen?  
 What appear to be the needs of the child/ren? And what appear to be the needs of the family?  
 Do not leave blank - the whole box will expand to accommodate the information.

<b>Is an Early Help Assessment in Place (EHA)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an Early Help Assessment been offered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an Early Help Assessment been offered but declined?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the parents / carers /family engaging in the Early Help Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Early Help Assessment been effective, if not, why not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If an Early Help Assessment has been put in place, but has not been effective, please explain why not?		
<b>Has a Graded Care Profile 2 been completed for the child/ren?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the parents / carers /family engaging in the GP2?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the GCP2 Graded Care Profile been effective, if not, why not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why the GCP2 has not been effective?		
<b>Has a Child Exploitation Screening Tool (CE) been completed for the child/ren?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the parents / carers /family engaging in the Child Exploitation Screening Tool?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Child Exploitation Screening Tool been effective, if not, why not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why the Child Exploitation Screening Tool has not been effective?		
<b>Has a Domestic Abuse Assessment i.e. A DASH RIC form/ a MARAC Referral / A DA RIM been completed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If applicable: Please list the Domestic Abuse Assessment(s) that you have completed and attach it / them to this referral.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Child Exploitation Screening Tool been effective, if not, why not?		

Any other relevant information: Do not leave blank – state None if that is the case.			
Agency:	Contact Name:	Address:	Telephone Number:

<b>Is there likely to be any risk to staff when they contact the family?</b> Do not leave blank – state None if that is the case.			
Name:		Contact phone no.	
Address:		Email Address:	
		Organisation:	
		Role:	

Date:		Signed:	
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Is this confirmation of a telephone referral?	Yes <input type="checkbox"/>	If yes, date and time of telephone referral:	Date:	
	No <input type="checkbox"/>		Time:	

<b>Other information attached:</b>
Examples: Completed Early Help Assessment. Completed Graded Care Profile 2, Genogram, Body map, School attendance record, Chronology etc.
<b>Please contact MASH after 24 hours if you have not heard outcome of referral.</b>
If you have completed the Multi-Agency Referral Form (MARF) electronically please email the form from a <b>secure email address</b> to <a href="mailto:cypd@herefordshire.gcsx.gov.uk">cypd@herefordshire.gcsx.gov.uk</a> . If you have handwritten the form, scan the form and send securely to the email above.

If your agency has access to **Anycorms+** (a secure files transfer system hosted by Herefordshire Council) send the file to the service listed as: **Children's Safeguarding & Family Support**.

For further guidance please telephone MASH by calling 01432 260800. If you do not have access to a secure account, please see the guidance at the footer of this page.

Note\*The out of hours Emergency Duty Team for MASH is (01905) 768020 (\*when MASH are unavailable).

**Appendix: 2  
Record of Session**



**RECORD OF SESSION**

**Name of Child:**

**Class of Child:**

**Date concern raised:**

**Date form completed:**

**WHO WAS PRESENT (ADULTS AND CHILDREN):**

**REASON FOR SESSION:**

**OUTLINE OF SESSION:**

**ACTIONS:**

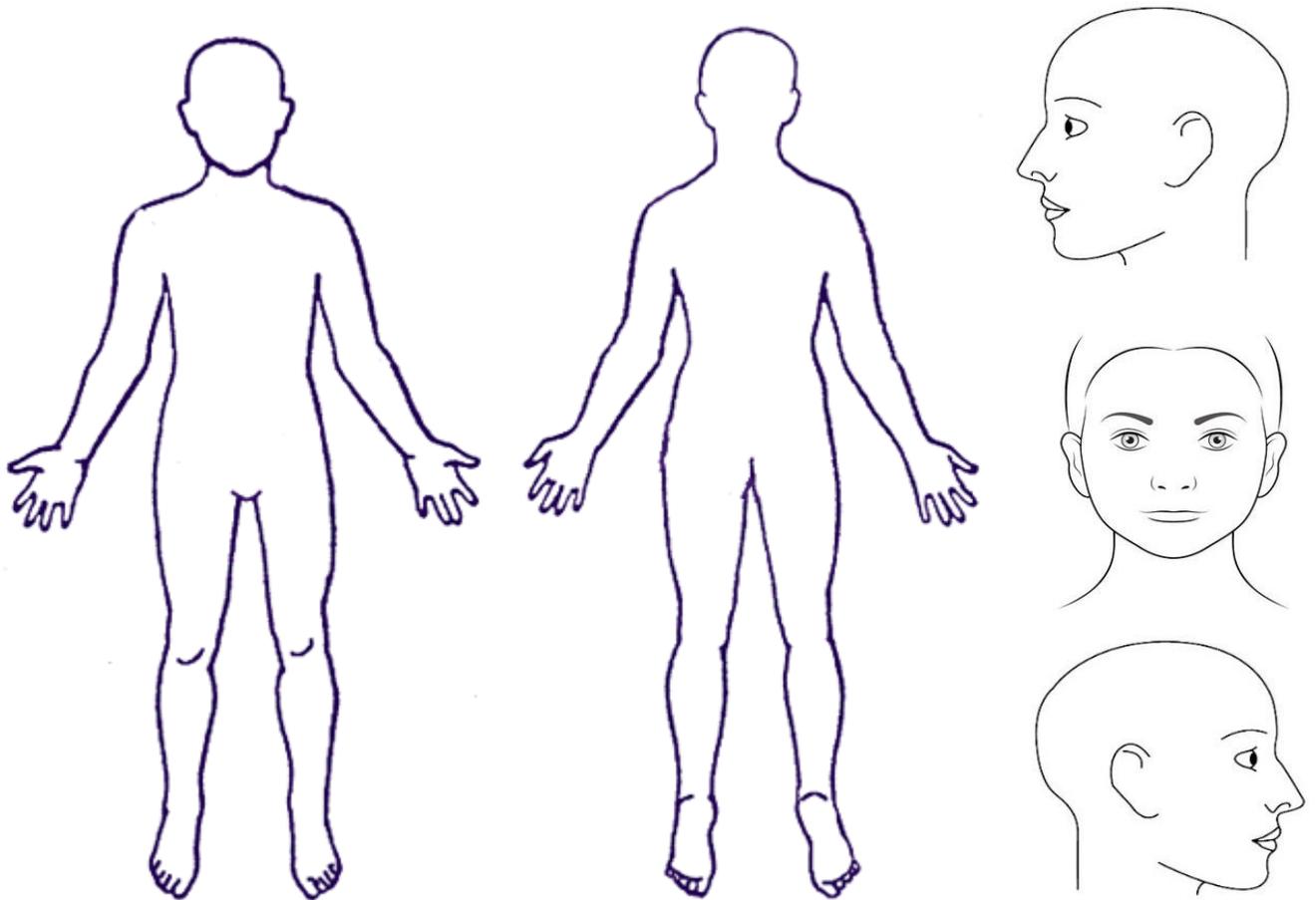
**STAFF SIGNATURE:.....**

## Appendix: 3

### Body Map

Name of Child: \_\_\_\_\_

These diagrams are designed to record any observable bodily injuries that may appear on the person. Where bruises, burns, cuts or other injuries occur, **shade** and **label them** clearly on the diagram. Visible injuries apparent in the soft tissue parts of the body, including the neck, underarms, stomach, genitals and inner thighs are **unlikely** to manifest as a result of a fall or other accidents of this nature.



*Please consider if the child needs to attend First Aid or further medical attention needs to be sought.*

Date and Time: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Signature: \_\_\_\_\_

