

Safeguarding Children

**A manual for early years practitioners
working with children aged 0 to 5 years**

2014



This manual is intended as a support to the online Pan-Sussex Child Protection and Safeguarding Procedures and is a straightforward guide to helping you through the process of safeguarding children.

Version control

Document name	Safeguarding children: a manual for those who care for and with children and young people
Document owner	East Sussex Local Safeguarding Children Board (LSCB)
Authors	East Sussex LSCB Quality Assurance Sub-Group
Date approved	13 May 2014
Version	Version 2
Current document	Version 2 updated from version 1
Previous document	Version 1
Review plan	The authors will review this guidance one year from the date of approval of the current version.

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1. Safeguarding children is everybody's business

Everyone who comes into contact with children and families in their everyday work, including people who do not have a specific role in relation to children, has a duty to safeguard and promote the welfare of children. Organisations have a responsibility to have procedures in place to support their staff in this duty.

You are likely to be involved in three main ways:

- You may have concerns about a child, and refer those concerns to children's social care or the police. Your organisation must have a clear process for monitoring, recording and sharing of such concerns.
- You may be approached by Children's Social Care and asked to provide information about a child or family or to be involved in assessing what support is required. This may happen regardless of who made the referral to children's social care.
- You may be asked to provide help or a specific service to the child or a member of their family as part of an agreed plan and contribute to the reviewing of the child's progress.

This manual is intended as a straightforward guide to helping you through the process of safeguarding children and is a support to the online *Pan-Sussex Child Protection and Safeguarding Procedures* (<http://pansussexscb.proceduresonline.com>).

All **early years providers, including childminders**, can contact their Children's Centre's Keywork Team in their area to discuss children and families who might be in need of support. This should be done usually with the consent of the families; however, consent should not be asked for if you think it could put the child or someone else at risk. The Keywork Team will then check the Children Index and discuss whether an Early Help Plan should be agreed.

Early years providers need to make requests for support through their child protection lead to ensure confidentiality and consistency.

2. What does safeguarding and promoting the welfare of children mean?

Safeguarding and promoting the welfare of children is defined for the purpose of statutory guidance under the Children Acts 1989 and 2004 as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

3. What is significant harm?

Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies intervention in family life in the best interests of children, even if their parents or carers do not wish it.

The local authority is under a duty to make enquiries about a child's situation, where it has reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm. This duty is identified in section 47 of the Children Act 1989.

To make enquiries involves assessing what is happening in a child's life. The assessment should concentrate on the harm that has occurred or is likely to occur to the child. It will help professionals decide what support and services are needed to reduce the risk and improve the child's situation.

It is not your role to decide whether such an assessment should be carried out. Your responsibility is to identify concerns about a child and refer them to children's social care. Decisions about significant harm are complex and should be informed by a careful assessment of the child's circumstances and discussion between statutory agencies and with the child and family.

4. What is child abuse?

Abuse, including neglect, is a form of maltreatment. A person may abuse a child by inflicting harm, or by failing to prevent harm. Children and young people may be abused within their family, in an institutional or community setting, by those known to them, or, more rarely, by a stranger.

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.

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:

- making a child feel worthless, unloved or inadequate
- only there to meet another's needs
- inappropriate age or developmental expectations
- overprotection and limitation of exploration, learning and social interaction
- seeing or hearing the ill-treatment of another, e.g. domestic violence
- making the child feel worthless and unloved - high criticism and low warmth
- serious bullying
- exploitation or corruption

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, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration of any part of the body, or non-penetrative acts. They may include non-contact activities, such as involving children looking at, or in the production of, sexual images, including on the internet, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation (CSE) is also sexual abuse; it involves children and young people receiving something, for example accommodation, drugs, gifts, or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. CSE could take the form of grooming of children, e.g. to take part in sexual activities or to post sexual images of themselves on the internet.

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, it may involve a parent 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
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

5. Recognition - what to look for

PHYSICAL ABUSE

VISIBLE SIGNS:

- Injuries to any part of the body
- The child who finds it painful to walk, sit down, to move its jaws or is in some other kind of pain
- Injuries that are not typical of the bumps and scrapes associated with children's activities
- The regular occurrence of unexplained injuries
- A child who is often injured, even when apparently reasonable explanations are given

WHAT TO LISTEN FOR:

- Listen for confused or conflicting explanations of how the injuries happened
- Listen carefully to what is said and ideally record it word for word as much as possible
- Consider if the explanation is in keeping with the nature, age and site of the injury

BEHAVIOURAL SIGNS:

- Guarded, secretive behaviour
- Uncharacteristic aggression or withdrawn behaviour
- Compulsive eating or sudden loss of appetite
- The child who suddenly becomes ill co-ordinated
- The child who finds it difficult to stay awake
- The child who is often absent

CONSIDER:

- Do you have other, more general concerns about the family?
- Is there a history of known or suspected abuse?
- Has the family been under stress recently?

EMOTIONAL ABUSE

The recognition of emotional abuse is based on observations over time of the quality of relationships between parent or carer and the child.

WATCH FOR PARENT OR CARER BEHAVIOURS:

- A poor attachment relationship with the child
- Unresponsive or neglectful behaviour towards the child's emotional or psychological needs
- Persistent negative comments about the child
- Inappropriate or inconsistent developmental expectations of the child
- Parental problems that supersede the needs of the child
- Dysfunctional family relationships including domestic violence

WATCH FOR CHILD BEHAVIOURS:

- Emotional indicators such as low self esteem, unhappiness, fear, distress, anxiety
- Behavioural indicators such as attention seeking, opposition, withdrawn, insecurity
- Physical indicators such as failure to grow at a normal rate or significant delay in achieving developmental, cognitive or educational milestones

SEXUAL ABUSE

There may be no recognisable signs of sexual abuse but the following indicators may be signs that a child is or has been sexually abused.

PHYSICAL SIGNS:

- Signs of blood or other discharge on the child's under clothes
- Awkwardness or discomfort in walking or sitting down
- Tummy pains
- Return to wetting when child has been dry
- Tiredness

BEHAVIOURAL SIGNS:

- Extreme variations in behaviour e.g. anxiety, aggression or withdrawal
- Sexually provocative behaviour or knowledge that is incompatible with the child's age and understanding
- Drawings and/or written work which are sexually explicit (indirect disclosure)
- A direct disclosure. It is important to recognise that younger children have neither the experience nor the understanding to be able to make up stories about sexual activities

NEGLECT

Indicators of neglect are recognisable in the child, in the parent's or carer's behaviours and within the home environment.

PHYSICAL SIGNS:

- Failure to grow at a normal rate and level
- Underweight or obesity
- Recurrent infections
- Unkempt, dirty appearance
- Smelly
- Inadequate, inappropriate or unwashed clothes
- Hunger
- Listlessness

BEHAVIOURAL SIGNS:

- Attachment disorders
- Indiscriminate friendliness
- Poor social relationships
- Poor concentration
- Developmental delays
- Low self esteem

ENVIRONMENTAL SIGNS:

- Insufficient food, heating and ventilation in the home
- Risk from animals in the household
- Inappropriate sleeping arrangements and inadequate bedding
- Dangerous or hazardous environment

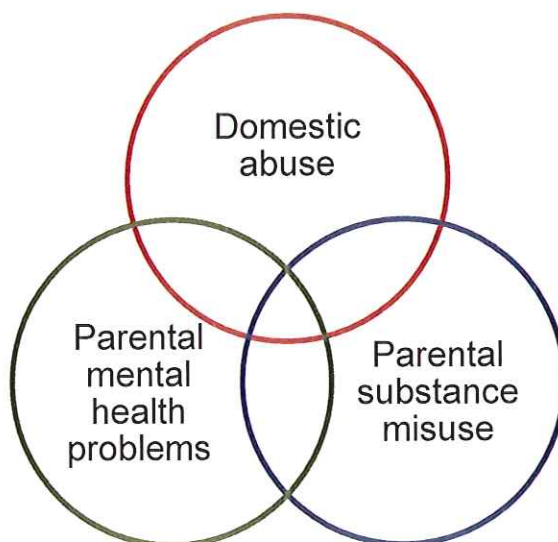
More detailed guidance about categories of abuse and how to recognise and respond to it is available in the *Pan-Sussex Child Protection and Safeguarding Procedures* at <http://pansussexscb.proceduresonline.com>

6. Risk factors

Parental substance misuse, domestic abuse and mental health problems in combination can pose high risks to children.

Any of these factors on their own may not be a risk for children – parents may be capable of providing good enough care for their children even if they misuse substances, or have mental health problems, or are in abusive relationships.

However, serious case reviews have found that the three factors, sometimes described as the ‘toxic trio’, if they coexist in a family could mean significant risks to children. Problems can be compounded by poverty, frequent house moves or eviction.



You should be familiar with what services are available for supporting families with these issues and act immediately on disclosure and respond to risks.

You should always consider the best interests of the child or young person and make sure that every intervention is child-focused while providing support to the whole family.

You should also be aware of when to share information with other agencies to ensure a coordinated response. Be proactive and seek information to be as well informed as possible (see the section on Information Sharing).

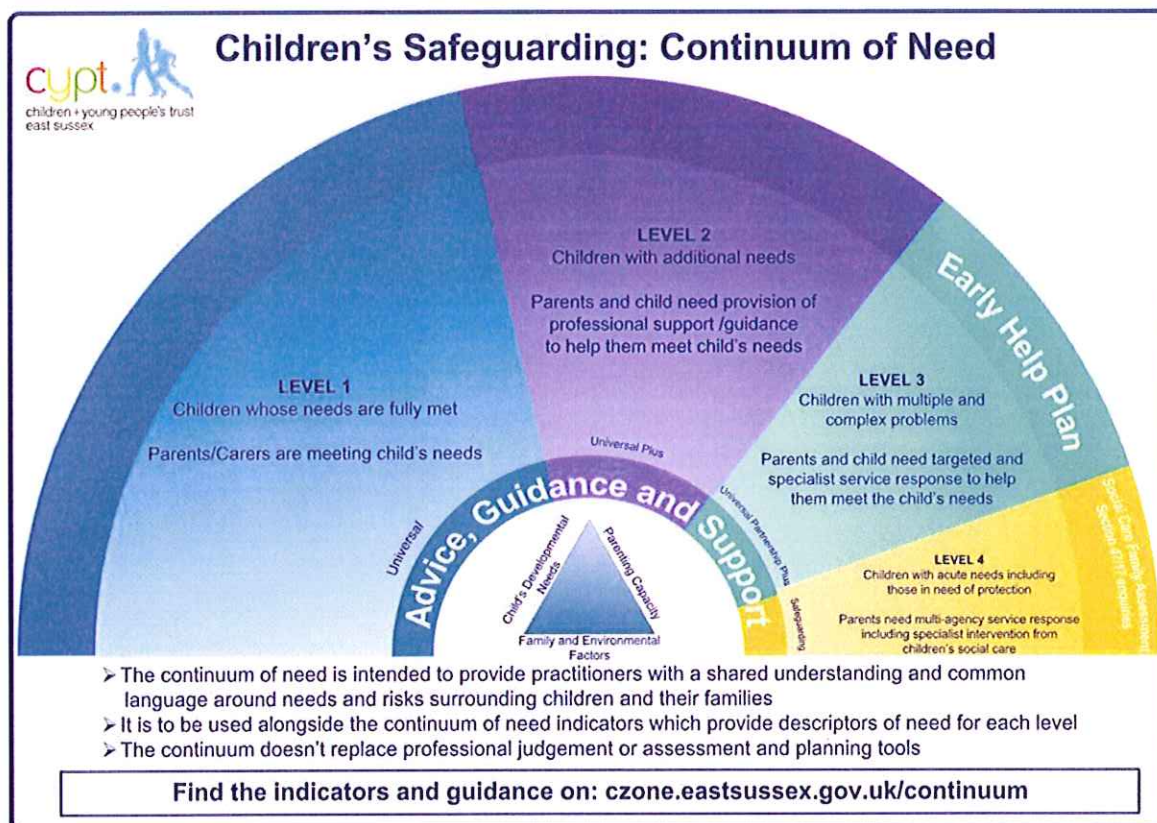
The East Sussex Safeguarding Children Continuum of Need (see section 7) will help you in assessing needs and making decisions about how to support families with complex needs.

7. Safeguarding Children Continuum of Need

The Safeguarding Children Continuum of Need has been developed so that everyone working with children in East Sussex has a common language for understanding the needs and risks surrounding children and their families.

For example, if you have concerns about a child and need advice or support from a Family Keyworker or a Duty and Assessment social worker, they will use the Continuum of Need as a guide to understand your concerns and advise you about what to do or to decide whether the child and family need social care involvement. The Continuum of Need does not replace professional judgement, but it is intended to support decision-making and discussions between services and practitioners.

It is important that you become familiar with the Continuum of Need tool. It comes in two parts – a windscreen tool showing levels of need (see below) and an indicator tool describing a range of conditions about the child or family that you (and other practitioners you have discussions with) can use to identify their level of need.



The Continuum of Need tool, including the windscreen and indicators, and detailed guidance are available on Czone at <https://czone.eastsussex.gov.uk/continuum>

The Continuum of Need shows that a child's or family's additional needs can be on a range from none to very high, and that needs can shift from early help to child protection and back to preventative early help. It covers children whose needs are increasing as well as children whose needs are decreasing after Children's Social Care involvement. The Continuum of Need will help practitioners to identify the right level of support for the child in the least intrusive way while keeping the child safe.

Level 1	<ul style="list-style-type: none"> • Children who are achieving expected outcomes • Their needs are met by their parents and by accessing universal services, such as health and education • They don't have additional needs
Level 2	<ul style="list-style-type: none"> • Children with additional needs • Parents need professional support or guidance to help them meet children's needs • Extra support can usually be provided by agencies that already know the family, e.g. their pre-school, school or college, NHS community services such as Health Visiting
Level 3	<ul style="list-style-type: none"> • Children with multiple and complex needs • Children and parents need targeted early help or specialist services to meet the children's needs • Needs are met through multi-agency support and the use of Early Help Plans
Level 4	<ul style="list-style-type: none"> • Children with acute needs, including those in need of protection • Children and parents need multi-agency responses which include specialist intervention from Children's Social Care through the Family Assessment process

By referring to the Continuum of Need and the indicators, practitioners and managers can identify when assessment and support for a child and family need 'stepping up' to a referral to Social Care and when the needs of a child and their family have been reduced enough for them to be 'stepped down' to Early Help services.

8. Your responsibilities

Everyone working with children and families should:



Be familiar with and follow your organisation's procedures and protocols for promoting and safeguarding the welfare of children, and know who to contact in your organisation to raise concerns about a child's welfare.



Remember that an allegation of child abuse or neglect may lead to a criminal investigation. Do not do anything that may jeopardise a police investigation.



Do not attempt to investigate any allegation of abuse. Your role is to recognise signs of possible maltreatment or simply to receive a child's story. Keep questions to a minimum. Only ask as much as you need to identify that you have a concern.



If you are responsible for making referrals, know who to contact in the police, children's social care, health, education and school to express concerns about a child's welfare.



Refer any concerns about child abuse or neglect to children's social care or the police.

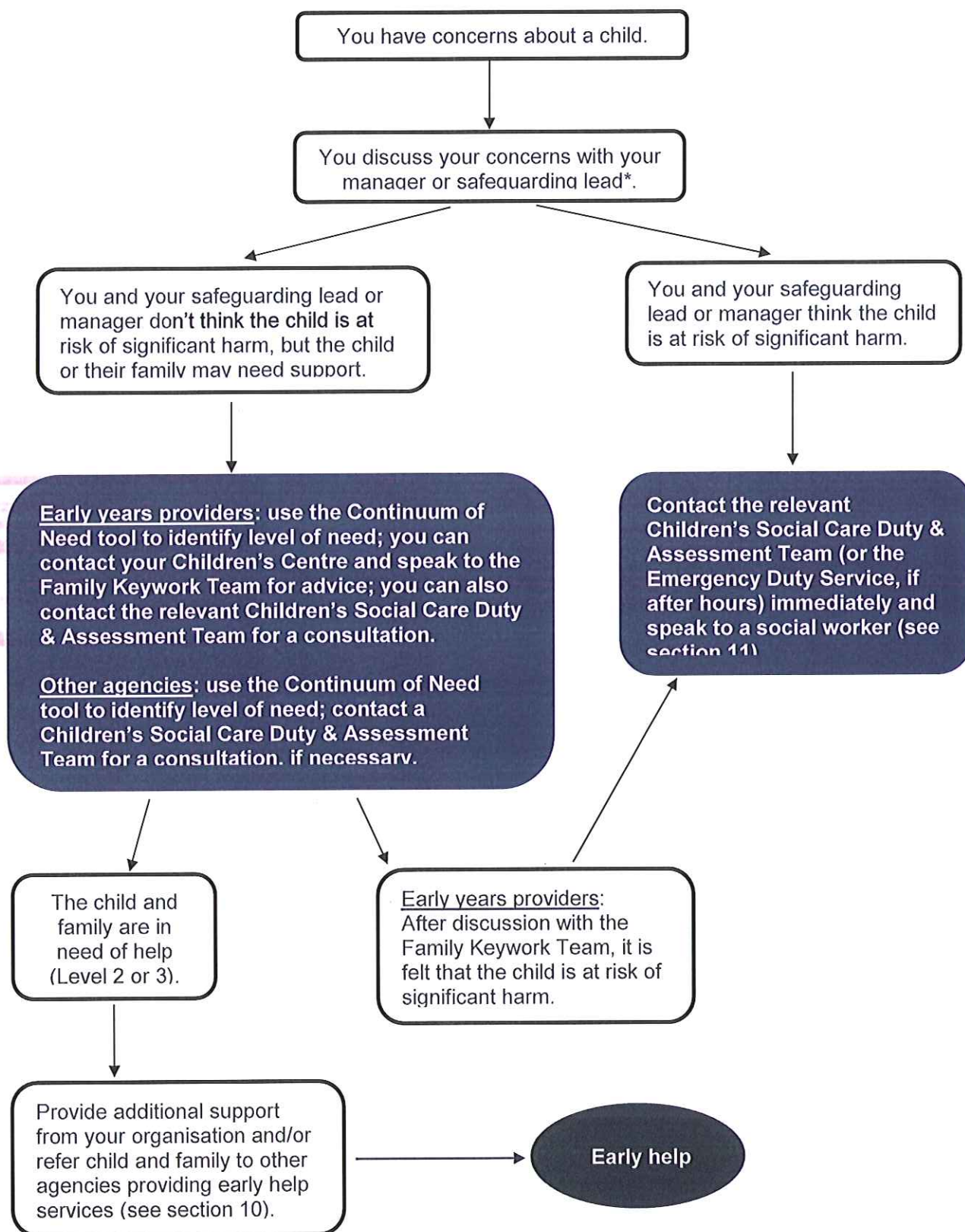
9. What action to take if you have concerns about a child's welfare

- Discuss your concerns with your manager, or the designated safeguarding lead. If you and your safeguarding lead are concerned that the child is at risk of significant harm, contact the relevant Children's Social Care Duty and Assessment Team immediately. **If you believe the child is in immediate danger, or you suspect a crime has been committed, you must also contact the police immediately.**
- If you believe the child is not at risk of significant harm, you or your manager could also discuss your concerns with senior colleagues in another agency or Children's Social Care, without necessarily identifying the child in question, in order to develop an understanding of the child's needs and circumstances.

If you are a lone worker, or there is no manager available, you can contact Children's Social Care for advice and guidance. Early years providers, including childminders, can also contact their Children's Centre Keywork Team.

- After this discussion, you may decide that the concerns warrant making a referral to Children's Social Care (Continuum of Need Level 4). Or, you may decide that the child, while not being at risk of significant harm, and their family would benefit from additional services (Level 2 or 3).
- In general, you should always discuss any concerns you may have with parents. They need to know that you are worried about their child. **However, you should not discuss your concerns if you believe this would place the child at greater risk or lead to loss of evidence for a police investigation. If you make a decision not to discuss your concerns with the parents this must be recorded with a full explanation of your decision.**
- It is important to consider the child's wishes and feelings, if age appropriate, as part of planning what action to take in relation to concerns about their welfare. When talking to children, you should take account of their age, understanding and preferred language, which may not be English. It is also important to consider how a disabled child might need support in communicating.
- How you talk to a child will also depend on the substance and seriousness of the concerns. You may need to seek advice from Children's Social Care or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised. Where concerns arise as a result of information given by a child, it is important to reassure the child **but not to promise confidentiality.**

What action to take if you have concerns about a child's welfare



* If you are a lone worker, or there is no manager available, you can approach Children's Social Care directly for consultation or advice. Childminders can also contact the Children's Centre Keywork Service for advice.

10. Early help for children and families

Most parents can look after their children without the need of help other than from their family or friends. However, some parents may need additional help from services, for example from a Children's Centre, school, or the NHS. Providing help early is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem is identified, at any point in a child's life.

Working out if extra help is needed begins with health professionals who are trained to identify additional needs of families – by midwives before a child is born and by health visitors after the birth. As children get older, universal services, for example Children's Centres, pre-schools, schools, GPs, health visitors, school nurses, primary health services and community groups have a crucial role in being alert and responding to parents, children and young people who may be struggling. Parents, and, as they get older, children and young people, should also be encouraged to find help themselves if they think they need it.

Practitioners should pool their knowledge about which families, children or young people need additional support in a range of ways so that they can work out how best to help them. These conversations should happen regularly between practitioners and they can use the Continuum of Need tool to identify what level of need the family has.

Some early help services are available to all children and young people. These include:

- Advice from health visitors
- Extra one-to-one support and information for parents, provided by early years providers and childcare settings
- Groups and activities provided by Children's Centres and community organisations
- Support provided in school and by schools, for example pastoral care, parent information and nurture groups
- School Nursing and school health services
- Primary healthcare, such as GPs, walk-in centres, dentists, opticians and pharmacists
- Parenting groups, for example Incredible Years and STOP parenting programmes
- Support from voluntary and community sector groups and services

Universal services should work closely with targeted early help services and Children's Social Care if they feel families need more support and input, or children are at risk of harm and should continue to provide support if other services are also needed.

NHS community services offer support across Levels 1 to 4 of the Continuum of Need, including through Health Visiting and School Nursing Services and Family Support Health Practitioners.

Targeted Early Help Services in East Sussex

Targeted Early Help Services are aimed specifically at helping families with children and young people whose needs are at Level 3 on the Continuum of Need.

There are three main services in East Sussex:

Children's Centre Keywork and Health Visiting	<ul style="list-style-type: none">• work closely through the Good Start programme to agree what support is needed for families with children aged 0 to 5. The Children's Centre Keywork service used to be called the Family Outreach Service.
Family Support Keywork Services	<ul style="list-style-type: none">• across the county to work with schools and academies to provide coordinated support for families with children aged 5 to 13. They are based on the previous Parent Support Advisor, COPES and Inclusive Learning Tutor services.
Targeted Youth Support service	<ul style="list-style-type: none">• provides help for children aged 11 to 19 and works closely with secondary schools, academies and colleges. This service was created in 2011 by bringing together a range of smaller teams.

Targeted support is also provided by family keyworkers in specialist services, for example Probation, Sussex Police, the Traveller Education Team and in some schools, and by School Nurses and Family Support Health Practitioners. These other services may lead a plan of support in a similar way to targeted early help services.

What should you do if you identify problems and potential unmet needs at Level 3 on the Continuum of Need?

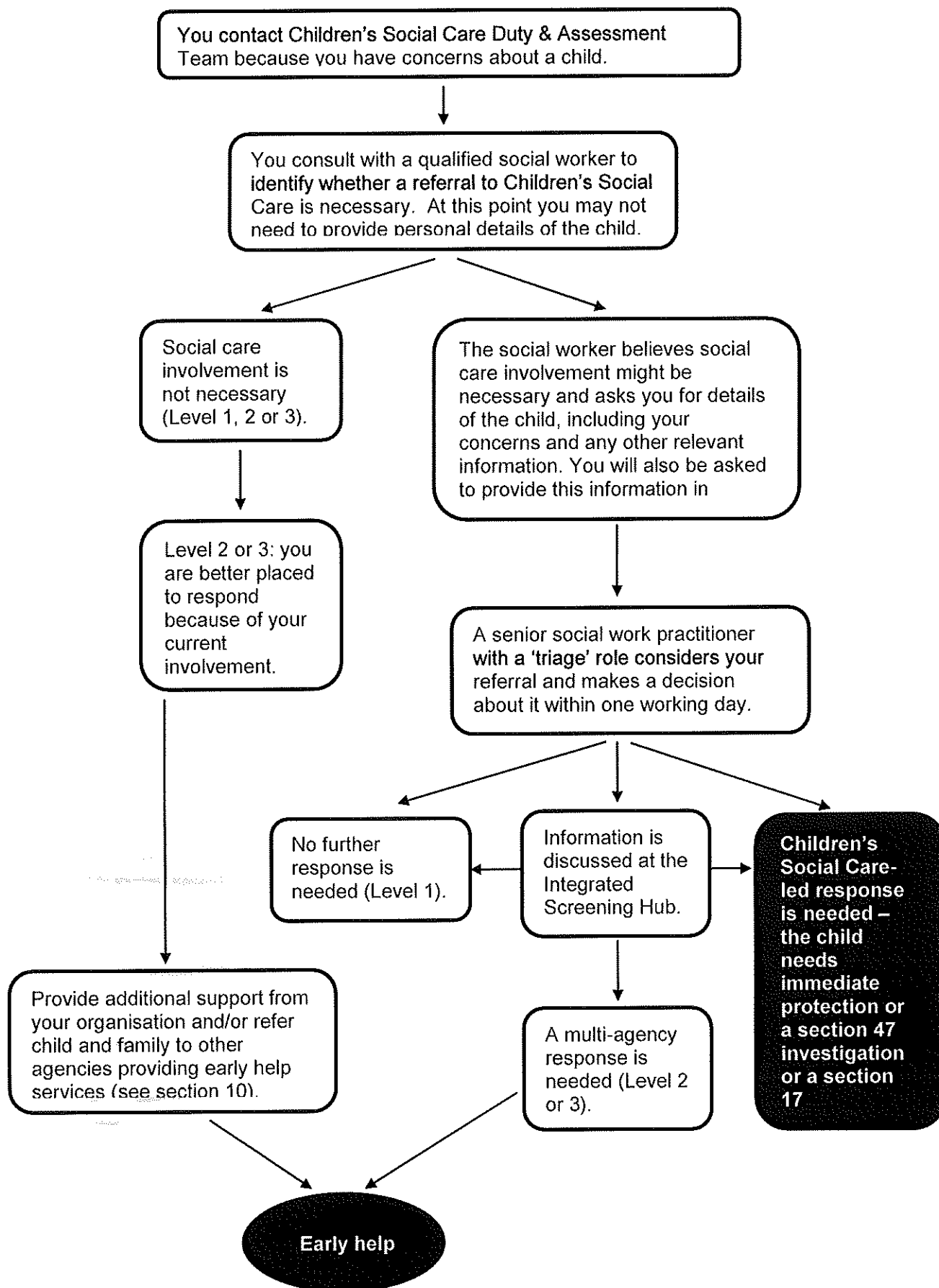
- Anyone can ask a targeted early help service to offer support to a family if they believe that the family has needs at Level 3 of the Continuum of Need. It is only necessary to contact one service, even if there are children of different ages in the family.
- You should talk to the family about referral to a targeted early help service. You should explain to the family that there may be a need to involve other professionals, including talking to a social worker about your concerns.
- It is important to let the family know that this is usual practice and is the expectation set out in government guidance. This is because no single professional can be expected to have a full picture of a child's needs and circumstances and, if children and families are to get the right help at the right time, it is important that professionals talk to each other.
- If you have access, check the Children Index to see if there is already a lead professional or keyworker working with any member of the family. If there is, speak to them first.
- Contact the targeted early help service that best matches the age of the child that you are concerned about or know best.
- The service will talk to you about what you think is needed and tell you what information they need. They will either provide support if it is needed, or suggest an alternative. If a different keywork service would be better, they will arrange this.
- The service that is leading the support plan will keep in touch with other professionals when appropriate. The Children Index will show who is working with the family and when.
- If the family does not consent to an early help service, then you need to make a judgement about whether, without help, the needs of the child will escalate or the child will become unsafe.
- If your judgement is that the needs or concerns will escalate, then you should contact the Children's Social Care Duty and Assessment Team in your area for a consultation with a qualified social worker in order to make a shared decision about whether the level of concerns calls for a referral to Children's Social Care.

11. Making a referral to Children's Social Care

- If you believe a child **is or may be at risk of suffering significant harm**, you must immediately contact the Children's Social Care Duty and Assessment Team in your area, or the Emergency Duty Service if after hours. If Children's Social Care is already involved with the child, you should also inform the child's social worker.
- When you contact the Duty and Assessment Team, you will speak to a qualified social worker. They will discuss with you your concerns and advise you whether a referral to Children's Social Care is appropriate, or whether there are further steps that you and your agency should take before needing to make a referral to Children's Social Care.
- When making a referral to Children's Social Care, please give as much information as you can. The information needed includes:
 - the nature of the concerns and how and why concerns have arisen
 - whether there are immediate risks (whether urgent action is needed)
 - **what the child's and their family's needs are**
 - what other agencies are involved with the family
 - whether there is domestic violence, mental illness, substance misuse or learning disabilities in the family
 - your views on how the parents respond to the child's needs
 - any existing Common Assessment Framework form (CAF) or an Early Help Plan to support your referral
 - any chronology of incidents and responses you have kept
- It is expected that you discuss your concerns with the parents and seek their agreement to making a referral to Children's Social Care, unless you consider this would place the child at increased risk of significant harm (see also section 17 on information sharing). You do not need their agreement if you consider the child is in need of protection, although parents will ultimately be made aware of which organisation made the referral. If parents refuse to give consent to a referral but you decide to continue, please make this clear to Children's Social Care.
- **If you decide to refer the child without their parents' consent, make sure to record this with a full explanation of your decision.**
- When you make your referral, you should agree with Children's Social Care what the child and parents will be told, by whom and when.

If you make your referral by telephone, confirm it in writing within 24 hours. Children's Social Care should acknowledge your written referral within one working day of receiving it. If you haven't heard back by the 3rd working day, you should contact Children's Social Care again.

What happens after you have contacted Children's Social Care?



- If you are forwarding on concerns received from a member of the public to Children's Social Care, this should be done in a way that is consistent with respecting the confidentiality of each party.
- All concerns received by Children's Social Care need to be evaluated by the triage social worker and a decision made within one working day. This will involve determining whether:
 - a social-care -led response is needed (Level 4 of the Continuum of Need; see section 11);
 - multi-agency discussion and response or multi-agency information sharing is needed through the Integrated Screening Hub (Level 2 or 3 of the Continuum of Need); or
 - no further response is needed beyond logging the information and checking within social care information systems such as the Children Index (Level 1 of the Continuum of Need).
- Following triage, your concerns could be considered by the Integrated Screening Hub. There are two Hubs in East Sussex and members of each Hub include representatives from Children's Social Care, health, adult treatment specialists and early help services. Hubs have access to the police, CAMHS and other expertise on a case-by-case basis. The Hubs meet every week day to consider initial contacts and agree:
 - the level of need the family is experiencing (in line with the Continuum of Need); and
 - the service best placed to lead on offering support or signposting the family to other services.
- The Hub is required to make their decision within 72 hours; usually, the majority of information is gathered sooner and reviewed the following day or within 48 hours where possible.
- If it is decided that your concerns do not meet the Continuum of Need thresholds for a response from Children's Social Care, you must be informed of this decision and the reasons for it.

12. Children's-Social-Care-led response to concerns about a child's welfare

Once Children's Social Care has accepted your referral as needing a social-care-led response (Level 4), a senior social work practitioner and their manager will evaluate the concerns to identify the sources and levels of risk and to agree what protective action may be necessary.

The evaluation of concerns and risks involve deciding whether:

- the child needs immediate protection and urgent action is necessary
- the child is or at risk of suffering significant harm and enquiries need to be made under section 47 of the Children Act 1989, or
- the child is in need and should be assessed under section 17 of the Children Act 1989

Immediate protection

If there are risks to the life of a child or the likelihood of serious and immediate harm, Children's Social Care and the police will use their legal powers to act immediately to safeguard the child. This may involve removing the child from their home.

Immediate action will normally follow a multi-agency discussion (a **strategy discussion**) to plan the emergency response. But if Children's Social Care or the police had to act on their own immediately, a strategy discussion will take place as soon as possible, followed by **section 47 enquiries** and a **family assessment**.

As a professional involved with the child or their family, you may be invited to strategy discussions and it is likely that you are asked to share information about the child or their family for section 47 enquiries.

Child protection investigation under section 47

If there is reasonable cause to believe that the child is or at risk of suffering significant harm a **strategy discussion** will take place to decide whether enquiries should be made under section 47 of the Children Act 1989. At the same time, a qualified social worker will start a **family assessment** (see below for details on family assessments).

Social workers will also consider with their manager whether a crime may have been committed. If they believe that this may be the case, they will discuss the child with the police at the earliest opportunity, as it is the



responsibility of the police to carry out any criminal investigation in accordance with the agreed plan for the child.

Participants at strategy discussions include the relevant social work practice manager, the police, health and other relevant professionals to make a judgement about the best way to proceed. Participation by the first three agencies is compulsory according to the statutory guidance, *Working Together to Safeguard Children 2013*. If you made the referral or are providing services to the family, you may be invited to participate.

The discussion will involve a multi-agency assessment of concerns and will work towards a shared understanding of risks. The discussion will be used to:

- share all available information
- agree whether a criminal investigation is necessary and its timing
- decide whether **section 47 enquiries** should be started and who will do what by when; this will include making a decision about whether the investigation needs to be carried out jointly by Children's Social Care and the police and whether the child needs a **medical examination**.

According to the *Pan-Sussex Child Protection and Safeguarding Procedures*, **a joint Children's Services and police investigation** should always take place unless there are clear reasons why a single-agency investigation is indicated. As part of the investigation, **a joint visit** should be paid to the child and family; a joint visit is always necessary in cases involving a possible injury, even if the police have already made a welfare visit.

Once the decision has been made for section 47 enquiries, **the child must be seen within 24 hours**; the child should be spoken to alone if they are old enough, to find out their views, wishes and feelings. If the child is pre- or non-verbal, the child should be observed in their home environment with their carers. All the children in the household should be seen and their needs considered, as well as considering all other children at potential risk from perpetrators.

Once the decision is made for section 47 enquiries, the allocated social worker will contact all relevant organisations to gather information. The police will be asked to carry out checks on all relevant people. The child's parent or carer will be seen and their views taken into account. A management decision needs to be made within 10 working days of starting section 47 enquiries about whether the concerns are substantiated or not and whether the child is at continuing risk of significant harm. A decision

also needs to be made whether the family assessment should continue under section 47 or 17.

The **family assessment** will explore causes for concern, evaluating the strengths of the family and the risks to the child and the child's need for protection. It will also evaluate information from other professionals and from previous history. It will consider the parent's or the wider family's ability to safeguard the child and promote their welfare and how the identified risks can be managed. The assessment needs to be completed within 45 working days from the point of referral.

There are five possible outcomes to the family assessment:

- Convening an **initial child protection conference** to consider continued support from Children's Social Care under an outcome-focused **child protection plan** (Level 4 of the Continuum of Need); the family assessment record will be used as the conference report.
- Continued support from Children's Social Care under an outcome-focused **child in need plan** (Level 4 of the Continuum of Need).
- Targeted early help and partner agency support (step-down to Level 3 of the Continuum of Need) with an outcome-focused **child's plan** and **family support meetings** to identify a **lead professional** and to ensure appropriate multi-agency action to implement the child's plan.
- Support and guidance (step-down to Level 2 of the Continuum of Need) from one or more professionals in the child's network; a child's plan or family support meetings are not needed at this level but there will be clear communication between social care professionals and relevant agencies before the case is closed by Children's Social Care.
- No on-going role (step-down to Level 1 of the Continuum of Need).

As a professional involved with the child or their family you may be asked to be involved in planning and support for the family.

Child-in-need assessment under section 17

In the case of a child in need, Children's Social Care will carry out a family assessment under section 17. The family assessment will follow the same assessment process and could have the same five outcomes as described above. If at any point during the assessment concerns reach the threshold for potential section 47 enquiries, a strategy discussion meeting must be held.

For section 17 family assessments, the child must be seen within 10 days from the point of referral.

13. Child protection conferences

The **initial child protection conference** brings together family members, the child if old enough and the professionals most involved with the child and their family. The conference will be chaired by an independent chair accountable to the Director of Children's Services.

The initial child protection conference must take place **within 15 working days of the strategy discussion** or, if there has been more than one strategy discussion, 15 days from the discussion which decided on section 47 enquiries.

The purpose of the initial child protection conference is to establish whether or not the child is suffering or at risk of suffering significant harm, and to agree an outcome-focused **child protection plan** to protect the child and support the family. The conference must consider all the children in the household, even if concerns have been identified only for some children.

The child protection plan can only be ended following multi-agency agreement at a **review child protection conference**.

14. Child protection and child in need plans

The child protection plan

The **child protection plan** agreed at the initial child protection conference will be based on the findings from the family assessment and the multi-agency risk assessment at the conference. The plan should set out the desired outcomes – the positive changes needed to safeguard the child, and what actions will be taken to achieve these outcomes. The plan should identify who is responsible for the actions, both family members and professionals, and the timescales for completing actions.

The plan will be developed with the family and the wishes and views of each child in the family should be considered in their own right in the planning. The plan must be focused on the child and their life.

As part of the child protection plan, a **lead social worker** will be appointed and it is their role to see the child regularly and to keep the situation under review. The timing of visits will be identified in the child protection plan; usually, this is every 10 working days, but can be varied by the conference chair.

The child protection plan will also identify a multi-agency **core group**. All members of the core group are jointly responsible for monitoring the progress of the child protection plan against the desired outcomes and acting on any significant changes to the child protection plan following decisions made at review child protection conferences.

The child protection plan will specify how often the core group needs to meet; It should be reviewed at least monthly for the first three months and every six weeks thereafter.

When a child protection plan ends following decision-making at a review child protection conference, there needs to be robust monitoring arrangements through **family support meetings** (see below) to make sure that the progress made is maintained.

The child in need plan

Following a section 17 family assessment, it may be decided that the child will benefit from a **child in need plan**. The planning will involve the family and other professionals working with the family and will be informed by the child's wishes and views.

The child in need plan will take the same outcome-focused approach as the child protection plan. It will be reviewed at a multi-agency **family support meeting** at least monthly for the first three months and every six weeks thereafter.

When outcomes have been achieved and there is enough evidence that concerns and needs have been addressed, the responsibility for coordination of support through the child's plan will be stepped down from Children's Social Care to a lead professional from an early help service (see section 10), if needed.

15. Professional challenge and disagreements

Working with children and families, and in particular child protection work, is stressful and complex, as well as involving uncertainty and strong feelings. To ensure that the best decisions are made for children, professionals need to be able to challenge each other's practice.

Cooperation across agencies is crucial; professionals need to work together, using their skills and experience, to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.

Concerns or professional disagreements might arise over another professional's decisions, actions or inaction in a number of situations, for example when:

- the referral is not considered to meet thresholds for assessment by Children's Social Care
- Children's Social Care believes that the child is in need of support whereas the referrer believes the child is in need of protection
- Children's Social Care believes that the child is in need of protection whereas the referrer believes the child is in need of support
- the chair of a conference is unable to achieve a consensus about starting or ending a child protection plan, or
- there are concerns over another professional's work in implementing the child protection plan or the child-in-need plan.

The line managers of the professionals involved should always address concerns at a local level. However, if serious disagreements remain, issues should be raised with the agencies' safeguarding leads.

The agency or individual who disagrees with the child protection conference chair's decision must consider whether they wish to challenge it further and raise the matter with the senior child protection manager.

More detailed guidance about resolving professional disagreements is in chapter 7 of the *Pan-Sussex Child Protection and Safeguarding Procedures* at

<http://pansussexscb.proceduresonline.com>


16. Record keeping

Good record keeping is an important part of the organisation's accountability to children and their families and will help the organisation in meeting its key responsibility to respond appropriately to welfare concerns about children.

Records should be factual, accurate, relevant, up to date and auditable. They should support monitoring, risk assessment and planning for children and enable informed and timely decisions about appropriate action to take.

Organisations should follow the following basic guidance on record keeping:

- Initial records about any child should include names, date of birth, addresses, gender, ethnic origin, names of persons with parental responsibility (for consent purposes) and primary carers, if different. This information should be kept up to date.
- All staff members, irrespective of their role in the organisation, should use a **standard child protection incident/welfare concern form** to record and report concerns; an example is provided in Appendix A.
- Appendix B provides an aide memoire to assist in the completion of the child protection incident/welfare concern form. It is recommended that the aide memoire is displayed in the staff room and other locations together with blank copies of the concerns form.
- All concerns, discussions about the child, decisions made, and the reasons for those decisions should be recorded. It is helpful if the child's record include details of your involvement and any previous concerns, together with any action you took and responses from parents. If you know that any other professionals are involved with the child and family, include this information.
- Concerns and actions taken in response should be recorded at the time the concerns were identified and actions taken, ie the record should be contemporaneous.
- Along with recording concerns using the standard concern form, a **chronology of events** should be maintained.
- The chronology must list specific and significant incidents, events and actions taken in relation to the child and, where appropriate, their family, with a brief explanation or cross-referenced to the relevant record within the file (see Appendix C for a chronology template).
- In addition to recording incidents and events, the chronology must record all significant and relevant contacts between the organisation and parents, whether it is face-to-face, by email or telephone, with a record of what was discussed and action taken in response.
- Child protection records should be retained in line with the organisation's agreed retention periods; in the case of services



working with families, it is recommended that the retention period for the child's file is determined based on the date of birth of the youngest child in the family so that family records are maintained in full.

- Early years providers, schools and colleges should ensure that when a child transfers from one early years setting to another or to primary school, or from one school to another, their child protection records should be transferred to the new setting or school as soon as possible. Records must be passed directly to the safeguarding lead or another authorised person in the receiving establishment under confidential cover.
- The organisation's safeguarding lead should audit child protection/welfare concerns files regularly to ensure that procedures are being followed and adequate records are being kept.

All educational establishments, including early years providers should ensure that their systems for recording safeguarding concerns are in line with guidance from the East Sussex Local Safeguarding Children Board (LSCB) – *Keeping Records of Child Protection and Welfare Concerns: Guidance for Early Years Settings, Schools and Colleges*.

This guidance is available on the LSCB's website at http://www.eastsussexlscb.org.uk/home_links.html

It is also available on Czone at <https://czone.eastsussex.gov.uk/childprotection>

17. Information sharing

- It is essential that people working with children can confidently share information as part of their day-to-day work. This is necessary not only to safeguard and protect children from harm but also to work together to support families to improve outcomes for all.
- When carrying out child protection investigations, it is vital that Children's Social Care receives all the relevant information to enable them to take action to protect the child from abuse. This will, at times, include sharing information about parents or carers, such as their medical history, disability or substance misuse issues.
- You should proactively seek out information as well as sharing it. Everyone has a responsibility to make sure that they are as well informed as they possibly can be in working to support children; this means checking with other professionals whether there is information they have which may be important.
- The Data Protection Act 1998 is not a barrier to sharing information. It is there to ensure that personal information is managed in a sensible way and that a balance is struck between a person's privacy and public protection.
- Be open and honest with families from the beginning. Good practice is that you should be sharing any concerns you may have with them at an early stage, unless this would put a child at greater risk or compromise an investigation. They need to know what your responsibilities are for safeguarding and protecting children and that this involves sharing information about them with other professionals.
- Try to get consent to sharing information if possible. However, you do not need consent if you have serious concerns about a child's safety and wellbeing. **If you decide to share information without consent, you should record this with a full explanation of your decision.**
- Be clear about the purpose of sharing confidential information and only share as much as you need to achieve your purpose.
- Keep a record of your decision for sharing the information, with or without consent, and the reasons for it. Remember also that it is just as important to keep a record of why you decided not to share information as why you did so.
- Finally, if you are in any doubt, seek advice either from a senior manager from within your organisation or from Children's Social Care.

Consent to information sharing

Here is some key guidance for professionals about sharing confidential information in the context of safeguarding and promoting the welfare of children:

Consent should not be sought

- If it would place a child at increased risk of harm
- If it would place an adult at risk of serious harm
- If it would prejudice a criminal investigation
- If it would lead to unjustified delay in making enquiries about allegations of significant harm to a child
- If required by law or a court order to share information

Consent is not necessary

- In cases where Children's Social Care are making child protection enquiries under section 47 of the Children Act 1989. Information needs to be shared with them; professionals must make sure to record that the information has been shared.

Consent is necessary

- In cases where Children's Social Care are investigating or assessing child welfare concerns under section 17 of the Children Act 1989. In the case of a referral made by another agency, consent or agreement to share information about a child or family will be assumed by Children's Social Care unless the referrer makes Children's Social Care aware that there is a specific issue about consent. This must be discussed with a social worker in the Duty and Assessment Team.

Consent is necessary

- For early help assessments. Assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as other professionals who are working with the family. If the child or parents do not consent to an assessment then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so a referral to Children's Social Care may be necessary.

East Sussex Children's Services has produced a guidance note on the importance of information sharing which is available at <https://czone.eastsussex.gov.uk/partnerships/thrive/Pages/ToolsandWorkingPractice.aspx>

18. Training

Everyone working with children should have up-to-date training in child protection and safeguarding. Organisations should have an induction process for all staff members who have contact with children; this should include familiarisation with the organisation's child protection policy and procedures (see Appendix D for a model policy for early years providers) and basic child protection training. The basic child protection training, which should be refreshed at least every three years, or preferably more frequently, should cover how to recognise signs of abuse and neglect, how to respond to any concerns and e-safety awareness.

The safeguarding lead and their deputies should have up-to-date training in child protection and safeguarding appropriate to their role. This will be in addition to the basic training that all staff members receive. The safeguarding lead's training should be refreshed at least every two years.

It is the safeguarding lead's role to ensure that staff members are given induction and opportunities for additional training appropriate to their roles. The safeguarding lead should also keep up-to-date records of who has completed induction and basic child protection training and who has completed additional training.

In addition, the safeguarding lead should make sure that everyone is kept up to date with legal requirements and findings from serious case reviews and inspections.

Two introductory e-learning courses, one on safeguarding and the other on child sexual exploitation, are available free of charge through the East Sussex Local Safeguarding Children Board (LSCB) to all professionals working with children. It is recommended that staff complete this training once a year to keep themselves up to date. To access these courses see

<https://czone.eastsussex.gov.uk/partnerships/trust/workingtogether/childprotection/training/Pages/main.aspx>

The LSCB also has a comprehensive **multi-agency training programme** on a variety of topics. Use the above link for further details.

In addition to the training above, the following training is available:

- **Early years settings and childminders** can access Child Protection Level 1 and 2 training through the East Sussex County Council Training and Development Team. Contact training.development@eastsussex.gov.uk
- For workforce development opportunities for **early help frontline staff and managers** use the above link.
- For **designated child protection teacher training and whole school child protection** training use the above link.

19. Safer recruitment

All organisations working with children and families must have robust recruitment and vetting procedures to help prevent unsuitable people from working with children.

Job advertisements and application packs should make explicit reference to the organisation's commitment to safeguarding children, including compliance with disclosure and barring regulations and clear statements in the job description and person specification about the employee's safeguarding responsibilities.

Staff involved in recruitment need to be suitably trained; for example, at least one member on the short listing and interview panel must have completed safer recruitment training.

All staff members who have contact with children, young people and families must be properly selected and have appropriate checks in line with current legislation and guidance:

- ✓ Always use application forms (CVs should not be accepted).
- ✓ Have a minimum of two people checking for any gaps in employment history and explore these gaps during interview.
- ✓ Always take up references. At least one reference must be from a previous employer; specifically ask if there have been any concerns or allegations about the applicant's behaviour towards children or any disciplinary action and confirm with the referee the applicant's responsibilities. Compare this information with that provided by the applicant; any inconsistencies or concerns regarding the information provided in a personal reference must be followed up directly with the referee.
- ✓ Check identity by asking for appropriate documentation, e.g. passport, driving licence or similar.
- ✓ Check qualifications are valid by asking for certificates.
- ✓ Check previous employment history.
- ✓ Make sure the appropriate type of criminal record check from the Disclosure and Barring Service (DBS) is carried out for all eligible staff, e.g. enhanced DBS check for regulated activities involving children or adults.
- ✓ Interviews must be face-to-face.
- ✓ Ensure that any concerns arising from the applicant's medical reference are followed up directly with the applicant and with the employee's doctor.
- ✓ Seek to explore at the interview the applicant's attitudes towards children and young people, their motivation for pursuing the role and managing boundaries.

The organisation must keep up-to-date and accurate records detailing checks carried out for all their employees. Repeat DBS checks should be carried out according to organisational policy.

20. Managing allegations against people who work with children

All organisations and settings providing services for children must have written procedures in place for dealing with any allegation made against people working, looking after or living with children to enable the allegation to be dealt with fairly, effectively and within a reasonable timescale.

Organisations should identify a senior officer (Named Person) and a senior manager to ensure procedures are in place and to whom staff should report concerns. Some procedures may also need to take into account particular regulations and guidance relevant to their own organisation. Providers registered with Ofsted must follow the requirements and timescales in place for notification of any allegations.

Allegations may arise in a number of ways, for example a report from a child, a complaint from a parent, or a concern raised by another adult within the organisation. An allegation might concern someone's behaviour or actions either within their employment or a voluntary activity, or within their family or private life.

What to do if an allegation is made against someone working with children

The person receiving the allegation should treat the matter seriously. It is important not to make assumptions or offer alternative explanations. It is essential to act quickly and effectively if an allegation is made.

Any concerns should be considered within the context of the four types of abuse and also in relation to inappropriate relationships between children or young people and adults who are in a position of trust with them. **No distinction should be made between paid or unpaid staff, volunteers or contractors.**

An accurate written record should be made to include time, date, place and any witnesses and should include, as much as possible, the child's or adult's words.

The matter should be reported to the Named Person within your organisation who should make a decision about whether or not the allegation indicates that someone has:

- behaved in a way that has harmed, or may have harmed, a child

- possibly committed a criminal offence against, or related to, a child, or
- behaved towards a child or children in a way that indicates they are unsuitable to work with children.



Named Person in the organisation, or in their absence, a senior manager:

Contact your Local Authority Designated Officer immediately and discuss the situation. It is important that you do not do anything that might impede any investigation or disciplinary actions.

The Local Authority Designated Officer (LADO)

The LADO is involved in the management and oversight of cases involving allegations against people who work with children. The LADO's role involves:

- Providing advice, information and guidance to employers and voluntary organisations about allegations and concerns regarding paid and unpaid workers
- Recommending a referral and chairing strategy discussions in cases where the allegation requires investigation by police and/or Children's Social Care
- Ensuring the child's voice is heard and that they are safeguarded
- Ensuring there is a consistent, fair and thorough process for the person against whom an allegation has been made
- Monitoring the progress of cases to ensure they are dealt with as quickly as possible

The LADO is involved from the initial phase of the allegation to the conclusion of the case. The LADO is available to discuss any concerns and to assist you in deciding whether you need to make a referral or take any immediate action to protect a child.

East Sussex LADO

Telephone: 01323 466606

If the LADO is not available, contact the Head of Children's Safeguarding.
Telephone: 01273 481289

If the concern is raised after hours, contact the Emergency Duty Service, or in an emergency, Sussex Police.

The allegation might indicate the need for a police investigation of a possible criminal offence, Children's Social Care enquiries and assessment to decide if a child is in need of protection or services, and employer consideration of standards of conduct or suitability following a disciplinary process.

In general parents or carers should be told as soon as possible, especially if the child is injured or requires medical treatment. The child should be helped to understand the processes involved.

The person against whom the allegation is made should be informed, provided the Named Person and senior managers should seek advice from the LADO before informing the person who is subject to an allegation.

Records should be secured and will be strictly limited to relevant staff and external professionals who need to know to protect the child, assist enquiries or manage related disciplinary or suitability processes.

The member of staff or volunteer should be treated fairly and honestly, helped to understand the concerns expressed, the process being followed and any outcomes of the process. The member of staff will be suspended on full-pay while the investigation is ongoing. This is necessary in order to protect both parties.

At the end of the investigation, professional judgement usually indicates one of the following outcomes for the allegation:

- **Substantiated** – supported by evidence or proof
- **Unsubstantiated** – insufficient evidence to prove or disprove the allegation; this does not imply either guilt or innocence
- **Unfounded** – either a mistake or misinterpretation was made, or
- **Deliberately invented or malicious allegation** – evidence is needed to prove this intention.

Referral to the Disclosure and Barring Service (DBS)

Consideration must be given to making a referral to the DBS as well as to any relevant regulatory body if the person has caused harm, or poses a future risk of harm to vulnerable groups, including children.

The LADO should be contacted for advice before referral to the DBS.

21. Useful contacts and websites

Contacts for making a referral about concerns:

Duty & Assessment Team East Hastings and Rother	01424 724144
Duty & Assessment Team West Eastbourne, Lewes and Wealden	01323 747373
Emergency Duty Service Monday to Thursday: 5pm to 8.30am Weekends : Friday 4.30pm to Monday 8.30am Public holidays: 24 hours	01273 335906 01273 335905
Local Authority Designated Officer (LADO) For reporting allegations against a person working with children If the LADO is not available contact the Head of Children's Safeguarding or the relevant Duty & Assessment Team as above.	01323 466606
Head of Children's Safeguarding For reporting allegations against a person working with children, in the absence of the LADO	01273 481289
All early years providers can contact the Family Keywork Service in their area to discuss children and families who they think are in need of support. Please note this does not replace any safeguarding processes when you believe a child is or may be in need of protection.	
Hastings	01424 726471 07825 782812
St Leonards	01424 724325 01424 724320
Bexhill	01424 726790 07833 294955
Rother	01424 726790 07833 294955
Area manager – East	01424 726171 07824 596941
Wealden	01323 464172 07825 926594
Havens	01273 575025 07825926623
Lewes	01323 464172 07825 926594
Eastbourne	01323 464564 07827 983756
Hailsham	01323 464309 01323 464360
Area Manager - West	01323 464324 07920 591140
The Early Years Improvement Team (Standards and Learning Effectiveness Service) If you are an early years provider and need advice or support with your safeguarding or child protection policies or procedures	01323 463026

DRUG AND ALCOHOL PROBLEMS

Adults with drug problems can get help, advice and treatment from the NHS or CRI. For help in the local area contact:

Eastbourne, Wealden and Lewes Community Substance Misuse Service	01323 410092
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Hastings and Rother Community Substance Misuse Service	01424 452580
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Adults with alcohol problems can get help, advice and treatment from Action for Change.

Action for Change www.action-for-change.org	0300 1112470
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Under 19s Substance Misuse Service helps young people and their families affected by drugs and alcohol.

Under 19s Substance Misuse Service	01323 464404
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For further information about drug and alcohol services, visit the East Sussex Safer Communities Partnership website www.safeineastsussex.org.uk

DOMESTIC ABUSE

Telephone 999 if the person is in danger!

National Domestic Violence Helpline Gives support and advice to women and helps them find temporary accommodation. www.nationaldomesticviolencehelpline.org.uk	0808 2000247 (24 hr helpline)
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East Sussex Domestic Abuse Service Supports women and men living with domestic abuse. They will discuss options, including legal remedies, and help the victim work out a plan.	0844 225 0657 (Monday to Friday, 9am to 5pm)
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East Sussex Refuges There are five refuges in East Sussex.	07795 968 400
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For further information on services and help available for victims of domestic abuse, see East Sussex County Council's website
<http://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/communitysafety/domesticviolence/gethelp.htm>

MENTAL HEALTH PROBLEMS

Adults with mental health problems should speak to their GP in the first instance. The GP will be able to refer them to NHS mental health services.

CHILD SEXUAL EXPLOITATION

Always contact a Duty & Assessment Team if you believe a child is being sexually exploited or is at risk of exploitation.

The WiSE Project in East Sussex The WiSE Project works with young people experiencing or at risk of sexual exploitation. They run awareness-raising workshops, group work and give one-to-one support to young people. Professionals can use the WiSE Project Screening Tool to identify children at risk. Email: wise@sussexcentralymca.org.uk	07793 325649
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Ofsted	0300 123 1231
SIS Training Team For information on training provided by the East Sussex Local Safeguarding Children Board and East Sussex County Council	01323 466875
USEFUL WEBSITES	
Contact details for the Duty and Assessment Teams	http://www.eastsussex.gov.uk/atoz/heading1136.aspx?forms=&acc=1&ae=1&ah=1&al=1&ar=1&aw=1
Pan-Sussex Child Protection and Safeguarding Procedures	http://pansussexscb.proceduresonline.com
East Sussex Local Safeguarding Children Board (LSCB)	www.eastsussexlscb.org.uk
The Continuum of Need information and guidance	https://czone.eastsussex.gov.uk/continuum
Early years – resources for practitioners from the THRIVE pages	https://czone.eastsussex.gov.uk/thrive
Czone child protection pages	https://czone.eastsussex.gov.uk/childprotection
Child protection training, including links to e-learning and the LSCB training directory	https://czone.eastsussex.gov.uk/partnerships/trust/workingtogether/childprotection/training/Pages/main.aspx
Ofsted	www.ofsted.gov.uk
Department for Education safeguarding page, including <i>Working Together to Safeguard Children, 2013</i>	http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren

Appendix A

Denton Community Primary School and Nursery

CHILD PROTECTION INCIDENT/WELFARE CONCERN FORM

Child's name			
Child's date of birth			
Staff member reporting incident - name and position			
Date of incident (dd/mm/yyyy)		Time of incident	
Details of the incident Note the reasons for recording the incident. Ensure the following factual information is provided – who, what, when and where. Include names of witnesses, if relevant, and immediate actions taken. Offer an opinion where relevant (how and why this might have happened). Substantiate the opinion. Attach a body map or other information, if appropriate.			
Reporting staff member's signature		Date	
Please pass this form to the your Safeguarding Lead			

The Safeguarding Lead

The Safeguarding Lead should record the response to the incident or concern and outcomes.

Response to the incident/concern

Note actions taken, including names of anyone to whom your information was passed.

Outcomes

Record outcomes of the actions taken.

**Safeguarding
Lead's name**

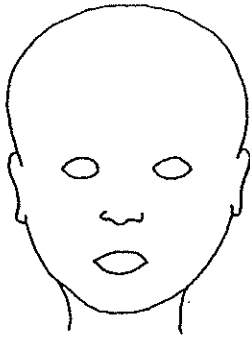
**Safeguarding
Lead's signature**

Date

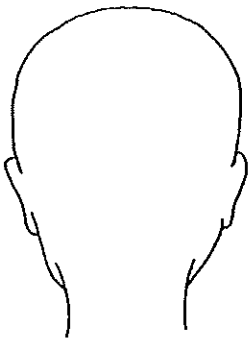
CONTINUATION SHEET			
Details of the incident			
Reporting staff member's signature		Date	
The Safeguarding Lead			
Response to the incident/concern			
Note actions taken, including names of anyone to whom your information was passed.			
Outcomes			
Record outcomes of the actions taken.			
Safeguarding Lead's signature		Date	

BODY MAP

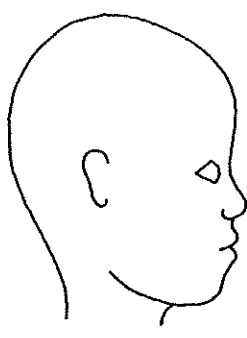
Child's name		Child's date of birth	
Date of incident (dd/mm/yyyy)		Person completing body map	



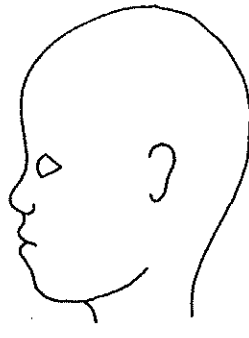
FRONT



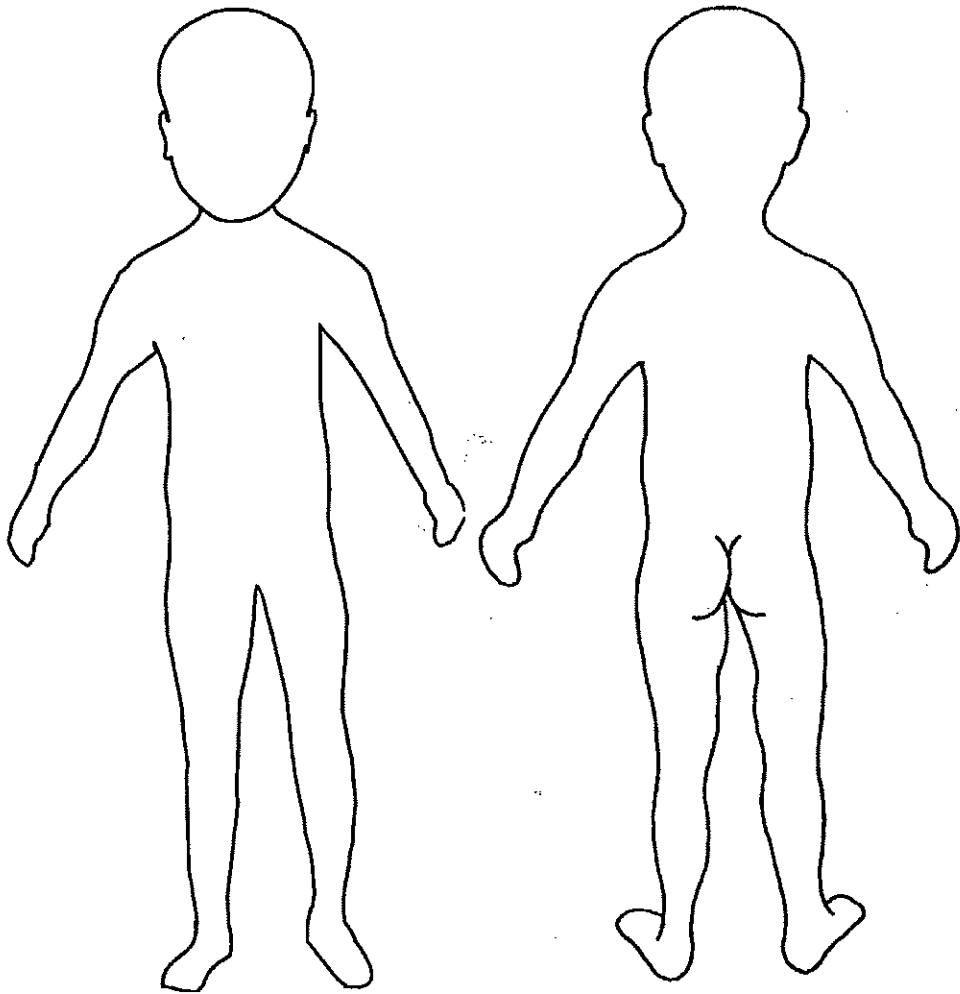
BACK



RIGHT



LEFT



Appendix B

Denton Community Primary School and Nursery

CHILD PROTECTION INCIDENTS OR WELFARE CONCERNS

RECORDING AIDE MEMOIRE FOR STAFF

Safeguarding children is a task for everyone at Denton CP School & Nursery

All staff members at Denton have an important role to play in helping to identify welfare concerns and possible indicators of abuse or neglect at an early stage.

For some children a one-off serious incident or concern may occur and you will have no doubt that this must be immediately recorded and reported. Most often, however, it is the accumulation of a number of small incidents, events or observations that provide the evidence of harm being caused to a child.

It is vital that any concern you have for a child's welfare, however, small is recorded and passed to our Safeguarding Lead.

Your Safeguarding Lead is

Mr Guy Walsh

01273 513377

What should you do if you have concerns?

- ✓ **You must pass concerns to the Safeguarding Lead, or another designated person in the Safeguarding Lead's absence, as soon as possible after they are identified and, where possible, before the child leaves for the day.** It is important that the child is not sent home at the end of the day without taking the right protective action.
- ✓ The Safeguarding Lead is responsible for referring child protection concerns to Children's Social Care. Although the timing of referrals is based on perceived risk, it is expected that **referrals will be made usually within one working day of recognition of risks. It is important, therefore, that the Safeguarding Lead is made aware of concerns as soon as possible.**
- ✓ In the first instance, you could pass concerns to the Safeguarding Lead verbally, but you must follow this in writing. **All concerns must be recorded on the child protection incident/welfare concern form.**
- ✓ Do not keep your own system to note concerns. You must use the system detailed in this aide memoire. This is to ensure proper communication, collation, and storage of information.

What is a child protection or welfare concern and when should you record and report it?

When there are any concerns that might indicate possible abuse or neglect, the concerns need to be recorded and passed to your Safeguarding Lead. For example (this is not an exhaustive list):

- Marks on the child's body, physical injuries or frequent accidents
- The child is unkempt, poorly clothed, dirty or smelly
- The child is frequently hungry
- Unusual or different behaviour or behaviour not appropriate to the child's age or development
- Child appears frightened of parent or carer
- Mood changes or the child is withdrawn and refuses to talk
- Statements, stories or drawings from the child
- Information from others, including siblings, parent who does not have residence, friends, other children, members of the public, etc
- Concerning parental behaviour towards the child
- Concerning letters, telephone calls or contacts from the parent to the organisation

What should you record on the child protection incident/welfare form?

Basic information

- ✓ Full name and date of birth of child
- ✓ Your name and job title
- ✓ Date (include year!) and time of incident
- ✓ Full details of all other people involved

Details of concerns

Use the list in the box above as a guide and record as much information as possible. Pay particular attention to:

- ✓ Visible injuries or marks (use the body map provided)
 - ✓ General demeanour and appearance
 - ✓ Changes in behaviour and mood or changes in functioning
 - ✓ Response to play or sports
 - ✓ Relationships with peers and adults
 - ✓ Statements made by the child, comments, stories, drawings
 - ✓ Parental behaviour, interest and comments
 - ✓ Patterns of non-attendance
 - ✓ Hearsay and nagging doubts you have about the child's safety and welfare
- Make sure the information is factual and your opinions are substantiated.
 - Use the child's own words when recording a direct disclosure.
 - Do not examine the child specifically for any physical marks or injuries - only do what you would normally do as part of your duties. Record only what you can see.
 - Record all the actions you have taken.
 - Make sure the details are legible before you pass the record to your Safeguarding Lead.

Actions for the Safeguarding Lead

When a child protection incident/welfare concern form is passed to you

- ✓ Check that the form is sufficiently detailed.
- ✓ Check that it has been dated and signed by the staff member who reported the concern.
- ✓ If a body map has been completed, or there are any other documents referred to in the record, ensure these are attached and are, where appropriate, dated and signed.

Complete the 'Response to the incident/concern' section of the form

Record your response or action to every welfare concern 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 staff for monitoring specific aspects of the child's presentation, behaviour, attendance, etc
- Discussions and telephone calls, with colleagues, children and parents, with a record of full names and dates
- Professional consultations and requests for information with a record of who was consulted (full name and job title) and dates consulted
- Letters sent and received

Complete the 'Outcomes' section of the form

Record the outcomes of any responses or action you took, with dates, for example:

- CAF or Early Help Plan
- Referral sent to Children's Social Care or the police contacted
- Whether or not parental consent was obtained for sending the referral and the reason for referring without consent, i.e. the child is at risk of significant harm
- Contact from Children's Social Care or police in response to the referral, including contact with the child
- Strategy discussion or meeting under child protection procedures and the organisation's involvement, if invited, e.g. who took part, when and outcomes
- Referral sent to other agencies and contact from other agencies in response to referral, including contact with the child
- Appointments for child with other agencies

Update the chronology and observations

Update the chronology with brief details of the incident, the response and outcomes. Update observations or diary records with full details.

Update the child's file as new documents are produced or received

File all copies of referrals sent, letters sent and received, minutes of strategy discussions and child protection conferences and all other relevant documents in the child's file. Update the front sheet, if necessary.

Cross-reference to files for other children in the family

Update the chronology in each child's file and ensure that relevant documents are copied across to each file.

Appendix C

Denton Community Primary School & Nursery

CHRONOLOGY

* Denotes columns that must always be filled

* Date	* Source of Information <i>Where this information is recorded/held within your establishment</i>	Contact with Child	Contact with adult family member <i>Specify which adult and type of communication</i>	Communication external agency <i>Specify agency, name of worker, job title and type of communication</i>	* Response or Outcome of contact or communication	Comments

Appendix D

A model policy for early years providers

Denton Community Primary School

Safeguarding Children Policy and Procedures

1. SETTING DETAILS/VERSION CONTROL

Name of Setting			
Document owner			
Authors			
Document approved by			
Lead Child Protection Practitioner			
Local Children's Social Care Duty and Assessment Team contact details			
Current version		Date approved	
Previous version		Date approved	
Review Plan			

2. INTRODUCTION

In this policy, safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development, and
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

(Definition taken from the HM Government guidance *Working Together to Safeguard Children, 2013*)

3. THE SETTING'S VALUES AND PRINCIPLES

Children and young people have the right be protected from neglect and abuse. **Everyone** has a responsibility to protect children and young people and to report concerns.

Children's needs are paramount and take precedence over the needs of adults in any conflict between the two. This setting's policy and procedure are to safeguard all children, to ensure they are all equally valued and to give them the best start in life.

All allegations and concerns are taken seriously and dealt with appropriately in accordance with this policy and procedure.

This setting has a comprehensive set of policies and procedures that are available to parents or carers in the setting at all times.

This policy must be adhered to by all staff, volunteers, trustees, board members, employees (contracted and non-contracted), trainees, service providers, contractors, etc.

This policy should be read alongside the document entitled *Safeguarding children: a manual for those who are for and work with children and young people (2014)* – referred to henceforth as the Manual. The Manual sets out the safeguarding procedures that all staff must follow.

4. LEGAL FRAMEWORK

This policy is based on the following laws and statutory guidance:

Children Acts 1989 and 2004 define safeguarding and promoting the welfare of children as

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully

Working Together to Safeguard Children (2013) sets out how organisations and individuals must work together to safeguard and promote the welfare of children and young people in accordance with Children Acts 1989 and 2004

East Sussex Local Safeguarding Children Board's (LSCB) Pan-Sussex Child Protection and Safeguarding Procedures:

- ensure that there are prompt methods for alerting, reporting, investigating and managing a child's protection. The Procedures are available at <http://pansussexscb.proceduresonline.com/chapters/contents.html>

Statutory Framework for the Early Years Foundation Stage 2014

- the mandatory framework for all early years providers, maintained schools, non-maintained schools, independent schools and all providers on the Early Years Register. The safeguarding and welfare requirements are given legal force by regulations made under Section 39(1)(b) of the Childcare Act 2006

5. ROLES AND RESPONSIBILITIES

- The Ofsted 'Registered Person' is named on the first page and has overall legal responsibility for safeguarding. If concerns relate to the 'Registered Person', Ofsted should be contacted through their whistle-blowing policy.
- The Lead Person for safeguarding is the headteacher. All safeguarding concerns relating to allegations against staff and volunteers should be reported to this individual and recorded (see section 20 of the Manual). If the

concerns relate to the lead person then the Registered Person (owner, Chair of Committee, Company Director, etc) should be contacted.

- The Lead Person will usually be responsible for passing on concerns, or making referrals, to the Duty and Assessment Team. In their absence the next most senior member of staff on will assume responsibility
- All staff, volunteers, or contractors must adhere to the procedure for reporting concerns to the Lead Person or Registered Person
- All staff, volunteers, contractors and visitors to the setting must sign a register and record their exact time of arrival and departure

6. REPORTING PROCEDURES AND MAKING A REFERRAL

- Refer to the Manual when making a referral (see sections 9 to 11).
- The police will be informed immediately if it is suspected a criminal offence has been committed
- The Lead Person will contact the Children's Social Care Duty and Assessment Team to either discuss a concern or report an incident.
- The timing of referrals will reflect the level of perceived risk and will always be **within one working day** of recognition of risk.
- All referrals made verbally must be confirmed in writing by the referrer within 24 hours (the next section defines how records will be kept).
- Any allegation or concern about a member of staff or volunteer must be reported immediately to Ofsted and the Local Authority Designated Officer (LADO) by the Lead Person.

7. RECORD KEEPING AND RECORDS MANAGEMENT

- All staff will record and report concerns in line with the Manual (see section 16) and *Keeping Records of Child Protection and Welfare Concerns: Guidance for Early Years Settings, Schools and Colleges (2014)*.
- The Lead Person will telephone the Duty and Assessment Team to notify them of a safeguarding concern and follow instructions on completion of paperwork. Further guidance on what information to provide is in the Manual.
- Where concerns relate to an allegation against a member of staff, or volunteer the referral should include the child's name, address, gender and date of birth together with full details of the complaint or allegation, including witness statements
- All records will be held confidentially but will be shared with other agencies, e.g. the police, Children's Social Care, Ofsted, where this assists an ongoing investigation. Records will be held for a reasonable period of time after

children or staff members have left the provision in case they are needed for any future investigation.

8. SAFER WORKFORCE AND MANAGING ALLEGATIONS AGAINST PEOPLE WORKING WITH CHILDREN

All management, staff, volunteers and contractors working at this childcare setting will undergo rigorous suitability checks in line with the Manual (see section 19).

Allegations against people working with children will be managed in line with section 20 of the Manual.

9. TRAINING AND DEVELOPMENT

We are committed to ensuring all staff are qualified, have opportunities for professional development and have relevant up-to-date training in safeguarding children (see section 18 of the Manual).

- All new staff, volunteers and students will participate in an induction programme before taking up their duties and will be allocated an experienced member of staff to mentor them for the duration of the induction.
- All staff will be required to complete online child protection training upon appointment. This will be consolidated by formal East Sussex County Council-approved training at Level 1 as soon as possible.
- All volunteers and students will be required to complete the online child protection training.
- The Lead Person will be required to complete East Sussex County Council-approved Level 1 and Level 2 safeguarding training.
- All training must reflect the requirements of *Working Together to Safeguard Children 2013* and informed by the East Sussex Local Safeguarding Children Board training strategy and plans.
- Staff are required to update their knowledge by attending East Sussex County Council-approved training every two years.
- Staff supervision meetings will record discussions regarding continuing professional development and subsequent identification and planning of training to meet those needs.

10. INFORMATION SHARING AND WORKING TOGETHER WITH OTHER AGENCIES

The setting respects confidentiality at all times and complies with the Data Protection Act 1998.

However the setting will share information as part of its day to day work in order to safeguard and protect children from harm but also to work together to support families to improve outcomes for all. This may involve liaison with Police, Children's Social Care, participation in multi-agency meetings, e.g. case conferences and participation in serious case reviews, if requested to do so (see section 17 of the Manual).

11. QUALITY ASSURANCE

This setting is registered with Ofsted Early Years Register and is required to meet the Requirements of the Early Years Foundation Stage 2012. These registers clearly state the minimum standards that must be met by law.

As a consequence, the setting is subject to routine and regular inspection by Ofsted. The most recent Ofsted report is available to view in the setting or online at www.ofsted.gov.uk.

12. COMMISSIONING AND PROCUREMENT

Any external agencies visiting the premises must respect this setting's policies and procedures at all times and not discuss overheard conversations or information regarding children and families outside the setting. Any concerns regarding safeguarding must immediately be advised to the Lead Person or if concerns relate to that member of staff the complainant must contact the Local Authority Designated Officer (see section 20 of the Manual).

Breaches of this Safeguarding Policy by external contractors or visitors will be taken very seriously and appropriate action will be taken.

13. WHISTLE-BLOWING AND COMPLAINTS

- A separate complaints procedure exists which should be followed by any individual who has concerns about staff or practice in the setting.
- All concerns regarding Safeguarding must be directed to the Lead Person.
- If the complaint relates to the Lead Person, the complaint must be directed to the Registered Person.
- If the complaint relates to the Registered Person, the complainant must contact the Local Authority Designated Officer and Ofsted. See also section 20 of the Manual.

14.BREACHES OF POLICY

Breaches of this policy will be taken very seriously and disciplinary action will ensue for members of staff. A separate Code of Conduct describes this process in more detail.

15.POLICY REVIEW

This policy will be reviewed annually and involve participation of staff in order to promote continuing awareness of safeguarding policies and procedures. Parents will be informed when the policy has been renewed.

16.RELATED POLICIES

The following policies are required by law and also support safeguarding at this setting:

- Recruitment: including vetting and induction
- Complaints
- Missing child
- Failure to collect a child
- Photographs and digital images
- Mobile telephones
- Social networking and e-safety
- Confidentiality and secure data in transit
- Equality of opportunities
- Behaviour management
- Communicating with parents
- Supporting children with learning difficulties and disabilities
- Emergency evacuation
- Administering medicines
- Ill or infectious children/infection control
- Health and safety including risk assessment
- Smoking
- Drugs, alcohol and medication (for adults)
- Sun safety
- Healthy eating