



Staffordshire Section 6J Stoke-on-Trent F01

Joint Staffordshire and Stoke-on-Trent Safeguarding Children Board

Guidance on recording incidents for organisations working with children in the private and voluntary sector

1. Introduction

1.1 This guidance covers the general principles of keeping accurate and up to date records in relation to injuries¹ to children and young people sustained **outside** of the organisation in order to promote their safety and welfare. It has also been devised to raise awareness of the learning from both national and local serious case reviews. These reviews have frequently identified that record keeping systems have been fragmented, poorly coordinated and inadequately organised which has contributed to a lack of scrutiny when children present with such injuries.

Please note: this guidance is not suitable for schools or those settings that operate on school sites. Separate guidance for schools is available here: [Staffordshire Education Safeguarding Advice](#)

Stoke on Trent:

<http://www.safeguardingchildren.stoke.gov.uk/ccm/portal/>

This guidance aims to assist practitioners in providing clarity over the following:

- what to record and why;
- how to record incidents and maintain records;
- who these can be shared with and why and;
- how to effectively transfer records in relation to safeguarding.

¹ For injuries that happen on/in the premises, please refer to Section 2.1

This guidance is not a stand-alone document and should be read in conjunction with the following documents:

[Working Together 2015](#) – this document covers the legislative requirements and expectations on individual services to safeguard and promote the welfare of children². It also underpins legislation that is pertinent to a particular sector for example, early years.

The Joint Staffordshire and Stoke-on-Trent Safeguarding Children Board guidance on record keeping in *schools and colleges*: Child Protection and Welfare Concerns. [Staffordshire Learning Net/ Education Safeguarding Support](#).

Stoke on Trent: <http://www.safeguardingchildren.stoke.gov.uk/ccm/portal/>

This guidance is for schools and colleges (including independent schools) and should be used alongside this guidance to maintain consistency in safeguarding practice and to facilitate the smooth transition for children from voluntary or private organisations into mainstream education.

1.2 Why do we need to keep records?

Safeguarding children – the action we take to promote the welfare of children and protect them from harm – is everyone’s responsibility. **Everyone** who comes into contact with children and families has a role to play.
(Working Together 2015)

No single professional can have a full picture of a child’s needs and circumstances and, if children and families are to receive the *right help at the right time*, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

In the case of [Daniel Pelka](#), it was recognised that as a result of poor record keeping within his school, especially in respect of recurrent injuries, staff had a limited understanding of the true extent of what was happening to him and the action taken to address his needs and the abuse he was suffering. It was clear that Daniel presented with a number of different injuries and at different times but these were not coherently or sequentially recorded to show the pattern which was emerging over time. In such cases where neglect³ is present, practitioners must have a sound understanding of how neglect differs from other forms of abuse in that there is rarely a single incident or crisis which draws attention to the family. It is repeated, persistent neglectful behaviour which causes a gradual deterioration over a period of time. This therefore requires a robust and timely

² Throughout this document the term child is defined as anyone who has not yet reached their 18th birthday.

³ Neglect is the highest category of abuse for children subject to a child protection plan (particularly the under 5’s) and the highest category of abuse within serious case reviews (60%)

approach to keeping records and sharing these with managers and designated child protection personnel within their organisation.

A study carried out by members of the research team at the University of East Anglia in 2011⁴ emphasised a weakness in the ability of professionals to ascertain the link between child development and likely development capacity to the injuries they were faced with. This meant that more often than not, professionals accepted without sufficient scrutiny explanations for the injuries, these included:

- Children having complex health needs or disabilities and the injury was somehow connected to this;
- The child's development was otherwise good;
- The person who posed a perceived risk of harm to the child (e.g. a dangerous male figure) was believed to be out of the picture;
- The parents were hostile or difficult and somehow stopped the practitioner from seeing clearly.

There is clear evidence that babies 'who do not cruise do not bruise' therefore it is very rare to see injuries on a baby who is non-mobile. Concerns about the safety and welfare of very young children should be heightened, even when faced with the smallest of bruises. Children who are older naturally will be more inquisitive and therefore eager to explore their world. This may result in injuries to particular parts of the body, such as bony surfaces of the legs, arms and face. However, when faced with a child who is arriving with frequent, repeated bruising, practitioners must be curious as to how and why this is happening.

2. What to record and why

2.1 What is an incident?

For the purpose of this guidance the term 'incident' is used to describe an occasion whereby a child arrives with an injury which has not happened on the premises where the activity takes place. This is known as an existing injury and should be recorded on an incident record form (**See Appendix 1**).

Instances such as these require practitioners to be vigilant; to be aware of the importance of capturing accurate information in a timely manner that is **proportionate** to the incident, **balanced** with the explanation offered by parents/carers.

Please Note:

⁴ Child and Family practitioners' understanding of child development: Lessons learnt from a small sample of serious case reviews DFE May 2011

If as a result of an accident a child in your care receives a serious injury on your premises then the relevant internal processes should be followed.

If you are an **early year's provider**, this will be in line with statutory guidance, The Early Years Foundation Stage April 2017 – page 28, 3.51. The guidance states that 'Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies. Therefore a call to Staffordshire's First Response (FR) service or Stoke-on-Trent's Safeguarding Referral Team (SRT) is required and advice will be given as to next steps.

For the purpose of this policy and procedure, a serious injury is defined as any injury that results in emergency care being sought.

If the child's injuries happen as a result of poor supervision whilst in the care of the registered provider/ organisation then contact must be made with the LADO.

The LADO can be contacted via First Response/ Stoke-on-Trent Safeguarding Referral Team. (See page 9 for contact details)

Additional guidance can be found here:

<https://www.staffsscb.org.uk/Professionals/Procedures/Section-Four/Section-Four-Docs/Section-4-A-Managing-Allegations-of-Abuse-against-a-Person-who-Works-with-Children.pdf>

Stoke-on-Trent LADO Procedure D01

2.2 What to record

When faced with a child who has arrived with a noticeable injury, the practitioner should first of all have a discussion with the parent/ carer to understand how this has happened. It is important to bear in mind at this point that any conversation must be balanced with any potential safeguarding concerns and therefore **must not place the child** at further harm.

Once this has been done, a written record of that conversation must be recorded on Form A the Incident Record Form (**see Appendix 1**). There is no requirement to record word for word what was said as this is something a police officer or social worker would do (if and when required) but what is essential is to ensure that what is recorded demonstrates an **accurate, factual, relevant, up to date and legible summary** of that conversation which will identify when, how and where the incident happened, who was with the child at the time (if applicable), and what the outcome was i.e. was the child taken to their GP/ local A&E etc. If for example, this was the outcome, it would be advisable to record the name of the GP and/ or the hospital the child was taken to (particularly if the family reside in another local authority or are known for being transient). Concerns which initially seem trivial may turn out to be vital pieces of information later, so it is important to give as much detail as possible.

2.3 The Do's and Don'ts of record keeping

Do

- ✓ **Make a record of the child's details:** e.g. full name (inc. any other names they are known by), date of birth, full address and family details such as mother, father, siblings – this can then be cross referenced with the child's file and may identify a change in address/ who has/ does not have parental responsibility and any other 'hidden' children either living with the family or connected to the family such as step children. It is information like this that can be transferred onto a Multi-Agency Referral Form ([MARE](#)) if the designated safeguarding lead decides that a referral is the most appropriate response in order to protect the child
- ✓ **Record the exact date and time of the incident** – this helps to build a picture and identify any patterns (particularly in relation to the location of injuries). If this is not known, then record 'not known' but state who says this i.e. mother/ father/ mother's partner/ child.
- ✓ **When recording the injury itself, you must record what type of injury it is** i.e. bruise, scratch, cut etc. There is no requirement for you to record the colour, size or age of the injury but as a qualified first aider it is your responsibility to be sufficiently knowledgeable so as to identify the type of injury you are presented with. You may wish to describe the injury i.e. size, colour and age (if known). If you are concerned about the safety and welfare of a child then a call to Staffordshire's First Response (FR) service or Stoke-on-Trent's Safeguarding and Referral Team (SRT) should be made, particularly if the explanation given is insufficient or if the baby is non-mobile or disabled - Please refer to page 5 and 6 of **this** guidance for contact details. Further guidance on bruising in non-mobile babies can be found in the following Joint SCB policy and procedure: [Section 3D Bruising in non- mobile babies'](#). [Stoke-on-Trent C10](#) You can also seek further clarification by downloading the NSPCC leaflet: [CORE-INFO: Bruises on children](#).
- ✓ It is highly recommended that organisations **DO NOT use body maps** in order to identify where the injury is located. Best practice advocated by both the Staffordshire and Stoke-on-Trent Safeguarding Children Boards is to state the following 'a bruise on the top of the inside of (insert child's name) right arm'.
- ✓ Do make sure that all records differentiate between **fact, allegation, observation and opinion**. Records of this kind may be shared with

Don't

- X Do not carry out a full examination of the child. Only record what you can see.
- X Do not make judgements about the injury i.e. its age/ size/ colour
- X Do not take photographs under any circumstances.
- X Do not interview the child/ parent/ carer – an informal discussion is the most helpful way of understanding how the injury occurred.
- X Do not ask the child to sign the form.
- X Do not make promises to the child or parent/ carer – good organisations strive to work openly and in partnership with parents and carers. Setting professional boundaries with parents and carers is important and should be reflected within the organisations safeguarding policies and procedures which should be shared with parents/carers. If

2.4 What happens next?

Upon completion of an incident record form, the practitioner should then have a discussion with their designated safeguarding lead/ line manager. This discussion should look to review the information gathered in relation to the incident alongside any historical information i.e. previous concerns/ incidents (recorded on Appendix 2) whilst being proportionate and balanced. Careful consideration should also be given with regards to the context of the child's own development and capabilities alongside a good understanding of the care they are receiving at the hands of their parents/ carers⁵. Good relationships with health visitors and paediatricians will enable practitioners to check out concerns, or to have a sounding board for discussing babies' and young children's development. As children grow older the range of possible development experts with whom to consult expands.

When assessing the injury it would be useful to ask yourself the following questions:

1. Does the explanation for the injury match the child's developmental capability and likely behaviour? Was the child developmentally capable of causing these injuries to him or herself?
2. Does this pattern of bruising match the particular developmental capabilities of a child of this age with these particular developmental needs?
3. For a child who is otherwise meeting developmental milestones, might a parental explanation for injuries be too readily accepted?
4. Is there a full understanding of the caregiving the child receives at home?

It would be useful at this stage to use the following documents in order to support your assessment:

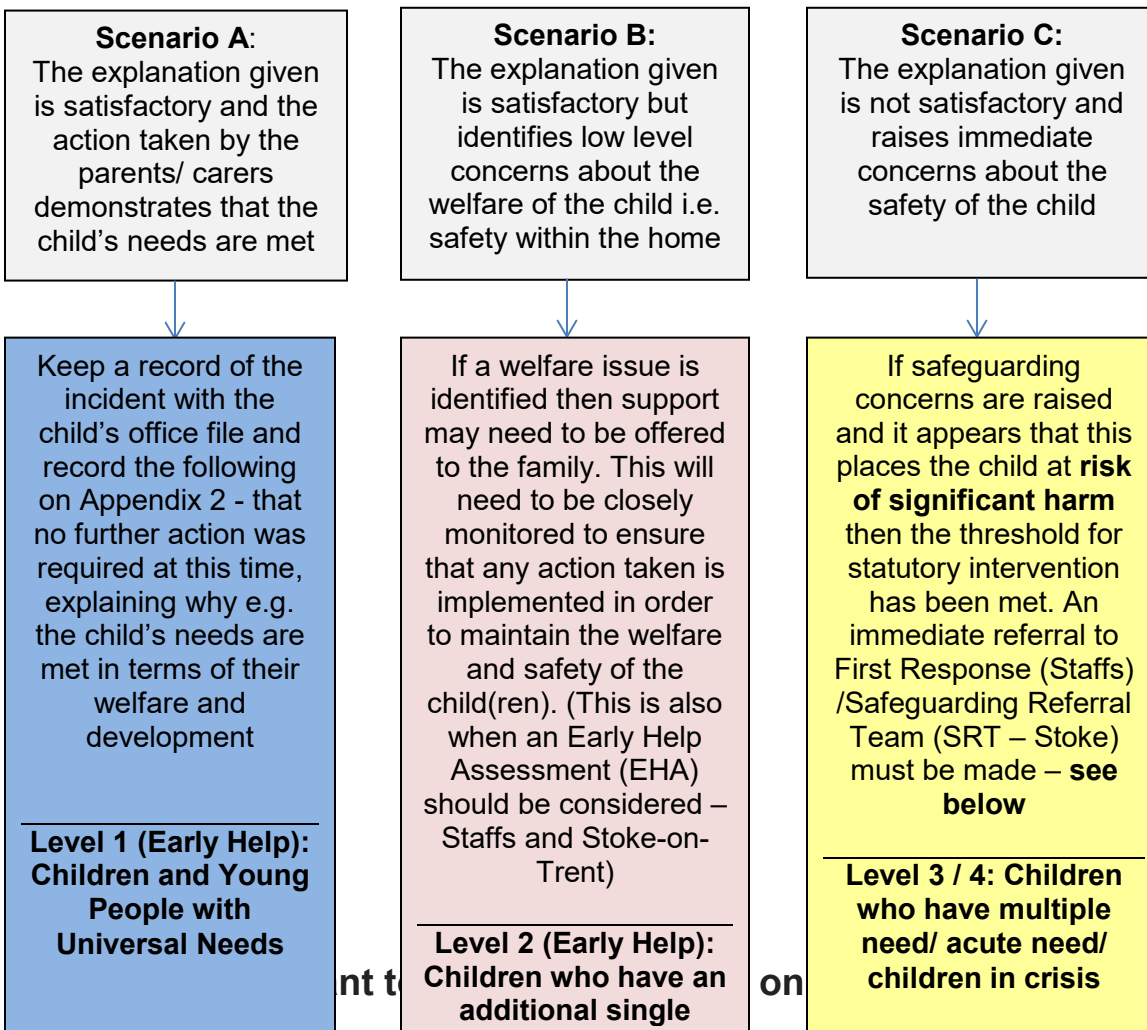
[Staffordshire's Threshold Framework 'Accessing the right help at the right time'](#)

⁵ [Child and family practitioners' understanding of child development: Lessons learnt from a small sample of serious case reviews DFE 2011.](#)

[Stoke-on-Trent A05 Joint Framework for the assessment of children in need and their families - a summary](#)

These documents along with your professional judgement will guide you when making a decision as to what happens next.

Next Steps following discussion with designated safeguarding lead/ line manager



Providing early help is far more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help

- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes of the child

Children and families may need support from a wide range of local agencies and where this is required, the child and family would benefit from support coordinated by more than one agency (e.g. education, health, housing, childminder). This can be done through an inter-agency assessment called the Early Help Assessment (EHA) Staffordshire and Stoke-on-Trent (this has replaced the Common Assessment Framework – CAF). This assessment should identify what help the child and family requires therefore preventing things from escalating. For further information on early help then please refer to Chapter 1: Assessing need and providing help in [Working Together 2015](#) and both threshold documents listed on page 4 of this guidance.

Access to the forms and corresponding guidance can be found using these links:

[Staffordshire's Early Help Assessment](#)

[Stoke-on-Trent's Early Help Assessment](#)

3.1 Information Sharing

Information sharing is vital to safeguarding and promoting the welfare of children effectively. Every practitioner working with children should be able to share information about vulnerable children consistently and with confidence. Both the Staffordshire and Stoke-on-Trent Safeguarding Children Boards have revised the guidance for practitioners on information sharing ([Section 1J: Information Sharing Guidance for Practitioners](#)) [Section A07](#) they understand that it is important that people remain confident that their personal information is kept safe and secure and that practitioners maintain the privacy rights of the individual, whilst sharing information to deliver better services.

Although information sharing can appear complex and rule bound, the principles are clear and encompassed in the [Seven Golden Rules for Information Sharing as defined in Information Sharing: Guidance for practitioners and managers \(HMG2008\)](#).

4 What do I do if I have a child protection concern?

4.1 If the child lives in Staffordshire

For all child protection concerns please ring: First Response on 0800 1313 126

(Opening hours: 08.30 – 17.00 Monday to Thursday, 08.30 – 16.30 Friday)

Outside of those hours please contact the Emergency Duty Service (EDS) on **0845 6042889**

Alternatively you can ring the Police on **101**

4.2 If the child lives in Stoke on Trent

For all child protection concerns please ring: Stoke on Trent Safeguarding Referral Team on 01782 235100

(Opening times: 08.30 – 17.00 Monday to Thursday, 08.30 – 16.30 Friday)

Outside of these hours please contact: Emergency Duty Team **01782 234234**

Alternatively you can ring the Police on **101**

4.3 Who do I contact if I require additional support

Further support in relation to child welfare issues that **do not** meet the threshold of child protection (S47) can be obtained via the Local Support Teams (Staffordshire), Locality Teams (Stoke-on-Trent)

Local Support Teams – Staffordshire:

<http://www.staffordshire.gov.uk/health/childrenandfamilycare/localsupportteams.aspx>

Locality Social Workers Stoke on Trent (for advice and support about child welfare concerns in that area)

North – Mobile 07827 281639

Mobile 07826 891800

South – Mobile 07771 508475

Mobile 07775 411077

In Staffordshire, there is an Education Safeguarding Advice Service (not for child protection or child welfare referrals). You can contact them on 01785 895836 or email esas@staffordshire.gov.uk

In Stoke-on-Trent, similar advice may be sought from the Safeguarding Education Development Officer, who can be contacted on 01782 235897 or e mail dawn.casewell@stoke.gov.uk



Appendix 1
Incident Record Form
(Insert name of organisation)

As the **designated lead for safeguarding (DSL)** it is important to check the Incident Record Form so that it contains sufficient detail and to ensure that it has been signed and dated by the person who has reported the concern.

Family name of child/young person		First name(s)		Alias / also known as	
Address inc postcode (please state name of local authority in which the child resides)		Room/ group (if applicable)		D.O.B	
				Age	
Date of incident			Time that incident was raised		
<p>Detail of incident (Please include as much detailed information in this section as possible. Remember - the quality of your information will inform the level of intervention initiated. If necessary, attach additional sheet)</p>					
Name of person completing the form			Relationship to child/ young person		
Who have you shared this information with?			When was this information shared?		
Signature of person completing the form			Date		Time
			Date		Time

Signature of parent/ carer					
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Appendix 2 Record of historical concerns and action/ outcome

Recording historical concerns in relation to the welfare and safety of a child is critical as it allows you to analyse the needs of the child whilst assessing the risk, both historically and currently. It will also enable you to determine whether the risk has increased/ decreased/ stayed constant which when compared to the child's development and development capacity will inform your response.

Appendix 2 **is to be completed by the DSL** and is a written record of your response or action(s) to every incident record form passed to you. The level of detail of this record will clearly depend on the nature and seriousness of the concern but may include:

- Requests to practitioners for monitoring specific aspects of the child's presentation, behaviour, attendance etc.
- Discussions and telephone calls (with colleagues, parents and children / young people and other agencies or services)
- Professional consultations.
- Letters sent and received.

The outcome section is for you (**the DSL**) to record the outcomes of any responses or action taken e.g.

- Early Help Assessment / other early intervention
- Referral forms e.g. MARF (multi-agency referral form)
- Contact from Stoke-on-Trent's Safeguarding Referral Team or Staffordshire's First Response Team or a safeguarding team social worker in response to referral.
- Strategy meeting under child protection procedures.
- Appointments e.g. For Child with Educational Psychologist.

Office use only
To be completed by the Designated Safeguarding Lead (DSL)

Details of any previous actions/ decisions taken							
Number of previous records of incidents		Has child been the subject of an Early Help Assessment		Is child known to other agencies (If so please list)		Previously on Child Protection Register (Y/N)	
						*Child protection Plan (Y/N)	
						*Child in Need Plan (Y/N)	
Date of most recent incident and any action taken				By whom		Date & time Completed	
Outcome							
Date of incident and any action taken				By whom		Date & time Completed	

Outcome			
Date of incident and any action taken		By whom	Date & time Completed
Outcome			
Name of Designated Safeguarding Lead		Signature	
Date			



Appendix 3

Transferring of records

When children transfer from your organisation/ setting i.e. from an early years setting to a school/ school to College of FE and records of child protection/welfare concerns exist these should be sent to the receiving setting/ school without delay. This transfer should be arranged separately from the child's main file.

A telephone discussion with the Designated Safeguarding Lead in the receiving setting/ school should take place to verbally advise of the concerns and make arrangements to securely and confidentially transfer these records. Wherever possible, these must be passed directly to the DSL or another authorised person in the receiving setting/ school.

If the original files are physically handed to the receiving setting/ school by the sending organisation and a record of all files transferred is fully documented and

signed off by both parties, as having been sent and received, then copying the documents would not be necessary.

If this is not possible, e.g. due to the new setting/ school being at a considerable distance from your own, the security of the file must be considered e.g. secure courier. The organisation should copy the file and the original documents should be sent under separate cover to new setting/ school whilst the child is still under 18. The copies should be shredded once confirmation is received from the receiving setting/ school that all relevant documents have arrived. The sending organisation should retain a record of the confirmation and a record of when the files were shredded.

Transfer of child protection or welfare files

FILE FRONT SHEET

Child's name:		Date of birth:	
Any other name by which the child is known:			
Home address:			
Current address (if different)			
Telephone no:			
Family members i.e. parents / carers / siblings:			
Name	Relationship	Address	Setting/school/college details
Date file started:			

Are records held on file relating to other children connected to the family? This includes any children who visit i.e. step children		
Contact details of other professionals		
Name	Agency	Address

Confirmation of transfer of Child Protection or Welfare Files

Child's Name:		
DOB:		
Name and address of organisation receiving the information		
Date child is registered with the new organisation:		
Name of Designated Safeguarding Lead in receiving organisation		
Date(s) of telephone discussion or meeting between designated safeguarding leads		
Date file confidentially passed (or sent by secure mail) to Designated Safeguarding Lead in Receiving organisation		
Name, Designation, Signature & date file Received at new organisation	Name:	Signature:

	Designation:		
	Date received:		
Signature of (current) organisation, Designated Safeguarding Lead and date form completed:	Name:		
	Date form returned complete:		