Safeguarding and Child Protection Policy and Procedure

**1st Steps Designated Safeguarding Officers (DSO)**

**Alex Walker, Bev Bowden and Sandra Clayton**

Here at 1st Steps, in our position of ‘carer to the child’, the welfare of all of our children attending the nursery is paramount. .  “We are committed to safeguarding and promoting the welfare of children and young people and we expect all staff and volunteers to share this commitment.” Our obligation to take ‘care’ is that of a ‘caring parent and child care professional with varied skills’ in all aspects of the day. We provide a safe and healthy environment. This will meet the child’s physical, emotional and educational needs according to their age, sex, race, religion and language. This policy has been revised and written in conjunction with the latest Working together to Safeguard Children(2015) and 2014 EYFS documents.

We may be called upon to receive unexpected information of a very delicate nature; delve diplomatically; exercise discretion and attempt to reach conclusions based upon young children’s uncertain, imprecise information or assertions about situations which we have little fundamental knowledge or experience.

It is the duty of all members of staff to be aware of what the words ‘Child Abuse’ means and its implications. Don’t forget that child abuse is not necessarily confined to the home, it can also occur in the work place. It is the duty of all members of staff to report any incident, no matter how small to the DSO’s.

Safeguarding and promoting the welfare of children is defined 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.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

*Working Together to Safeguard Children* defines four broad categories of abuse:

• Neglect

• Physical abuse

• Sexual abuse

• Emotional abuse

These categories overlap and an abused child does frequently suffer more than one type of abuse.

***Physical abuse***

1.4.15. Physical abuse may take many forms for example hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child to name but a few.

1.4.16. It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. This unusual and potentially dangerous form of abuse is now described as “fabricated or induced illness”.

***Emotional abuse***

1.4.17. Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child’s emotional development. It may involve:

• Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;

• Not letting them express theirs views, deliberately silencing them ‘making fun’ of what they say or how they communicate.

• Age of developmental expectations, interactions beyond the child’s developmental capability, overprotection and limitation of exploring and learning, prevention of the child in normal social interactions.

• Seeing or hearing the ill-treatment of another.

• Serious bullying (including cyber bullying)

• Causing children to feel frightened or in danger - e.g. witnessing domestic violence;

• Exploitation or corruption of children.

1.4.18. Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

***Sexual abuse***

1.4.19. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening and includes penetrative (e.g. vaginal or anal rape or buggery) and non-penetrative acts (e.g. oral sex).

1.4.20. It may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

• Sexual abuse is not solely perpetrated by men, women can also commit sexual abuse as can other children.

***Neglect***

1.4.22. Neglect involves 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 and development. Neglect may occur in pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

1.4.23. provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or being unresponsive to, a child’s basic emotional needs, including to feel loved and secure. The 2012 EYFS concentrates heavily on PSED. A child’s emotional development is paramount in both the physical and emotional development and must not be overlooked due to the sensitive nature and subjectivity involved in recognising this form of neglect.

1.4.24. Neglect may involve a parent failing to:

• Provide adequate food and clothing;

• Provide 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-takers;

• Ensure access to appropriate medical care or treatment.

• Protect children from cases of domestic violence. If we feel that your child is living in this type of environment, we will refer to social care.

**Training**

It is everyone’s responsibility to look out for the welfare of all children, therefore, we are committed at 1st Steps to ensuring that all staff receive training and support to understand their roles within the nursery.All staff receive safeguarding training and this is reviewed regularly (presently, staff have the NSPCC certificate in Safeguarding).

* All new members of staff will receive induction training, which will give an overview of the organisation and ensure they know its purpose, values, services and structure, as well as identifying and reporting abuse, and confidentiality issues.
* All new staff will receive basic child protection training and information and will be given a copy of this policy as part of their induction.
* All staff will be expected to attend training on safeguarding children that will enable them to fulfil their responsibilities in respect of child protection effectively.
* Safeguarding regularly features in our staff meetings in all forms e.g. Domestic Violence, FGM, CSE, Risk assessment training, child protection, substance misuse and the effects to name but a few.
* Staff will attend refresher training every three years, and the designated person every two years.
* All staff, students and parents receive our Safeguarding policy. Staff are quizzed on their understanding of the policy and other key policies during the year to check understanding.
* Safeguarding information is displayed in the staff room as a reminder of what it may involve.
* Staff under investigation for safeguarding issues are suspended or removed from the childcare environment pending an investigation.
* Staff are reminded not to work alone in line with safer working practice, whenever possible with children, due to the possibility of allegations being made.
* Staff will be reminded that unnecessary or inappropriate physical contact must be avoided at all times.
* Staff are made aware of the Department of Health’s booklet ‘What to do if you’re worried a child is being abused?’ A copy is on display in the staff room for staff to peruse.

**Signs of abuse**

These may include the following:

* Significant changes in the child’s behaviour
* Deterioration in the child’s general well-being
* Unexplained bruising, marks or signs of possible abuse or neglect
* Children’s comments which give cause for concern
* Any reason to suspect neglect or abuse outside the setting
* Inappropriate behaviour displayed by other members of staff or person at work with the children. E.g. inappropriate sexual comments, excessive 1 to 1 attention, inappropriate sharing of images.

### **Vulnerable Children**

Some children may have an increased risk of abuse. It is important to understand that this increase is due to factors that can contribute including prejudice and discrimination, isolation, social exclusion, communication issues and a reluctance on the part of some adults to accept that abuse can occur and child protection procedures that fail to acknowledge children’s diverse circumstances. To ensure that all children receive equal protection, we will give special consideration to children who are:

* Disabled or have special educational needs
* Living in domestic abuse situation
* Affected by parental substance misuse
* Asylum seekers
* Living away from home
* Vulnerable to being bullied or engaging in bullying
* Living in temporary accommodation
* Live transient lifestyles
* Living in chaotic and unsupportive home situations
* Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
* Involved directly or indirectly in child exploitation or child trafficking
* Do not have English as a first language

**Non Attendance**:

Children’s attendance will be monitored at 1st Steps. If a child does not attend for a week without prior reasons being given to the nursery, action will be taken.

* The room leader/key-carer will contact the parent or care giver to find out how the child is.The explanation will be logged in the diary of contacts.
  + If there is no answer, each other contact will be tried and messages will be left for the parents to contact nursery as soon as possible.
  + If there is no improvement in attendance, a call to the MASH team for advice will be made and referral will be made to social care if advised to.
* 2 Year Offer children
  + Persistent non attendance will result in a call to the school readiness team to discuss the place. They may follow up with a home visit to investigate attendance issues further.
  + A possible referral will be made and the child’s place may then be suspended.

All funded children with poor attendance and no contact with the family within 4 weeks will have their place suspended.

**Siblings collecting children:**

The majority of our children are aged 0 – 5 years and we believe that siblings collecting younger children is not ideal. If parents want their older children to collect their babies, we will need written confirmation to do so. Our babies will not be released to siblings without prior consent under the age of 16.

**Staff or parent concerns**

Staff with concerns for children who may disclose something must record all details of the disclosure for use as possible evidence. You need to pay particular attention to detail. Please take into account the following guidelines when dealing with matters of child abuse accusations or manifestations.

* Initially believe the child’s accusation or revelation.
* Assure the child that you are taking their information seriously. Emphasize to them that they must be accurate in what they say.
* Indicate that them telling you the truth is a very brave action, requiring great strength and determination, as well as honesty.
* Reassure the child that what has happened is not their fault.
* Be honest about your position, the steps, which will have to be taken and the people with whom you will have to liaise.
* Keep calm and do not give way to shows of anger no matter how shocked you are.
* Do not make rash or unrealistic promises.
* Do not interrogate the child with lots of questions. It is not your role to carry out a complete investigation. **Simple questions such as ‘what happened’, ‘when did it happen’ and ‘where did it happen’, ‘who did you say did that’ are suffice.**
* Record all information as soon as possible to include date, name, the event, a record of what was said and any action taken. ‘If it is not recorded, then it did not happen’. Remember to be factual, document what was said, not what you think was meant. **Who, What, Where, When, this may be the only time the child is confident to disclose what they are saying!**
* Similarly, if a child has an unexplained injury and the parent can not offer an explanation, simple questions can be used such as ‘what happened’, ‘when did it happen’ and ‘where did it happen’, ‘who did you say did that’ are suffice. **The injury will be recorded on an incoming injury form. It will be shared with parents and filed with the child’s records. Accidents are monitored and patterns emerging are monitored. Any concerns will be discussed with the DSO.**
* **Remember - strict confidentiality must be maintained when dealing**

**Receiving an allegation from a parent/ carer or a child about a parent or carer.**

Any incidents that occur or concerns with children which may refer to any of the types of abuse above (this could be between two children, two parents, staff and a child etc) should be reported to the DSO who will deal with them as follows:

Person receiving the allegation must write down all the details from the child:

* **Who** was involved
* **What** is alleged to have taken place
* **Where** the alleged incident took place
* **When** the alleged incident took place

**NB**. Neither party should be interviewed further.

* Report to Alex Walker or Bev Bowden immediately (Sandra, or other senior NN in charge of setting at the time of the incident)
* Depending on the incident they will:
  + Discuss the incident with the parents/ main carer.
  + Discuss with the child’s health visitor.
  + Discussions will be recorded and the parent/main carer will have access to such records where appropriate. In cases of Fabricated and Induced Illness, records may need to be confidential even to parents during investigations by police, doctors and social workers.
  + If there appear to be any queries regarding the injury or concerns that are none explicable, we will contact the MASH team on 0151 934 4481/4013 for advice or make a referral straight to the social care access team.

**Making a referral**:

* Complete the on line e-referral form <http://www.seftonlscb.co.uk/> referring to the Sefton LSCB Threshold for Intervention Handbook to determine what threshold has been met for referral.
* For emergencies, call 0151 920 8234
* If the emergency is out of hours (after 5.30pm), call social services contact number: **0845 140 0845**
* All details will be disclosed to the social care team, questions answered and instructions followed, Including staff/parent or child’s name, date of birth, address and any relevant history. When a referral is made, we will agree with the recipient of the referral what the child and parents will be told, by whom and when. If a referral is made by telephone, we will confirm it in writing within 48 hours using the Sefton Agency Referral Form. Children’s social care should acknowledge our referral within 3 working days, otherwise we make a follow up call.
* The Sefton Council contact centre is open Monday – Friday, 8am to 6pm
* OFSTED will be informed **0300 123 1231**where necessary.

**If you feel that your concerns have not been dealt with internally, you are duty bound to go above the DSO’s head, call Sefton Children’s Services on the above numbers.**

**If the allegation is against a member of staff**

Follow above procedures for recording information.

* Please be aware of 1st Steps Whistle-blowing policy and Report to DSO’s Alex Walker or Bev Bowden (Sandra, or other senior NN in charge of setting at the time of the incident)
* The nature of the allegation is **assessed** in order to understand what safeguarding procedure should be followed if any.

To assess the situation Senior Managers **must** consider:-

1. What information do I have about the subject of the allegation?
2. What information do I have about the child/adult making the allegation?
3. Am I aware of any incident/tension/friction between the parties?

Senior Managers **must** then consider whether the allegation suggests the individual has:

1. Behaved in a way that has harmed, or may have harmed, a child
2. Possibly committed a criminal offence against/relating to a child
3. Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

* Once we have assessed the information we would consult with the Local Authority Designated Officer (LADO) on **0151 934 3783.**
* We would present the information gathered so far and then follow the LADO’s advice and refer to them and social care if necessary.
* OFSTED will be informed **0300 123 1231.**
* Managers and staff will liaise with these agencies and any others as much as possible. Information is confidential and of a sensitive nature. Children, staff and parents will be supported within the setting and offered help to deal with the issues raised.
* Legal advice will be sought if necessary.

**If you feel that your concerns have not been dealt with internally, you are duty bound to go above the DSO’s head and call and Sefton LADO / Ofsted.**

**Radicalisation**

From the 1st July 2015, all Early Years providers must have due regard to the need to prevent people from being drawn into terrorism and extremist ideas. This is known as “The Prevent Duty” and falls under section 26 of the Counter-Terrorism and Security Act 2015. Any signs of concerning behaviour displayed by a child, parent or staff member in nursery will be recorded and reported as necessary. Cause for concern could include changes in behaviour, change of appearance, concerning home life, religious conversion, or being a victim or witness to race or hate crimes. (See Preventing Extremism and Radicalisation Policy).

Any concerns related directly to extremism can be reported to:

Merseyside Police Special Branch msoc.prevent@merseyside.police.uk

0151-777-8311 twitter @merpolprevent

Whilst obsolete, The **Every Child Matters** Agenda clarifies the importance of safeguarding the whole child. It states that for every child to achieve their full potential, they have to thrive in 5 areas, Being Healthy, Staying Safe, Enjoying and Achieving, Making a Positive Contribution and Achieving Economic Well-Being. This works hand in hand with the 5 to Thrive ethos. Anything less than their full potential can be viewed as neglectful.

It is essential that we are trained in safeguarding as we are highly skilled in recognising when a child might fail into one of these areas and it is our duty to contact relevant agencies so that no chid will ever be put into a position of abuse.

This policy should be read in accordance with other safeguarding policies such as:

* Anti-Bullying
* Safer recruitment and code of conduct for staff
* eSafety
* Equality
* Confidentiality
* Behaviour and Discipline Policy
* Health & Safety
* Fire Risk Assessment
* SEN & Inclusion
* First Aid
* Intimate Care Policy
* Whistle Blowing

See Appendix 1: LSCB Threshold documents

See Appendix 2: Safeguarding procedures flow chart

Reviewed by Alex Walker: 16/05/16 Review: May 17

**Safeguarding**

Appendix 1

Sefton LSCB Threshold for Intervention

**Level 2 and Level 3a Threshold:**

Those children and young people who require an additional service from a single practitioner or agency, or who are best supported under the Common Assessment Framework (CAF) with an appointed Lead Practitioner to co-ordinate a multi-agency response to their needs.

***Illustrative Examples***

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| --- | --- |
| **Assessment Domain - Child’s Developmental Needs** | **Assessment Domain – Parenting Capacity** |
| **HEALTH**   * Slow in reaching development milestones * Missing immunisations or checks * Susceptible to minor health problems * Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately dangerous) * Disability requiring support services * Starting to have sex (under 16) * Previous pregnancy * Low level mental health or emotional issues requiring tier 2 Child and Adolescent Mental Health Services   **EDUCATION**   * Occasional truanting or non-attendance, poor punctuality * At risk of fixed term exclusion or previous fixed term exclusion * Identified language and communication difficulties linked to other un-met needs * Additional learning needs * Lack of age appropriate stimulation or opportunities to learn * Not in education, employment or training (NEET) * Not making expected educational progress * Not educated at school or at home by parents/carers * Missing from education due to being missing from home   **EMOTIONAL & BEHAVIOURAL DEVELOPMENT**   * Low level mental health or emotional issues requiring intervention * Substance misuse that is not immediately dangerous including alcohol * Involved in anti-social behaviour * Attachment issues and or emotional development delay * Low self esteem * Child bullies others * Limited peer relationships/social isolation * Emerging anti-social behaviour and attitudes and/or low level offending * Received Triage, out of court disposal or police restorative justice intervention’ * Some evidence of risky use of technology leading to E-safety concerns * Associates with peers involved in gangs * Shows some indicators of being potentially vulnerable to CSE   **IDENTITY**   * Some insecurities around identity * May experience bullying around ‘being different’ * Expressing wish to become pregnant at a young age   **FAMILY & SOCIAL RELATIONSHIP**   * Some support from family and friends * Has some difficulties sustaining relationships * Undertaking occasional caring responsibilities * Child of a teenage parent * Child adopted from care * Low parental aspirations * Starts to go missing from home   **SOCIAL PRESENTATION**   * Can be over friendly or withdrawn with strangers * Personal hygiene starting to be a problem   **SELFCARE SKILLS**   * Not always adequate self-care – poor hygiene * Slow to develop age appropriate self-care skills * Overprotected/unable to develop independence | **BASIC CARE**   * Parents/carers engagement with services is poor * Professionals are beginning to have some concerns over the child’s physical needs not being met * Parents/carers mental health issues may have an impact on the health or development of the child unless appropriate support provided   **ENSURING SAFETY**   * Parent/carer requires advice on parenting issues * Some exposure to dangerous situations in home/community eg missing from home * Professionals are beginning to have some concerns around substance misuse (including alcohol) by adults within the home   **EMOTIONAL WARMTH**   * Lack of response to concerns raised about a child’s welfare * Perceived to be a problem by parent/carer   **STIMULATION**   * Child not exposed to new experiences * Child spends much time alone   **GUIDANCE & BOUNDARIES**   * Parents/Carers provide inconsistent boundaries * Parent/carer has age inappropriate expectations that child should be self-reliant * Lack of response to concerns raised about the child   **STABILITY**   * Inconsistent parenting/caring, but development not significantly impaired |
| **Assessment Domain – Family and Environmental Factors** |
| **FAMILY HISTORY & FUNCTIONING**   * Parents have relationship difficulties that may affect the child * Experience loss of significant adult * Looks after younger siblings * Parent/carer has health difficulties   **WIDER FAMILY**   * Some support from family and friends   **HOUSING**   * Overcrowding (as per local guidelines) that has potential impact on child’s health or development * Housing in poor state of repair   **EMPLOYMENT**   * Parents/carers unable to access appropriate services to meet the child’s additional needs due to long hours or un-social hours * Family affected by unemployment   **INCOME**   * Parents/carers have low income plus adverse additional factors that affect the child’s development * Not accessing all welfare benefits   **FAMILY’S SOCIAL INTEGRATION**   * Family new to area * Some social exclusions problems * Victimisation by others   **COMMUNITY RESOURCES**   * Adequate universal resources but family may have access issues |

**Level 3b Threshold:**

Children and young people who are potentially Children in Need (Section 17, Children Act 1989). These children and young people require referral to Children’s Social Care for assessment.

You should complete and attach any assessment tool you may have used for e.g. Graded Care Profile

***Illustrative Examples***

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| **Assessment Domain - Child’s Developmental Needs** | **Assessment Domain – Parenting Capacity** |
| **HEALTH**   * Some concerns around mental health * Has some chronic/recurring health problems * Missed routine and non-routine health appointments * Significant dental decay * Poor or restrictive diets despite interventions * Serious delay in achieving physical and other developmental milestones, raising significant concerns * Frequent accidental injuries to child requiring hospital treatment * Concerns regarding diet, hygiene and clothing * Conception to child under 16 * Sex with multiple partners * Administration of substances in a dangerous manner (sharing equipment etc) * Substance misuse impacts negatively on their risk taking behaviour (e.g. unprotected sex) * Mental health issues requiring referral to child adolescent mental health services, including self-harm or suicidal thoughts * Disability requiring significant support services   **EDUCATION**   * Short term exclusion or persistent truanting, poor school attendance * At risk of permanent exclusion or previous permanent exclusion * Identified learning needs including statement of special educational needs * Not making expected educational progress * Limited access to books, toys * Persistent not in education, employment or training (NEET)   **EMOTIONAL & BEHAVIOURAL DEVELOPMENT**   * Difficulty coping with anger, frustration and upset * Physical and emotional development raising significant concerns * Significant attachment difficulties e.g. child adopted from care * Attachment issues and or emotional development delay * Early onset of sexual activity (13-14) * Dangerous substance misuse (including alcohol) * (Re-) Offending or regular anti-social behaviour * Missing from home or care and concerns raised about their physical and emotional safety and welfare * Child/young person out of control in the community * At risk of sexual exploitation * Is suspected of starting affiliations and/or periphery of gangs membership * Suspected/convicted of carrying weapons * Regular risk taking behaviour putting their safety at risk and impacting upon their welfare.   **IDENTITY**   * Subject to discrimination * Significant low self esteem * Extremist views * Continuous breaches of curfew/order with other risk taking behaviours that impact on the child’s welfare and safety   **FAMILY & SOCIAL RELATIONSHIP**   * Peers also involved in challenging behaviour * Regularly needed to care for another family member * Involved in conflicts with peers/siblings * Adoptive family under severe stress * On the fringes of involvement in gang culture   **SOCIAL PRESENTATION**   * Clothing regularly unwashed * Hygiene problems * Is provocative in behaviour/appearance – at risk of sexual exploitation   **SELFCARE SKILLS**   * Child suffers accidental injury as a result of inadequate supervision * Severe lack of age appropriate behaviour * Child found wandering without adequate supervision * Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities, placing them at potential risk | **BASIC CARE**   * Parent/carer is struggling to provide adequate care even with support * Parental/carer learning disability, substance misuse (including alcohol) or mental health impacting on the parent’s/carer’s ability to meet the needs of the child * Chronic or acute neglect where food, warmth and other basics often not available * Missing from home or care and concerns raised about their physical and emotional safety and welfare   **ENSURING SAFETY**   * Child exposed to contact with individuals who pose a risk of physical or sexual harm to children * Previously subject to child protection plan * Teenage parent(s) * Either or both previously looked after   **EMOTIONAL WARMTH**   * Child often the scapegoated * Child is rarely comforted when distressed * Parent is emotionally unavailable * Parental instability affects capacity to nurture   **STIMULATION**   * Child or young person receives little positive stimulation despite appropriate toys being available   **GUIDANCE & BOUNDARIES**   * Parent rarely referees disputes between siblings * Parents/carers provide inconsistent boundaries or present a negative role model which seriously impacts on the child’s development   **STABILITY**   * Receives inconsistent care * Has no other positive relationships * Succession of carers or child/young person has multiple carers, but no significant relationships with any of them * Inappropriate child care arrangements |
| **Assessment Domain – Family and Environmental Factors** |
| **FAMILY HISTORY & FUNCTIONING**   * Domestic abuse where the risk to the victim is assessed as standard/medium risk and the child is present within the home during the incident * An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident * Acrimonious divorce/separation * Parental/sibling involvement in crime * Evidence of problematic substance misuse * Unaccompanied asylum seeking children * Child is privately fostered * Child subject to a court application where a section 7 or section 37 report has been ordered to be completed by children’s social care * Pre-birth assessment were a history of past child protection concerns * Child is a young carer requiring assessment of additional needs * Child requires assessment for respite care services due to family circumstances and has no appropriate friend/relative carer available for support * Parents/carers unwilling to continue to care for the child   **WIDER FAMILY**   * Family members have physical and mental health difficulties * Risk of family relationship breakdown leading to need for child to become looked after outside of family network * Family suspected of being involved in gang activity or crime   **HOUSING**   * Homeless child in need of accommodation including 16-17 year olds * Family at risk of eviction * Temporary accommodation   **EMPLOYMENT**   * History of long periods of unemployment   **INCOME**   * No access to funding * Serious debts/poverty impacting on ability to care for the child   **FAMILY’S SOCIAL INTEGRATION**   * Family socially excluded * Escalating victimisation   **COMMUNITY RESOURCES**   * Parents/carers socially excluded with access problems to local facilities and targeted services |

**In determining whether a referral is necessary to Children’s Social Care, full consideration should be given as to why the support needs cannot be met without social worker intervention: *Why a social worker? What outcome do you expect to achieve?* Discuss with your agency Child Protection lead prior to making a referral.**

**Threshold Level 4:**

There are a smaller group of children and young people who require intensive help and support to meet their needs. Children and young people will access specialist services following a statutory assessment. Children and young people who have acute needs and must be referred to Children’s Social Care services.

***Illustrative Examples***

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| --- | --- |
| **Assessment Domain - Child’s Developmental Needs** | **Assessment Domain – Parenting Capacity** |
| **HEALTH**   * Has complex/chronic health problems * Persistent substance misuse * Non-organic failure to thrive * Fabricated illness * Early teenage pregnancy * Serious mental health issues * Seriously obese * Dental decay and no access to treatment * Sexual exploitation/abuse * Sexual activity under the age of 13 * Disability requiring highest level of support services   **EDUCATION**   * Not attending education provision * Permanently excluded from school * History of previous exclusions * Significant development delay due to neglect/poor parenting   **EMOTIONAL & BEHAVIOURAL DEVELOPMENT**   * Regularly involved in anti-social/criminal activities * Puts self or others in danger * Endangers own life through self-harm/substance misuse including alcohol/eating disorder/suicidal attempts * In sexually exploitative relationship * Frequently goes missing from home or care for long periods * Child who abuses others * Severe attachment problems and/or sever emotional development delay * Involved in gun and gang crime * Known to carry weapon(s)   **IDENTITY**   * Experiences persistent discrimination * Is social isolated and lacks appropriate role models * Alienate self from others * Distorted self-image   **FAMILY & SOCIAL RELATIONSHIP**   * Looked after child * Care leaver * Family breakdown related in some way to child’s behavioural difficulties * Subject to physical, emotional or sexual abuse/neglect * Female genital mutilation * Is main carer for a family member * Adoption breakdown * Forced marriage of a minor * Honour based violence   **SOCIAL PRESENTATION**   * Poor and inappropriate self-presentation   **SELFCARE SKILLS**   * Neglects to use self-care skills due to alternative priorities e.g. substance misuse * Unaccompanied asylum seeker | **BASIC CARE**   * Parent/carer unable to provide ‘good enough’ parenting that is adequate and safe * Parents/carers mental health problems, including self-harming behaviour, that present a risk of significant harm to the child * Parent/carer learning difficulties that present a risk of significant harm to the child or young person * Parent/carer’s substance misuse that present a risk of significant harm to the child or young person * Parental/carer health/disability that presents a risk of significant harm to the child or young person * Parents/carers unable to care for previous children * Low warmth, high criticism is an enduring feature of the parenting style   **ENSURING SAFETY**   * There is instability and violence in the home continually * Parents are involved in crime * Parents unable to keep child safe * Victim of crime * Parents/carers have or may have abused/neglected the child/young person * Parent/carer unable to restrict access to the home by adults known to be a risk to children or young people and/or other adults * Pre-birth assessment indicates unborn child is at risk of significant harm * Child/young person left in the care of an adult or young person known or suspected to be a risk to children, or lives in the same house as the child * Frequently goes missing from home or care * Child trafficking   **EMOTIONAL WARMTH**   * Parent’s inconsistent, highly critical or apathetic of child * Deliberate cruelty or emotional ill treatment of a child or young person resulting in significant harm   **STIMULATION**   * Child or young person receives no positive stimulation   **GUIDANCE & BOUNDARIES**   * No effective boundaries set by parents * Regularly behaves in an anti-social way in neighbourhood * Child beyond parental/carer control * Subject to a parenting order which may be related to their child/young person’s criminal behaviour, anti-social behaviour or persistent absence from school   **STABILITY**   * Child is rejected or abandoned * Previous child/young person have been removed from parent’s/carer’s care |
| **Assessment Domain – Family and Environmental Factors** |
| **FAMILY HISTORY & FUNCTIONING**   * Significant parent discord and persistent domestic violence * Child’s carer or parent referred to MARAC * Child looked after by a non-relative within scope of private fostering arrangement * Parents are deceased and there are no family/friends options * Assessment identifies risk of physical, emotional, sexual abuse or neglect * History of previous significant harm to children, including any concerns of previous child deaths   **WIDER FAMILY**   * Destructive relationship with wider family * Assessment identifies risk of physical, emotional, sexual abuse or neglect * Members of the wider family are known to be, or suspected of being, a risk to children * Family involved in gang activity or crime   **HOUSING**   * Physical accommodation places child in immediate danger * No fixed abode or homeless * Temporary accommodation   **EMPLOYMENT**   * Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse (includes alcohol)/offending etc   **INCOME**   * Extreme poverty/debt impacting on ability to care for child   **FAMILY’S SOCIAL INTEGRATION**   * Family chronically socially excluded   **COMMUNITY RESOURCES**   * Poor quality services with long-term difficulties with accessing target populations * Restricting and refusing interventions from services |

Appendix 2: Safeguarding Procedure to follow in case of an allegation

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Refer to Children’s Services on

<http://www.seftonlscb.co.uk/>

0151 920 8234

**0845 140 0845**

You should receive a response within 3 days. If not, follow up.

Discuss with Parent/carers.

DSO’s will discuss Social Care Customer Access Team to ask for advice and follow their recommendations.

0151 920 8234

Report incident to Designated Safeguarding Officers Alex/ Bev/ Sandra

Document as accurately as possible (following safeguarding procedures)

Allegation arises due to suspicious circumstances, e.g. injury, comments by children or their play

1st Steps Safeguarding Children Procedures

What to do if an allegation occurs.

Incident will be reported to

LADO

0151 934 3783

Ofsted

**0300 123 1231.**

Investigations will follow, staff will be suspended where necessary awaiting their instruction.

Report incident to Designated Safeguarding Officers Alex/ Bev/ Sandra

Incident will be assessed

Document as accurately as possible (follow safeguarding procedures)

Allegation towards member of staff, i.e. physical/emotional form a parent, child or other staff member.