



# **Leominster Primary School Anti-Bullying Policy: Pupils**

**Policy Date: March 2024  
Reviewed: June 2024  
Review: June 2026**

## **1. Introduction**

Leominster Primary School believes that all pupils are entitled to learn in a safe and supportive environment; this means being free from all forms of bullying behaviour. This policy outlines how instances of bullying are dealt with, including the procedures to prevent occurrences of bullying.

These strategies, such as learning about tolerance and difference as part of the school's curriculum, aim to promote an inclusive, tolerant and supportive ethos at the school.

The Education and Inspections Act 2006 outlines several legal obligations regarding the school's response to bullying. Under section 89, schools must have measures in place to encourage good behaviour and prevent all forms of bullying amongst pupils. These measures are part of the school's Behavioural Policy, which is communicated to all pupils, school staff and parents/carers.

All staff, parents/carers and pupils work together to prevent and reduce any instances of bullying at the school. There is a zero-tolerance policy for bullying at the school.

## **2. Legal Framework**

This policy has due regard to all relevant legislation including, but not limited to, the following:

- Education and Inspections Act 2006
- Equality Act 2010
- Protection from Harassment Act 1997
- Malicious Communications Act 1988
- Public Order Act 1986
- Communications Act 2003
- Human Rights Act 1998
- Crime and Disorder Act 1998
- Education Act 2011

This policy has been written in accordance with guidance, including, but not limited to:

- DfE (2017) 'Preventing and tackling bullying'
- DfE (2018) 'Sexual violence and sexual harassment between children in schools and colleges'
- DfE (2018) 'Mental health and wellbeing provision in schools'

This policy operates in conjunction with the following school policies:

- Behavioural Policy
- E-Safety Policy
- Child Protection and Safeguarding Policy
- Mobile Phone Policy

## **3. Definitions**

For the purpose of this policy, "bullying" is defined as persistent behaviour by an individual or group with the intention of verbally, physically, or emotionally harming another person or group.

Bullying is generally characterised by:

- Repetition: Incidents are not one-offs; they are frequent and happen over a period of time.
- Intent: The perpetrator(s) means to cause verbal, physical or emotional harm; it is not accidental.
- Targeting: Bullying is generally targeted at a specific individual or group.
- Power imbalance: Whether real or perceived, bullying is generally based on unequal power relations.

Vulnerable pupils are more likely to be the targets of bullying due to the attitudes and behaviours some young people have towards those who are different from themselves.

Vulnerable pupils may include, but are not limited to:

- Pupils with SEND.
- Pupils who are adopted.
- Pupils who are looked after.
- Pupils who are subject to child in need or child protection plans
- Pupils suffering from a health problem.
- Pupils with caring responsibilities.

#### 4. Types of Bullying

Many kinds of behaviour can be considered bullying and can be related to almost anything.

Being unkind to another pupil because of their appearance, religion, ethnicity, gender, sexual-orientation, home life, culture or SEND are some of the types of bullying that can occur.

Bullying is acted out through the following mediums:

- Verbally
- Physically
- Emotionally
- Online (Cyber)

**Racist bullying:** Bullying another person based on their ethnic background, religion or skin colour. Racist bullying is a criminal offence under the Crime and Disorder Act 1998 and Public Order Act 1986.

**Homophobic bullying:** Bullying another person because of their actual or perceived sexual orientation.

**Transphobic bullying:** Bullying based on another person's gender 'variance' or for not conforming to dominant gender roles.

**Sexist bullying:** Bullying based on sexist attitudes expressed in a way to demean, intimidate or harm another person because of their sex or gender. Sexist bullying may sometimes be characterised by inappropriate sexual behaviours.

**Sexual bullying:** Bullying behaviour that has a physical, psychological, verbal or non-verbal sexual dimension/dynamic that subordinates, humiliates or intimidates another person. This is commonly underpinned by sexist attitudes or gender stereotypes.

**Prejudicial bullying:** Bullying based on prejudices directed towards specific characteristics, e.g. SEND or mental health issues.

**Relational bullying:** Bullying that primarily constitutes of excluding, isolating and ostracising someone – usually through verbal and emotional bullying.

## 5. Signs of Bullying

Staff and parents/carers will be alert to the following signs that may indicate a pupil is a victim of bullying:

- Being frightened to travel to or from school
- Asking to be driven to school
- Unwillingness to attend school
- Truancy
- Becoming anxious or lacking confidence
- Saying that they feel ill in the morning
- Decreased involvement in school work
- Returning home with torn clothes or damaged possessions
- Missing possessions
- Asking for extra money or stealing
- Cuts or bruises
- Lack of appetite
- Unwillingness to use the internet or mobile devices
- Becoming agitated when receiving calls or messages
- Lack of eye contact
- Becoming short tempered
- Change in behaviour and attitude at home

Although the signs outlined above may not be due to bullying, they may be due to deeper social, emotional or mental health issues, so are still worth investigating.

Pupils who display a significant number of these signs are approached by a member of staff, to determine the underlying issues, whether they are due to bullying or other issues.

In addition, staff will be aware of the potential factors that may indicate a person is likely to have bullying behaviours, including, but not limited to, the following:

- They have experienced mental health problems, which have led to the pupil becoming aggravated
- They have been the victim of domestic abuse
- Their academic performance has started to fall, which has meant they are stressed

If staff become aware of any factors that could lead to bullying behaviours, they will notify the pupil's class teacher, who will investigate the matter and monitor the situation.

## 6. Roles and Responsibilities

### All Staff Principles:

- The school will ensure that prevention is a prominent aspect of its anti-bullying vision.
- Staff will treat reports of bullying seriously and they will not ignore signs of suspected bullying.
- Unpleasantness from one pupil towards another is always challenged and never ignored.
- Staff act immediately when they become aware of a bullying incident; this applies to all staff, not solely teaching staff.
- Staff always respect pupils' privacy, and information about specific instances of bullying are not discussed with others, unless it is in a setting that the victim has given consent to, or there is a safeguarding concern.
- If a member of staff believes a pupil is in danger, e.g. of being hurt, they will inform the Designated Safeguarding Lead, Mrs H. Lynch, and Safeguarding Manager, Miss L Jones, immediately.
- Follow-up support is given to both the victim and bully in the months following any incidents, to ensure all bullying has stopped.

The Governing Board is responsible for:

- Evaluating and reviewing this policy to ensure that it is not discriminatory.
- The overall implementation of this policy.
- Ensuring that the school adopts a tolerant and open-minded policy towards difference.
- Ensuring the school is inclusive.
- Analysing any bullying data to establish patterns and reviewing this policy in light of these.

The Headteachers are responsible for:

- Reviewing and amending this policy, accounting for new legislation and government guidance, and using staff experience of dealing with bullying incidents in previous years to improve procedures.
- Keeping a Bullying Report Form, Appendix 1, of all reported incidents, including which type of bullying has occurred, to allow for proper analysis of the data collected.
- Analysing the data in the bullying records to identify trends, so that appropriate measures to tackle them can be implemented.
- Arranging appropriate training for staff members.

Assistant Head and Deputy Head Teacher(s) are responsible for:

- Corresponding and meeting with parents/carers where necessary.
- Providing a point of contact for pupils and parents/carers, when more serious bullying incidents occur.

Class Teachers are responsible for:

- Being alert to social dynamics in their class.
- Being available for pupils who wish to report bullying.
- Providing follow-up support after bullying incidents.
- Being alert to possible bullying situations, particularly exclusion from friendship groups, and that they inform the Assistant Head and Deputy Heads of such observations.
- Understanding the composition of pupil groups, showing sensitivity to those who have been the victims of bullying.

- Reporting any instances of bullying once they have been approached by a pupil for support.

All Staff are responsible for:

- Being aware of the anti-bullying policy as part of their induction or annual training.
- Being alert to possible bullying situations, particularly exclusion from friendship groups, and that they inform the Class Teacher of such observations.
- Being aware of the vulnerable areas of the school and will endeavour to supervise these areas vigilantly.
- Being available for pupils who wish to report bullying and inform the Class Teacher of such concerns.
- Implementing school class and playground rules consistently.

Parents/carers are responsible for:

- Informing their child's Class Teacher if they have any concerns that their child is the victim of bullying or involving in bullying in anyway.
- Being watchful of their child's behaviour, attitude and characteristics and informing the relevant staff members of any changes.

Pupils are responsible for:

- Informing a member of staff if they witness bullying or are a victim of bullying.
- Not making counter-threats if they are victims of bullying.
- Walking away from dangerous situations and avoiding involving other pupils in incidents.

## **7. Statutory Implications**

Leominster Primary School understands that, under the Equality Act 2010, it has a responsibility to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not share it.

Leominster Primary School understands that, under the Human Rights Act (HRA) 1998, it could have charges brought against it if it allows the rights of children and young people at the school to be breached by failing to take bullying seriously.

The Headteachers, Mrs H Lynch and Mrs H Rees, will ensure that this policy complies with the HRA; the Headteachers, Mrs H. Lynch and Mrs H Rees, understands that they cannot do this without fully involving their teaching staff.

Although bullying itself is not a criminal offence, some types of harassment, threatening behaviour and/or communications may be considered criminal offences:

- Under the Malicious Communications Act 1988, it is an offence for a person to electronically communicate with another person with the intent to cause distress or anxiety, or in a way which conveys a message which is indecent or grossly offensive,

a threat, or contains information which is false and known or believed to be false by the sender.

- The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.
- Section 127 of the Communications Act 2003 makes it an offence to send, by means of a public electronic communications network, a message, or other matter, that is grossly offensive or of an indecent, obscene or menacing character. It is unlawful to disseminate defamatory information through any media, including internet sites.
- Other forms of bullying which are illegal and should be reported to the police include: violence or assault, theft, repeated harassment or intimidation and hate crimes.

## **8. Prevention**

All types of bullying will be discussed as part of the curriculum. Diversity, difference and respect for others is promoted and celebrated through various lessons. Opportunities to extend friendship groups and interactive skills are provided through participation in special events.

Seating plans will be organised and altered in a way that prevents instances of bullying. Potential victims of bullying are placed in working groups with other pupils who do not abuse or take advantage of others. The school will ensure potential perpetrators are given support as required, so their educational, emotional and social development isn't negatively influenced by outside factors, e.g. mental health issues.

All staff members receive training on identifying and dealing with the different types of bullying. All reported or investigated instances of bullying will be investigated by a member of staff. All members of the school are made aware of this policy and their responsibilities in relation to it.

## **9. Dealing with allegations or incidents of bullying**

All complaints/incidents of bullying must be recorded on the bullying incident form (Appendix 1) and also reported immediately to the Headteachers, Mrs H. Lynch and Mrs H. Rees

Minor incidents are reported to the victim's class teacher, who investigates the incident, sets appropriate sanctions for the perpetrator and informs the Headteachers, Mrs H Rees and Mrs H Lynch, of the incident and outcome.

When investigating a bullying incident, the following procedures are adopted:

- The victim, alleged bully and witnesses are all interviewed separately.
- A room is used that allows for privacy during interviews
- If appropriate, the alleged bully, the victim and witnesses, are asked to write down details of the incident; this may need prompting with questions from the member of staff to obtain the full picture
- Members of staff listen carefully to all accounts, being non-confrontational and not attaching blame until the investigation is complete
- All concerned pupils are informed that they must not discuss the interview with other pupils
- Premature assumptions are not made, as it is important not to be judgemental at this stage
- Members of staff ensure that there is no possibility of contact between the pupils being interviewed.

- If a pupil is injured, members of staff take the pupil immediately to first aid for an opinion on the extent of their injuries.

Due to the potential for sexist, transphobic, sexual, etc bullying to be characterised by inappropriate sexual behaviour, staff members involved in dealing with the incident are required to consider whether there is a need for safeguarding processes to be implemented by discussing with the Designated Safeguarding Lead, Mrs H. Lynch, and Safeguarding Manager, Miss L Jones.

## **10. Sanctions for the Perpetrator**

If the Headteachers, Mrs H. Lynch and Mrs H. Rees, is satisfied that bullying did take place, the pupil will be helped to understand the consequences of their actions and warned that there must be no further incidents.

The Headteachers, Mrs H. Lynch and Mrs H. Rees, informs the pupil of the type of sanction to be used in this instance and future sanctions if the bullying continues. Sanctions may include:

- Loss of privileges and playtimes
- Behaviour contracts-class, group or individual
- Exclusion from break times or lunchtimes
- Exclusion from specific games or parts of the school site
- Loss of independence
- Fixed/permanent exclusion
- Change of class

If possible, the Headteachers, Mrs H. Lynch and Mrs Rees, will attempt reconciliation and will obtain a genuine apology from the perpetrator. This will either be in writing to the victim (and/or witnesses if appropriate), or face-to-face, but only with the victim's full consent. Discretion is used here; victims will never feel pressured into a face-to-face meeting with the bully.

The perpetrator is made to realise that some pupils do not appreciate the distress they are causing, and that they should change their behaviour.

Parents/carers are informed of bullying incidents and what action is being taken and given advice on what they can do to support their child.

## **11. Follow up support for the victim and perpetrator**

The Class Teacher monitors the pupils involved over the next half-term. One-on-one sessions to discuss how the victim and bully are progressing may be appropriate. If appropriate, follow-up correspondence is arranged with parents/carers one month after the incident.

Pupils who have been bullied are supported in the following ways:

- Being listened to
- Having an immediate opportunity to meet with the Headteachers, Mrs H Rees and Mrs H Lynch, or a member of staff of their choice
- Being reassured
- Being offered continued support
- Being offered counselling, where appropriate



- Putting strategies in place to support their safety
- Supported with friendship groups or buddy
- Discussing and being involved in the process of solutions and sanctions
- Agreeing strategies for how to get help
- Being offered the option of explaining to the bully how they felt
- Alerting all staff involved with the pupil
- Ensuring they know which adults to approach for support

Pupils who have been bullied will be assessed on a case-by-case basis and the Designated Safeguarding Lead, Mrs H. Lynch and Safeguarding Manager, Miss L Jones, will, if necessary, refer the victim of bullying to other external relevant services, for example, Herefordshire Children's Services (Appendix 2a), Early Help Team, Child and Adolescent Mental Health Service (CAHMS) (Appendix 2c), School Nurse (Appendix 2b) and CLD Counselling.

In cases where the effects of bullying are so severe that the pupil cannot successfully reintegrate back into the school, the Headteacher and Designated Safeguarding Lead, Mrs H. Lynch, will look to transfer the pupil to another mainstream school.

Where a pupil has developed such complex needs that alternative provision is required, the pupil who has been the victim of bullying, their parents/carers, the Headteachers, will meet to discuss the use of alternative provision.

Pupils who have bullied others are supported in the following ways:

- Agreeing and receiving a consequence for their actions
- Clarity as to the severity of sanctions if there is a re-occurrence
- Being able to discuss what happened
- Being helped to reflect on why they became involved
- Being helped to understand what they did wrong and why they need to change their behaviour
- Appropriate assistance from parents/carers
- Face to face discussion /apology to the victim
- Follow up behaviour support
- Providing older pupil as mentor if possible
- Follow up monitoring of behaviour

## **12. Bullying outside of school**

The school cannot be directly responsible for bullying which takes place off the school premises but a school's failure to address harmful behaviour outside school might be a breach of the school's duty of care. In most cases what happens outside the school will have a direct influence on behaviour inside school.

The Headteachers, Mrs H. Lynch and Mrs H. Rees, has a specific statutory power to discipline pupils for poor behaviour outside of the school premises. Section 89(5) of the Education and Inspections Act 2006 gives the Headteachers, Mrs H. Lynch and Mrs H. Rees, the power to regulate pupils' conduct when they are not on school premises, and therefore, not under the lawful charge of a school staff member.

Teachers have the power to discipline pupils for misbehaving outside of the school premises. This can relate to any bullying incidents occurring anywhere off the school premises, such as on school or public transport, outside the local shops, or in a town or village centre.

Where bullying outside school is reported to school staff, it is investigated and acted on.

In all cases of misbehaviour or bullying, members of staff can only discipline the pupil on school premises, or elsewhere when the pupil is under the lawful control of the member of staff, e.g. on a school trip.

The Headteachers Mrs H. Lynch and Mrs H. Rees , is responsible for determining whether it is appropriate to notify the Police or Community Support Officer of the action taken against a pupil.

If the misbehaviour could be of a criminal nature, or poses a serious threat to a member of the public, the Police are always informed.

### **13. Monitoring and review**

Policy Date: March 2024

This policy is reviewed every two years by the Headteachers and the Designated Safeguarding Lead.

The scheduled review date for this policy is June 2026

## Appendix 1: Record of Bullying Incident

### Record of Bullying Incident

Name of person reporting the incident: \_\_\_\_\_

Date: \_\_\_\_\_

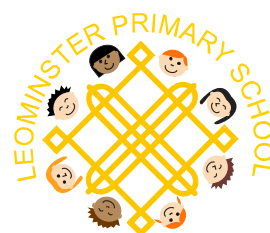
Name of pupil(s) being bullied: \_\_\_\_\_

Class: \_\_\_\_\_

Name of alleged pupil(s) suspected of bullying: \_\_\_\_\_

Class: \_\_\_\_\_

Name of witnesses: \_\_\_\_\_



| Incident Details  |
|---|
| What happened?  |
|   |
| Where did the incident take place?                                      |
|   |
| When did the incident occur?  |
|   |
| According to the victim, how often does the bullying take place?        |
|   |
| According to the victim, how long has the bullying been going on?       |
|   |
| Actions(including contact with parents/carers & referral to SMT member) |
|   |

Signature of staff member addressing the incident:.....

SMT monitoring signature:.....

Date:.....



## **Appendix 2: Other External and Relevant Support Services**

## A. Herefordshire Children's Services 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.gov.uk](mailto:cypd@herefordshire.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.gov.uk](mailto:cypd@herefordshire.gov.uk)**

### Concerns after a Referral has been made

Following your referral if you still have concerns about safeguarding a child (or children) follow the [Escalation Policy; Resolution of Professional Disagreements](#). A child's safety comes first – (please note this applies where there is a concern involving any agency).

## Informing the Family

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 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 |
|-------------------------------|--------------------|

**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.**

|  |                    |
|--|--------------------|
| Who has been informed? If anyone has not been informed, why not? | Do not leave blank |
|--|--------------------|

## Details of the Children

*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.*

|   |                          |        |                          |   |                          |                                     |                             |
|---|--------------------------|--------|--------------------------|---|--------------------------|-------------------------------------|-----------------------------|
| 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?<br>If Yes, please give details: |                          |        |                          |   |                          | Yes <input type="checkbox"/>        | No <input type="checkbox"/> |

## Family composition / significant others (attach genogram if available)

*(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"/> |  |

|  |                                  |                                  |
|--|----------------------------------|----------------------------------|
| <b>Referral Information</b>  |                                  |                                  |
| <p><b>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.</b> Include your professional judgement, backed up by an explanation of the evidence which that is based upon including:</p> <ul style="list-style-type: none"> <li>• What is the foundation / evidence of your concerns and how and why have the concerns arisen?</li> <li>• 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?</li> </ul>   |                                  |                                  |
| <p><b>Child's development needs</b><br/> This includes: health, education, identity, self-care skills, social presentation, family &amp; social relationships, emotional &amp; behavioural development &amp; any special needs / disabilities.</p> <ul style="list-style-type: none"> <li>• <b>Parenting capacity</b><br/> This includes: basic care, ensuring safety, emotional warmth, stimulation, guidance, boundaries &amp; stability.</li> <li>• <b>Family &amp; social environment factors</b><br/> This includes: community resources, family's social integration, income, employment, housing, wider family, history &amp; functioning (this includes adult factors that may be impacting on parenting capacity &amp; child development, e.g., drug or alcohol misuse, mental health problems, domestic abuse, special needs / disability, history of offending behaviour etc.)</li> </ul> |                                  |                                  |
| Which Level of Need do you feel this referral meets?   | Level 3 <input type="checkbox"/> | Level 4 <input type="checkbox"/> |
| <p>Communicate your specific concerns as to how the child's health &amp; 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:</p> <p>What is the foundation / evidence for your concerns and how and why has the concern/s arisen?</p> <p>What appear to be the needs of the child/ren? And what appear to be the needs of the family?</p> <p><b>Do not leave blank</b> - the whole box will expand to accommodate the information.</p>   |                                  |                                  |
| Is an Early Help Assessment in Place (EHA)?  | 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"/>      |
| <p>If an Early Help Assessment has been put in place, but has not been effective, please explain why not?</p>  |                                  |                                  |
| Has a Graded Care Profile 2 been completed for the child/ren?  | 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:<br>Do not leave blank – state None if that is the case.                                    |                              |                             |                   |
| Agency:  | Contact Name:                | Address:                    | Telephone Number: |
|  |                              |                             |                   |
|  |                              |                             |                   |
|  |                              |                             |                   |
|  |                              |                             |                   |
|  |                              |                             |                   |
|  |                              |                             |                   |
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|  |
|--|
| <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: |  |
|-------|--|---------|--|

|   |                              |  |       |  |
|---|------------------------------|--|-------|--|
| 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: |  |

### Other information attached:

Examples: Completed Early Help Assessment. Completed Graded Care Profile 2, Genogram, Body map, School attendance record, Chronology etc.

**Please contact MASH after 24 hours if you have not heard outcome of referral.**

If you have completed the Multi-Agency Referral Form (MARF) electronically please email the form from a **secure email address** to [cypd@herefordshire.gov.uk](mailto:cypd@herefordshire.gov.uk). If you have handwritten the form, scan the form and send securely to the email above.

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**.

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).

## B. School Nurse Referral Form

### School nursing service referral form For use by healthcare professionals

This form must be completed for **ALL** referrals to Herefordshire's school nursing team and returned to: school nursing duty team, Vaughn Building, Belmont, Hereford, HR2 9RP. Tel: 01432 363940.

Date of referral:

Completed by:

Designation:

Telephone contact number:

#### Section 1: Personal details

Child/young person's name:

DOB:

NHS Number:

Address:

Postcode:

Contact telephone number:

School:

#### Section 2: consent

Please note that the referring professional should ensure consent to referral is obtained prior to referral.

Has child/young person consented to referral?    Yes ☐    No ☐    N/A ☐

Has parent/carers consented to referral?    Yes ☐    No ☐    N/A ☐

Next of kin: Name:

Relationship:

Contact details:

| Child/young person's ethnicity: |                          |             |                          |                            |                                     |                           |                          |                        |
|---------------------------------|--------------------------|-------------|--------------------------|----------------------------|-------------------------------------|---------------------------|--------------------------|------------------------|
| Caribbean                       | <input type="checkbox"/> | Indian      | <input type="checkbox"/> | White British              | <input checked="" type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> | Chinese                |
| African                         | <input type="checkbox"/> | Pakistani   | <input type="checkbox"/> | White Irish                | <input type="checkbox"/>            | White and Black African   | <input type="checkbox"/> | Any other ethnic group |
| Any other Black background      | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Any other White background | <input type="checkbox"/>            | White and Asian           | <input type="checkbox"/> | Traveller              |
| Any other Asian background      |                          |             | <input type="checkbox"/> | Any other mixed background |                                     |                           | <input type="checkbox"/> | Not given              |

#### Section 4

Does Child/young person have special educational needs/ a disability?

Yes ☐ No ☐ N/A ☐

If yes, please record presenting problems.....

Has Child/young person received MDT/ CDC assessment? Yes ☐ No ☐ N/A ☐

Does the Child/young person have any other services or professionals involved and what is their current role?.....

#### Section 5 - requested school nursing service (please complete in as much detail as possible)

Service required:

Health needs identified:

Social needs identified:

Comments:

## Section 6 - duty response

Date referral received:

.....

SN duty reviewing practitioner:

.....

Outcome of referral analysis: Accept ☐ Decline ☐

### Rationale for above decision: (bullet point)

- 

Other professionals/parents/carers notified of above (Please record names & dates of relevant communication/mode).

Action taken: e.g. referral to school nurse for planned episode of care.

### Review date:

Date and time of completion:

Practitioner signature:

Date of inclusion in personal child health record .....

## C. CAHMS Referral Form

### CAMHS

Benet Building, Ruckhall Lane

Belmont

Hereford

HR2 9RP

01432 842233

### Referral Form – CAMHS

Status of referral: URGENT [ ] ROUTINE [ ]

Sections 1, 2, 3 and 4 are mandatory. Concerns may be provided in the form of a typed letter attached to the referral form.

Please ensure that the form is completed as fully as possible as omissions may delay the referral. **THE FORM MUST BE POSTED OR FAXED.** Fax number: 01432 842234. For discussion on whether a referral is appropriate, please contact CAMHS, Tel: 01432 842233 and speak to the Duty Clinician.

|  |  |                          |  |
|--|--|--------------------------|--|
| <b>1. Details of child or young person</b> |  |                          |  |
| First Name                                 |  | NHS Number<br>(if known) |  |
| Family Name                                |  | GP Name                  |  |
| Alternative Name (AKA)                     |  | GP Practice              |  |
| Date of Birth                              |  | Age                      |  |
| Current Address                            |  |                          |  |
|  |  |                          |  |
| Post Code                                  |  | Tel No                   |  |

|   |                        |   |  |                                      |
|---|------------------------|---|--|--------------------------------------|
| Ethnicity   |                        | Religion<br>(if known)  |  |                                      |
| Gender:   | Female [ ]<br>Male [ ] | First<br>Language   |  | Interpreter Needed<br>Yes [ ] No [ ] |
| Current School  |                        | SEN Yes [ ] No [ ]  |  |                                      |
| Disability:- please describe the nature of disability and provide additional details as required: |                        | 1. Does the child have a physical disability?<br><br>Yes [ ] No [ ]                         |  |                                      |
|   |                        | 2. Does the child have a<br><br>diagnosed learning<br><br>disability?<br><br>Yes [ ] No [ ] |  |                                      |
|   |                        | 3. Severity of learning disability:<br><br>Mild [ ] Moderate [ ] Severe [ ]                 |  |                                      |
|   |                        | 4. Is there a known cause for the<br><br>learning disability?<br><br>Yes [ ] No [ ]         |  |                                      |
|   |                        | 5. Is the child on the Autistic<br><br>Spectrum?<br><br>Yes [ ] No [ ]                      |  |                                      |
|   |                        | 6. Does the child have epilepsy?<br><br>Yes [ ] No [ ]                                      |  |                                      |
| <b>2. Details of all persons with parental responsibility</b>                                     |                        |   |  |                                      |
| Parent/Carer<br>Name  |                        | Parent/Carer<br>Name  |  |                                      |
| Date of Birth   |                        | Date of Birth   |  |                                      |
| Address   |                        | Address   |  |                                      |

|   |  |                      |  |
|---|--|----------------------|--|
| Post Code   |  | Post Code            |  |
| Relationship  |  | Relationship         |  |
| Tel No.   |  | Tel No.              |  |
| <b>3. Care status:</b> Current legal status, Orders & dates   |  |                      |  |
| Looked After? (i.e. under care of Local Authority)<br><br>Yes [ ]      No [ ]<br><br>e.g. foster/residential care or adoption   |  | Children Act Section |  |
| Is the child subject to Child Protection Plan?<br>Yes [ ]      No [ ]   |  | Category             |  |
| CAF completed?    Yes [ ]      No [ ]   |  | If YES please attach |  |
| <b>4. Description of concerns</b><br>The description of the problems may be provided in the form of a typed letter attached to the referral form.   |  |                      |  |
| <b>A. Current Situation (Please describe below what is happening, where and when, frequency, duration, giving examples of specific incidents or events where possible, and impact on Physical Health, Education, Self Esteem, Emotional Wellbeing, Relationships, it is important that you document the mental health presentation of the referred child or young person and any significant risk factors there might be.</b> |  |                      |  |
|   |  |                      |  |
| <b>B. History (Please explain below background to problems; is it worsening or stable; what has been tried; what has worked so far) Please provide current or previous interventions (i.e. behavioural / parenting groups, etc.)</b>  |  |                      |  |
|   |  |                      |  |



**Other** – are there any influences that may impact on the current difficulties, e.g. parental separation, family health, poor housing, significant losses or events etc. Please describe below.

**C. Please list if there have been any other assessments undertaken by different agencies (please attach them to the referral if appropriate and permitted – e.g. Court reports)**

**D. Please state any current medication**

**5. Other Agency involvement Past or Present** (please circle)

**Health** – GP, Paediatrician, Health Visitor, School Nurse, Adult Mental Health

**Education** – SENCO, Ed Psych, Behaviour Support Services

**Children and Families Service** – Social Worker, Family Support Worker

**Other agencies not covered above**

| Name of Agency | Contact Name | Tel No |
|----------------|--------------|--------|
|                |              |        |
|                |              |        |

**6. Agreement to/Awareness of Referral**

Who is aware of this referral and are they in agreement with it? Can we contact them?

**Child**      Aware? Yes [ ] No [ ]    In agreement? Yes [ ] No [ ]

**Parent**      Aware? Yes [ ] No [ ]    In agreement? Yes [ ] No [ ]

**Carers**      Aware? Yes [ ] No [ ]    In agreement? Yes [ ] No [ ]

**GP**      Aware? Yes [ ] No [ ]    In agreement? Yes [ ] No [ ]

**School**      Aware? Yes [ ] No [ ]    In agreement? Yes [ ] No [ ]

**As a matter of course we can contact any of the above persons to discuss the referral. Is there anyone you would not like us to contact and what is the reason for this?**

**7. Referrer's details** (if GP is not referrer)

|                              |                       |
|------------------------------|-----------------------|
| <b>Name of referrer</b>      | <b>Job title/Role</b> |
| <b>Address</b>               |                       |
| <b>Post Code</b>             | <b>Tel No</b>         |
| <b>Signature of Referrer</b> | <b>Date</b>           |

**Data Protection / Confidentiality**

**The information on this form will be used to assess the need for a service. It may be shared with other agencies when this is necessary in order to assess the need or to provide an appropriate service.**

**I \* CONSENT / REFUSE to allow the sharing of information**

(\* please delete as appropriate)

**Signed**