



Policy:	School Child Protection Procedures 2018/19
Date of review:	October 2018
Date of next review:	October 2019
Lead professional:	Neil Poskitt
Status:	Statutory
Name of academy:	Cathedral Academy
Name and role of nominated member of staff:	Neil Poskitt, Assistant Principal

Categories and Definitions

To ensure that our pupils are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse.

Children may be abused by an adult or adults, however it is important that we recognise that students can also be abused by another child or children.

For further information on
Peer on Peer abuse including sexual violence and harassment
Drug use
Sexting/Youth produced sexual imagery
Homelessness
Domestic Abuse
HBV
CSE
CCE/County Lines
Bullying
Online safety
Radicalisation
Suicide
Please see- Current Issues.

There are four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect. It is important to remember that children can be abused outside their family home.

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

<https://contextualsafeguarding.org.uk/>

We will always seek the voice of the child and take this into consideration, however there may be circumstances where we override the student's wishes and feelings to act in their best interests e.g. in case of CSE where, as a result of perpetrator grooming, the student does not want any intervention.

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. (this used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness).

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they

communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyber 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, although it may occur alone.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Position of Trust

The age of consent for sexual activity is 18 years old if you are in a position of trust over that child.

See abuse of position of trust in earlier section.

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); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Wakefield Neglect Toolkit

<https://www.wakefieldscb.org.uk/professionals-and-practitioners/neglect-strategy/>

Definitions taken from *Working Together to Safeguard Children* (HM Government, 2018).

Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of abuse such as exploitation. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or school staff. Groomers may be male or female. They could be any age.

Many children and young people don't understand that they have been groomed or that what has happened is abuse

Indicators of abuse

Physical signs define some types of abuse, for example, bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a child has been inadequately supervised. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, because they are ashamed or embarrassed, or their abuser has threatened them or they don't want the abuser to get into trouble. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty.

However children may have no physical signs or they may be harder to see (e.g. bruising on black skin) therefore staff need to also be alert to behavioural indicators of abuse.

A child who is being abused or neglected may: (not designed to be a checklist)

- have bruises, burns, fractures or other injuries which do not have a plausible explanation.
- challenge authority, have outbursts of anger
- be reckless with regard to their own or other's safety
- show signs of pain or discomfort
- keep arms and legs covered, even in warm weather
- be concerned about changing for PE or swimming
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn
- display affection or attention seeking behaviour
- regularly flinch to sudden but harmless actions e.g. raising a hand
- look unkempt and uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- appear fearful
- self-harm incl. head banging, eating disorders
- frequently miss school or arrive late
- show signs of not wanting to go home
- display violence/sexualised behaviour towards animals, toys, peers
- regress to younger child behaviour
- become disinterested in their school work
- be constantly tired or preoccupied
- be wary of physical contact
- be involved in, or particularly knowledgeable about drugs or alcohol
- display sexual knowledge or behaviour beyond that normally expected for their age.
- have unexplained gifts or are over secretive online
- have low self esteem
- steal or scavenging compulsively
- traumatic mutism

Responses from parents that may cause concern;

- Unexpected delay in seeking treatment – medical, dental which is obviously needed
- Denial of any injury
- Explanations that differs from that of the child e.g. for bruising
- Claims of falls/fits etc. that never happen in school
- Unrealistic expectations or constant complaints about the child
- Uninterested in child

- Alcohol /drug misuse
- Mental health issues which affect parenting
- Requesting removal of child
- Domestic abuse.

Disabled children; other signs to consider

- Force feeding
- Over medication
- Bruising if non mobile
- Poor toileting arrangements
- Lack of stimulation
- Unjustified use of restraint
- Rough handling
- Unwilling to learn child's means of communication
- Ill-fitting equipment
- Misappropriation of child's finances
- Invasive procedures
- Non consideration of child's dignity.

(See document on safeguarding noticeboard for further signs and indicators)

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw, and each small piece of information will help the DSL team to decide how to proceed.

It is very important that staff report and record their concerns as soon as possible – they do not need 'absolute proof' that the child is at risk before taking action.

Safeguarding Team



Designated
Teacher

Neil Poskitt
Assistant
Principal



Safeguarding Team



Deputy
Designated
Person

Lisa McIntosh
Inclusion
Manager



Oliver
Harrison
SENCO



Jo Johnson
Attendance Manager



Jim Taylor
Deputy Designated Person
Education Welfare Officer



Karen Scholley
Staff and Student Welfare
Officer



Lindsey Coulson
Student Liaison Officer



Glen Summerfield
Student Liaison Officer



Soma I'lekankova
Student Liaison Officer



Jason Bown
Student Liaison Officer



Paul Newlove
Student Liaison Officer

Impact of abuse

The impact of child abuse should not be underestimated. Many children do recover well and go on to lead healthy, happy and productive lives, although most adult survivors agree that the emotional scars remain, however well buried. For some, full recovery is beyond their reach, and research shows that abuse can have an impact on the brain and its development. The rest of their childhood and their adulthood may be characterised by anxiety or depression, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships and long-term medical or psychiatric difficulties.

Adult Survivor helpline -see appendix.

Taking Action

It is the responsibility of staff to report and record their concerns as soon as possible.

We actively encourage a 'never do nothing' attitude if staff have a concern about a child and promote discussion with a DSL if in any doubt.

Any child, in any family in any school could become a victim of abuse. Staff should always maintain an attitude of "it could happen here".

Key points for staff to remember for taking action are:

- If an emergency take the action necessary to help the child, for example, call 999 or seek medical attention
- **REPORT your concern to a DSL or member of the safeguarding team as soon as**

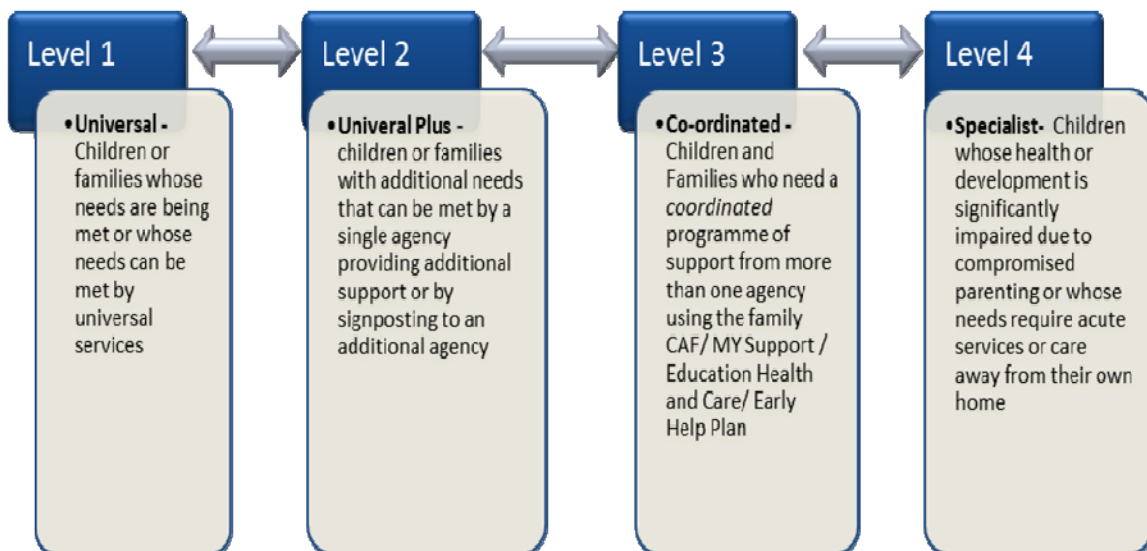
possible.

- Complete a RECORD of concern which can be found on the staff desktop and immediately e-mail the attached form to the safeguarding team group e-mail. If you need assistance with this please speak to a member of the safeguarding team.
- Safeguarding group e-mail – Safeguarding@cathedralacademy.co.uk
- Do not start your own investigation
- Share information on a need-to-know basis only – do not discuss the issue unnecessarily with colleagues, friends or family.
- Seek support for yourself if you are distressed.
- Ask for feedback and if there are no improvements push for reconsideration. See escalation section.

The DSL team will discuss the concern and agree a course of action.

See flowchart in Keeping Children Safe in Education Part 1.

Wakefield has a Continuum of Need for children and families who need support, this ranges from Level 1 to level 4. It is worth noting that a cause for concern does not always require a Level 4 response, it may be the family need a lower level of support to help the situation. The Children First hubs are able to signpost school staff and support at Level 3.



Level 1 – Universal services are meeting the needs – no extra intervention needed.

Level 2 – For example a universal service is providing extra support, or have referred to one other single agency. Schools can use Signs of Safety to assess at this level.

Level 3 – Multi agency approach to support. Multi agency early help assessment. Children First Hub may be able to support.

Level 4 – Statutory intervention and assessment is needed where child is at risk or currently suffering significant harm. Social care/ police assess and lead at this level.

School does have a duty to intervene early and support however it is not schools responsibility to investigate or decide whether a child has been abused. Schools do not have the powers to investigate child protection concerns.

Course for concern form



STRICTLY CONFIDENTIAL

Cathedral Academy Cause for Concern Form

Name of Child:

Achievement Group:

Date of report:

Completed by:

Details of Incident

Day:

Date:

Time:

Place of alleged incident:

Details of Concern: Only record **facts**, give relevant background information, any record of child's words should be verbatim, in the case of drawings or writing attach original or photocopy, continue on a separate sheet if necessary and attach to this form.

Reported to:

(Please indicate which)

Name: Neil Poskitt

Designated Person

Name: Lisa McIntosh Deputy Designated Person

Action taken by Designated Person/Deputy: (please tick)

Spoken to student	
Parent/Carer informed	
Headteacher informed	
Referred to Social Care	
Referred to CAMHS	
Other agency referral (state agency)	
Concern filed	
Relevant staff made aware	
Child wellbeing meeting recommended	

Pupil voice:

Date:

Signed:

Please e-mail this form to: Safeguarding@cathedralacademy.co.uk

If you are concerned about a pupil's welfare

There will be occasions when staff may suspect that a pupil may be at risk, but have no 'real' evidence. The pupil's behaviour may have changed, for example their artwork could be bizarre, they may write stories or poetry that reveal confusion or distress, or their behaviour may have changed. In these circumstances, **staff will give the pupil the opportunity to talk**. The signs they have noticed may be due to a variety of factors, for example, a parent has moved out, a pet has died or a grandparent is very ill.

It is fine for staff to ask the pupil if they are OK, if they are worried about anything or if they want to talk.

Staff should record these early concerns. If the pupil does begin to reveal that they are being harmed, staff should follow the dealing with a disclosure advice.

Following an initial conversation with the pupil, if the member of staff remains concerned, they should discuss their concerns with a DSL.

Notifying parents

The school will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and a DSL will be in the most informed position to make contact with the parent in the event of a concern, suspicion or disclosure.

However, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from Social Care Direct.

We will be alert if parents and students 'stories' differ in any way e.g. with regards to how an injury was caused and will ensure this is noted and shared with other agencies as appropriate.

If parents have any queries regarding safeguarding please contact a DSL.

Early Intervention

If the concern is low level and does not require other agency involvement (Level 2) a DSL will initiate early intervention to;

- Engage with the parents/carers as soon as possible (unless the situation is so serious that would put the student at increased risk.) We then can evidence quick action was taken and the length of time of involvement.
- We will invite the parents/carers into school for a meeting to demonstrate professional concerns and discuss a supportive working partnership for the best interests of the student (e.g. breakfast club, additional in school support)
- At this meeting we will discuss the plan of next action should the situation not improve and offer signposting to other local services.
- We will record all contacts with the family, dates and times, including phone calls/letters.
- We will then monitor the student closely - behaviour/concerns/interaction with peers and parents/academic progress etc. This will demonstrate the frequency of concerns and help to build patterns.

If necessary, the school will assess using the Signs of Safety framework – what are we worried about?, what's working well?, what needs to happen? (Including all subsections, e.g. complicating factors) and then scaling.

If school needs further help (i.e. move to level 3) other agencies will be contacted and if issues escalate or local advice is needed the Children First Hub can be contacted and a referral made using the MARF – Multi agency referral form.

<http://www.wakefield.gov.uk/schools-and-children/early-help>

It is important to continually reassess concerns if there are no improvements.

Dealing with Disclosures

It takes a lot of courage for a child to disclose that they are being abused. There are many reasons why they may be blocked from telling including -they may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault.

If a pupil talks to a member of staff about any risks to their safety or wellbeing, the staff member will need to let the pupil know that they must pass the information on – staff are not allowed to keep secrets. The point at which they tell the pupil this is a matter for professional judgement. If they jump in immediately the pupil may think that they do not want to listen, if left until the very end of the conversation, the pupil may feel that they have been misled into revealing more than they would have otherwise.

Bear in mind that in some cases children may tell ‘half a truth’ to test out how information may be handled by the listener. Children can also withdraw disclosures later if they feel things have gotten out of their control. Effective communication and relationship building with children will help in these situations.

During their conversations with the pupils it is best practice for staff to:

- Allow pupils to speak freely
- Remain calm and not overreact – the pupil may stop talking if they feel they are upsetting their listener
- Give reassuring nods or words of comfort –‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing talking to me’
- Not be afraid of silences, and allow space and time for pupil to continue, staff will recognise the barriers the pupil may have had to overcome to disclose.
- Clarifying or repeating back to check what they have heard if needed but will not lead the discussion in any way and will not ask direct or leading questions – such as.. whether it happens to siblings too.
- Use questions such as Tell me what happened.....? Is there anything else you want to tell me?
- At an appropriate time tell the pupil that in order to help them, the member of staff must pass the information on
- Not automatically offer any physical touch as comfort. It may be anything but comforting to a child who has been abused. This will be case and age specific.
- Remember professional boundaries and not share personal experiences or information such as ‘that happened to me’
- Avoid admonishing the child for not disclosing earlier. Saying things such as ‘I do wish you had told me about this when it started’ or ‘I can’t believe what I’m hearing’ may be the staff member’s way of being supportive but may be interpreted by the child to mean that they have done something wrong
- Not pass judgement on the perpetrator
- Tell the pupil what will happen next. The pupil may agree to go with you to see the Designated Safeguarding Lead. Otherwise let them know that you will be consulting them.

- Write up their conversation as soon as possible and hand it to the designated lead
- Seek support if they feel distressed – From DSL team / helplines in contacts section.

Staff should be aware that SEND students may face additional safeguarding challenges and any barriers to disclosure etc. should be removed.

Records and Monitoring

Why recording is important

Our staff will be encouraged to understand why it is vital that recording is timely, comprehensive and accurate.

Cause for concerns recording form is available **on the staff desktop**.

Any concerns about a child will be recorded and given to a DSL as soon as possible. All records will provide a factual and evidence based account and there will be accurate recording of any actions. Records will be signed, dated and timed.

We will seek the Child's voice/opinion and ensure this is noted in the records.

At no time will a member of staff take photographic evidence of any injuries or marks to a child's person. The body map will be used in accordance with recording guidance.

It may be appropriate on receipt of a concern for a DSL to open a secure safeguarding file and start a chronology page. This will help in building patterns and decision making.

We will feedback to the staff member any actions, however this will be on a need to know basis. It may not be appropriate for staff members to know full details.

The safeguarding file

The establishment of a safeguarding file is an important principle in terms of storing and collating information about children which relates to either a safeguarding concern or an accumulation of welfare concerns which are outside of the usual range of concerns in ordinary life events.

It needs to be borne in mind that what constitutes a 'concern' for one child may not be a 'concern' for another and the particular child's circumstances and needs will differ i.e. a child subject to a child protection plan, looked after child, Child in Need may be looked at differently to a child recently bereaved, parental health issues etc. We will therefore use professional judgement when making this decision as will have clear links and discussions between pastoral staff and DSL's.

This file will be kept separately from the main pupil file and will be held securely only to be accessed by appropriately trained DSL's. **The main file, open to staff, will have a marker to signify that a separate safeguarding file exists for that child so that all staff coming into contact with that child are aware that an additional vulnerability exists.**

The school will keep written records of concerns about children even where there is no need to refer the matter to external agencies immediately. Each child will have an individual file i.e. no family files.

All incidents/episodes will be recorded e.g. phone calls to other agencies, in the chronology with more detail and analysis in the body of the file. This will help build a picture and help the DSL team in analysis and action, which may include no further action, monitoring, whether a CAF (level 3) should be undertaken, or whether a referral should be made to other agencies - Social Care Direct/Children First Hubs in line with the Continuum of Need document (see link in appendix) and reflecting the Signs Of Safety approach. (see referral checklist on LSCB education webpage)

In cases where there is multi agency involvement - meetings and plans, actions and responsibilities shall be clarified and outcomes recorded.

Files will be made available for external scrutiny for example by a regulatory agency or because of a serious case review or audit.

Records will be kept up to date and **reviewed regularly by a DSL** to evidence and support actions taken by staff in discharging their safeguarding arrangements. Checklists and supervision toolkits available on LSCB education webpage.

The file can be non-active in terms of monitoring i.e. a child is no longer LAC, subject to a child protection plan. If future concerns then arise it can be re-activated and indicated as such on the front sheet and on the chronology as new information arises.

If the child moves to another school, the file will be securely sent or taken, to a DSL at the new establishment/school and a **written receipt will be obtained**. There will be a timely liaison between each school's DSL to ensure a smooth and safe transition for the child. We will retain a copy of the chronology to evidence actions, in accordance with record retention guidance.

Child protection records may be exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them in certain circumstances. If any member of staff receives a request from a pupil or parent to see child protection records, they will refer the request to the Headteacher, who will consult information governance.

Referral to Social Care Direct (Level 4)

A DSL will make a referral to Social Care Direct if it is believed that a pupil is suffering or is at risk of suffering significant harm – Level 4 on the Continuum of Need. In DSL absence anyone can make a referral. This is done in Wakefield with reference to the Continuum of Need (see link in appendix) and using the Signs of Safety approach and MARF Multi Agency Referral Form, sent securely. There is a DSL checklist and referral form available on WDSCB safeguarding for schools webpage. Social care should inform the DSL of the outcome within one working day.

If there is already a social worker assigned to this case, for safeguarding reasons, the social worker should be contacted.

The pupil (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

The DSL will then be expected to take part in assessments, strategy meetings, case conferences etc. as and if required.

Reports for meetings will be shared with parents, unless there is good reason not to and reports will be sent to the appropriate meeting chair if the DSL cannot attend in person.

Escalation / Professional Disagreement

If the situation does not appear to be improving or there is any professional disagreement with the outcome the school will press for reconsideration and follow WDSCB professional disagreement procedure.

http://westyorkscb.proceduresonline.com/chapters/p_res_profdisag.html?zoom_highlight=professional+disagreement

Any member of staff can refer to other agencies in exceptional circumstances i.e. in an emergency or when there is a genuine concern that action has not been taken.

Referral to Police

Remember if a criminal offence has occurred it will be necessary to contact the police 101 or 999 as appropriate. It may be useful to state which department we require e.g. child safeguarding unit / CSE team / indecent images team.

If we believe a child is being radicalised we will refer to the Prevent police officer using the referral form on the LSCB education page.

Confidentiality and Information Sharing

Staff will only discuss concerns with a Designated Safeguarding Lead, Headteacher or

Chair of Governors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

We will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and a DSL will be in the most informed position to make contact with the parent in the event of a concern, suspicion or disclosure.

However, if we believe that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from Social Care Direct.

The Seven Golden Rules for Safeguarding Information Sharing

- Data Protection/Human rights laws are not a barrier.
- Be open and honest. (unless unsafe or inappropriate)
- Seek advice. (anonymise if necessary)
- Share with consent if appropriate.
- Consider safety and wellbeing.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure.
- Keep a record of decision and reason for it.

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Data protection legislation does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child. Ideally information sharing will be done in writing so that there is an evidence trail however there may be occasions where this method is too slow. **In cases where agencies such as MASH (Multi Agency Safeguarding Hub) ring the school requesting information reception staff will take a message and inform a DSL *immediately***, the DSL will ensure they can identify who is requesting the information before sharing and then record what has been shared, when, why and with whom.

Child protection records may be exempt from the disclosure provisions of the Data Protection, which means that children and parents do not have an automatic right to see them in certain circumstances. However it will be usual practice for parents to have been informed of any concerns at the time. If any member of staff receives a request from a pupil or parent to see child protection records, they will refer the request to the Headteacher who will consult with information governance.

Any personal safeguarding information shared with external agencies will be done so securely e.g. by secure email, password protected or recorded delivery.

Local & National Contact Details

Wakefield Social Care Direct

Phone; 0345 8503 503
Minicom: 01924 303450 (type talk welcome)
Email; social_care_direct@wakefield.gov.uk

Wakefield Central Children First Hub

Phone; 01924 303600 Manager: Jen Smith
<http://www.wakefield.gov.uk/schools-and-children/early-help/children-first-hubs>

Police

If a criminal offence has occurred contact police via 101 or 999 as appropriate.

Child Safeguarding Unit

wakefield.sguchild@westyorkshire.pnn.police.uk

CSE Police Team

Wakefield.cse@westyorkshire.pnn.police.uk

01924 878125

Local Authority Designated Officer (LADO)

Jim Stewart

lado.referrals@wakefield.gcsx.gov.uk

01924 302 155

Safeguarding Advisor for Education

Vicki Maybin

vmaybin@wakefield.gov.uk

07788743527

Safeguarding Information webpage for Wakefield Schools:

TRAINING OFFER, TEMPLATES, AUDIT, RESOURCES & local and national agencies,
MANAGING ALLEGATIONS, EDUCATION BOARD REPS.

<https://www.wakefieldscb.org.uk/education/>

NSPCC Speak out Stay safe service for Primary schools

Michelle Poucher. Area Coordinator

07834 498 354 mpoucher@nspcc.org.uk

<https://www.nspcc.org.uk/services-and-resources/working-with-schools/speak-out-stay-safe-service/>

Wakefield District Domestic Abuse Service WDDAS

<http://www.wakefield.gov.uk/health-care-and-advice/adults-and-older-people-services/domestic-abuse>

0800 915 1561

Prevent Contacts – referral form see templates on WDSCB website.

Prevent Team Wakefield Community Cohesion Communities.Prevent@wakefield.gcsx.gov.uk

01924 306645 / 01924 305352

Or

07468 700810 / 07825 281312

Prevent Police Officer Gary Blezard

Child Missing Education Officers

Marina Oldreive,
Educational Welfare Officer
01924 307467

Virtual Head for LAC

Gary Stuart
gstuart@wakefield.gov.uk

Future in Mind

Primary practitioner - Sajid Hussain
Email; sajidhussain@nextgeneration.co.uk
Phone; 01924 200039 / 07528050500

CAMHS Single point of access

01977 465865

Wakefield Local Offer – for children with SEND and their families

<http://wakefield.mylocaloffer.org/Home>

Drug support for young people

<https://www.changegrowlive.org/young-people/young-peoples-services>

Wakefield voluntary sector Young Lives Consortium

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

Wakefield Adult Services

<http://www.wakefield.gov.uk/health-care-and-advice/adults-and-older-people-services>

Wakefield Well Women Centre

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

Other useful services:

School nurse: Karen Scholey

Education welfare officer: Jim Taylor

Education psychologist: Helen Monkman

Wakefield Continuum of Need document;

<https://www.wakefieldlscb.org.uk/professionals-and-practitioners/early-help-strategy/>

Wakefield Signs of Safety webpage;

<https://www.wakefieldlscb.org.uk/professionals-and-practitioners/signs-of-safety/>

Wakefield Youth Work Team (including Young Carers)

<http://wfyouth.co.uk/>

NSPCC Helpline

0808 800 5000

NSPCC Whistleblowing Helpline

0800 028 0285

Counter Terrorism helpline

0800 789 321

National Association People Abused in Childhood NAPAC

0808 801 0331

<https://napac.org.uk/>

Stop It Now

Leading charity working in the field of sexual abuse. Also provides support for people who are worried about their own thoughts or behaviour towards children.

0808 1000 900

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

Professional Online Safety helpline

0844 3814772