# 2.1 Procedure where abuse is suspected/disclosed:

Any member of staff who by virtue of a child's behaviour or appearance becomes suspicious of abuse, or is told that abuse has taken place, should immediately inform the designated person within the educational setting.

If a child begins to talk about an abusive incident, s/he should be allowed to speak, and be listened to carefully. Time should be taken to gain an understanding of what the child is trying to say. No promise of confidentiality should be made.

The designated person should briefly and accurately record the concern and the child's comments in writing and then follow the process below (from GSCB Procedures <a href="http://www.swcpp.org.uk/swcpp/swcpp">http://www.swcpp.org.uk/swcpp/swcpp</a> procedures.htm

#### Professional has concerns

If a Professional has a concern about the well being of a child (or unborn baby), then that professional should:-



#### Consultation with supervisor

share their concerns with their supervisor/line manager/designated teacher or named professional to help clarify the nature of their concerns



#### Contact social workers for advice

in those cases where you have a concern but are unsure about how to proceed contact the

Children's Help Desk Tel: 01452 426 565

and ask to speak to a social work practitioner.

ENSURE YOU HAVE IMMEDIATE RELEVANT DETAILS TO HAND



# Contact the children's helpdesk

In those cases where you are clear a social work assessment is required make a referral to the:

### Children's Help Desk Tel: 01452 426 565

within 24 hours (immediately if the concerns are about physical injury or sexual abuse). The CYPD social care section will then take responsibility for managing any subsequent enquiries. The referrer should confirm the details of the concern to CYPD, in writing, within 48 hours



# Completion of written record

Complete a written record of the nature and circumstances surrounding the concern including any previous concerns held

# Resolving professional Difference (escalation policy)

Remember to use the 'resolution of professional difficulties (escalation) procedures if you are left feeling that the response from social care has not addressed your concerns for the child. Advice about procedural issues including using the resolving professional differences procedures can be obtained through the Safeguarding Children Service on 01452 58 3629

For out of hours social work advice please contact the Emergency Duty Team on 01452 614 194

Educational settings, Learning Mentors, School Nurses, Health Visitors, Prospects and Education Entitlement & Inclusion Officers are reminded that any concern regarding attendance coupled with illness or reticence to share information or delaying tactics used by parents should be discussed, see stage 4 of the above process.

# Multi-Agency Service Request Form



Complete the form and send to either, childrenshelpdesk@gloucestershire.co.uk or 359

Chi	ldren & Far	nilies He	elpdesk	, Block 4	, 5 <sup>th</sup>	Floor, Shire	Hall, GL1	2TP	or Fax: 01452-427	
1. Confirmation of verbal contact for Children's Services										
Only	complete this	section who	en Childre	en & Families	s He	lpdesk/Children's	Social Care I	have	been contacted by teleph	
Please indicate Children & Families Helpdesk or enter the Name of the Children's Social Care Team you contacted:										
Name of Customer Services Officer/Social Worker you spoke to:										
Date of Ver	bal Reques				Time:					
			2. Ch	ild/Your	ng	Person Det	ails			
	-	Date of Birth			(D.o.B)		School/Nursery			
			(2.0.2)							
Ethnic	Language			ı	nterpreter Red	quired		Religion		
					Yes / No					
Disability/Special Needs:										
3. Child/Young Person Current Address										
Address:										
Postcode:	Telephone No:									
4.	Family/H	ouseho	old co				arers/Sil	olin	as/Others)	
4.	Family/H								gs/Others)	
4. Name	Family/H D.o.B	ouseho Relatio	onship		on		arers/Sil Househo Membe	old	gs/Others)  Parental Responsibility	
		Relation	onship	mpositio	on	(Parents/C	Househo	old er	Parental	
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If 'No' to any of the statements above, please state your reasons (i.e. Your decision made to override the need for consent):											
6. Other Agencies/Professionals and GP involved with the child/family											
Name			Agency		Role		Cor		act Details		
	7. You	ır Agen	cy/Profe	essiona	l inv	olvemer	nt with c	hild/fan	nily		
Enter details									evant agencies.		
Details:											
	on Assessm	·				Date:					
Framework (CAF) in place?		Ye	s/No/Don	't Know		Status:		Open/Clos	ed/Don't Know		
Lead Prof/Agency:											
8. Reason for request  You must state the nature of the concern or perceived risk in as much detail as possible regarding:											
The Child/ (needs:		State the h	ature of the	Concern o	perce	iveu risk iii	as much de	tan as pos	sible regarding:		
The Parents and their pa capacity:											
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Describe the requested of Children's Stand any actintend to tale	of Services ion you										
	9. Red	questo	r details	(Where ca	an you	be contacte	ed over the	next 24hr	s?)		
Name of F	Requestor:					Agency	/Role:				
Email A	ddress:					Telephone:					
Postal A	Postal Address:					Date Submitted:					
	10	. To be	comple	eted by	Chile	dren's S	ocial Ca	re Tear	n <u> </u>		
Outcome o	of Request		Accepted	Initia Assessn	ı	Provision Information And Advice	of on	Other	No Further Action		
Decis	ion Made	Ву		Team N	lame			Date			
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