

# Safeguarding Children



## Child Protection Statement and Policy

Lead safeguarding Officer: Jennifer Lindow

Deputy safeguarding officer: Chloe Wigley

This policy has been written on the to reflect current practice and will be reviewed annually.

This policy and procedure was adopted on August 8<sup>th</sup> 2015

Reviewed

05/12/2015

05/12/2016

06/07/2017

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23/06/2021

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## Legislation

The following child protection legislations are relevant to this document and safeguarding practices within our pre school and childcare business.

### Children Act 1989

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### Children Act 2004

<https://www.legislation.gov.uk/ukpga/2004/31/contents>

### Safeguarding Vulnerable Groups Act 2006

<https://www.legislation.gov.uk/ukpga/2006/47/contents>

### Protection of Freedoms Act 2012

<https://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

### Children and Families Act 2014

[Children and Families Act 2014 \(legislation.gov.uk\)](#)

### Working together to safeguard children (2018)

[Working together to safeguard children - GOV.UK \(www.gov.uk\)](#)

### Early Years Foundation Stage 2021 statutory framework

[Early years foundation stage \(EYFS\) statutory framework - GOV.UK \(www.gov.uk\)](#)

### Prevent Duty

<https://www.gov.uk/government/publications/prevent-duty-guidance>

### Information sharing guidance for safeguarding practitioners

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

### GDPR and Data Protection Act 2018

<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>

<https://www.gov.uk/data-protection>

### British Values

## Contact Numbers

**Local Authority Designated Safeguarding Lead (LADO)** Gemma Taylor LADO

020 8461 7775 (via Bromley Safeguarding Children's Board) [gemma.taylor@bromley.gov.uk](mailto:gemma.taylor@bromley.gov.uk)  
[lado@bromley.gov.uk](mailto:lado@bromley.gov.uk) (general enquiries) [lado@bromley.gcsx.gov.uk](mailto:lado@bromley.gcsx.gov.uk) (secure email)

**Jenna Lindow Safeguarding Lead** – 07518103023

Janet Wilson – 0771363 4384 (director)

Timothy Wilson – 07977260806 (director)

**Multi-Agency Safeguarding Hub**

(MASH 020 8461 7373/7379/7026

[mash@bromley.gov.uk](mailto:mash@bromley.gov.uk) out of Hours 030 0303 8671

**AntiRadicalisation PREVENT Team** 020 7340 7264

[Counter.terrorism@education.gsi.gov.uk](mailto:Counter.terrorism@education.gsi.gov.uk)

**Bromley Safeguarding Partnership Bromley council Early Help / CAF Team**

[cafadmin@bromley.gov.uk](mailto:cafadmin@bromley.gov.uk) 020 8461 7174 Greenwood designated safeguarding leads DSL Laura Sullivan DDSL Wendy Giles

**Ofsted** : 0300 123 1231

**Bromley Children Project**

Email: [bcpadmin@bromley.gov.uk](mailto:bcpadmin@bromley.gov.uk)

**Tel:** 020 8461 7259

**Fax:** 020 8466 0587

Central Library, High Street, Bromley, BR1 1EX

## Safeguarding Children Statement

Lilly Brook Childcare Ltd is committed to creating and maintaining the safest possible environment for children in which to be cared for and free to play. We believe that it is always unacceptable for a child to experience abuse of any kind and we recognise our responsibility to safeguard the welfare of all children, by a commitment to practice which protects them. We have developed this policy in accordance with local and national statutory requirements.

The purpose of this policy is to:

- Provide Guidance on how we at Lilly Brook can work towards protection for all the children who are in our care.
- Provide all staff with guidance on procedures they should adopt if they suspect a child may be experiencing or be at risk of harm – including how to make a referral.

- Provide all staff with guidance on what will happen if an allegation is made against them.

This policy applies to all staff including pre school, office, regional and agency staff as well as students, volunteers and anyone working on behalf of the company.

We recognise that:

- The welfare of the child is paramount, and they have a fundamental right to feel safe, secure, respected, valued and confident to talk openly with the reassurance that we will listen.
- All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity have the right to equal protection from all types of harm or abuse and have the right to freedom from abuse.
- Working in partnership with children, their parents, carers and other agencies is essential in promoting young people's welfare.
- All our staff need to be carefully selected and trained and accept responsibility for safeguarding children in their care. We operate a safer recruitment policy.

We will endeavour to safeguard children by:

- Valuing them, listening to and respecting them
- Adopting child protection guidelines and statutory requirements through detailed procedures adopting a code of conduct for staff, parents and visitors
- Responding quickly and appropriately to all suspicions or allegations of abuse or issues relating to child welfare
- Working in partnership with parents, carers, families, and children and providing them with the opportunities to voice any concerns they may have ☐ recruiting staff safely and ensuring all necessary checks are made.
- Sharing information about child protection and good practice with parents and staff
- Sharing information about concerns with agencies who need to know and involving parents and children appropriately.
- providing effective management for all staff through induction, supervision, support, and appropriate safeguarding training
- ensuring that confidential information is stored and managed in accordance with national guidance.
- We are also committed to ensuring that our Safeguarding Children policies and procedures are live documents that are continually reviewed and updated.
- Using activities within the setting to raise awareness of what is acceptable and non-acceptable behaviour. To promote self-confidence and awareness, self-esteem, assertiveness, and decision making so that young children can understand how to protect themselves and the importance of protecting others.
- Ensuring all staff can recognise the signs and symptoms of abuse and are aware of the settings procedures and lines of communication.

- The Safeguarding leads will attend update sessions run by the local authority to discuss developments within the sector and learn by sharing knowledge.

## Early Intervention

### What is early help for families?

Early help is about supporting families who are struggling with the day-to-day challenges they are facing. This could be when first becoming a parent or when a parent first faces a challenge that they feel they need help to manage, regardless of the age of their children, (pre-school, school age or leaving school).

### What does Bromley offer?

A range of services within one team, as well as linking with other agencies such as Health Visitors, which makes it easier for families to get the right help, at the right time, from the right people. In Bromley our early help is known as early intervention and family support services and includes: -

### Bromley Children Project

**Email:** [bcpadmin@bromley.gov.uk](mailto:bcpadmin@bromley.gov.uk)

**Tel:** 020 8461 7259

**Fax:** 020 8466 0587

Central Library, High Street, Bromley, BR1 1EX

### Bromley Children Project

## Children and Family Centres

Following the Prime Minister's announcement on 23 March 2020, all of our Children and Family Centres have been temporarily closed.

Although we have been unable to offer activities in the usual way, the Bromley Children Project has been working hard to make sure that support, activities and services are made available to Bromley's families. For example, the new parenting hotline and access to foodbank vouchers.

For up-to-date information and further details, please visit The Bromley Children Project - Facebook page

Alternatively, if you have any queries, please call one the mobile numbers below where a member of the team will be happy to assist:

**Community Vision 07715 050 786**

**Burnt Ash 07715 050 796**

**Castlecombe 07715 050 789**

**Biggin Hill 07738 801 892**  
**Blenheim 07885 971 671**  
**Cotmandene 07866 924 204**

[www.bromley.gov.uk/COVID-19](http://www.bromley.gov.uk/COVID-19)

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Children and Family Centres offer a range of services to meet the needs of children under five and support their families. There are six children and family centres in Bromley and the services provided are designed around the needs of the surrounding area.

The centres are places where children can make friends and learn as they play. Parents and carers can access professional advice on health and family matters, learn about training and job opportunities or just socialise with other people. The types of activities and support that may be running at your local children and family centre are:

- Universal services such as baby clinics, developmental health checks, speech and language drop ins
- Targeted services including Acorn groups, counselling for adults and children, Domestic Violence programmes
- Family support and parenting from Family Support and Parenting Practitioners, Health Visitors, Midwives and young mum groups
- Information and advice on housing, childminding support and breastfeeding support
- A range of courses and drop in sessions for parents and their children aged from 0 to 5 years designed around child development, school readiness, health and wellbeing and acquiring new skills
- Quality play sessions and other additional provision for parents with children of primary school age.

The Children and Family Centres aim to offer a range of targeted services from professional organisations for courses and activities such as:

- Parenting skills
- Baby massage
- Debt and money management skills
- Employment and job seeking skills
- First aid training
- Healthy eating
- Post natal courses
- Speech therapy

There are six centres;

- Biggin Hill Children and Family Centre
- Blenheim Children and Family Centre
- Burnt Ash Children and Family Centre
- Castlecombe Children and Family Centre
- Community Vision Children and Family Centre
- Cotmandene Children and Family Centre

## Common Assessment Framework (CAF)

- Sometimes children and families may need extra support. One way of providing support to them is to use the Common Assessment Framework or CAF.
- The Common Assessment Framework (CAF) is a tool to support early intervention, this means when used effectively it ensures families receive the right support at an early stage before a small need grows into a larger one.
- It is intended to be used as an assessment that looks at the issues affecting the family with a strong focus on how to improve the situation and who are the best agencies to support them.
- The process is entirely voluntary and informed consent from the parent or carer and or young person is mandatory, so families do not have to engage and if they do, they can choose what information they want to share.
- Children and families should not feel stigmatised by the CAF; indeed they can ask for a CAF to be completed by any professional that they trust.
- Following the completion of the assessment an action plan, agreed by the family, will be put into place and monitored to ensure that it is effective.
- Sometimes it is helpful to hold a multi-agency meeting including the family so that information can be shared to enable everyone to plan the next steps together. This meeting is referred to as a Team Around the Child or Family (TAC/F) meeting.

[https://www.bromley.gov.uk/info/200071/parental\\_support/533/common\\_assessment\\_framework\\_caf](https://www.bromley.gov.uk/info/200071/parental_support/533/common_assessment_framework_caf)

## Staff's roles and responsibility in child protection

# CHILD PROTECTION IS THE RESPONSIBILITY OF EVERYONE!!!!!!

Everyone who is involved in caring for a young child has a role to play in keeping them safe. As a staff member of Lilly Brook Childcare LTD you are in close contact with young children daily and will notice changes in behaviour, appearance and if you have reason to suspect a child in your care is being abused or likely to be abused it is a duty of care that you must act on that child's behalf whilst following the company Safeguarding and child protection policy.

Lilly Brook Childcare LTD staff will work closely with parents, children and the local community to ensure the welfare and safety of children and help facilitate the best start in life. Children have the right to be treated with respect and to be safe from abuse.

## The Designated Safeguarding Officer

The designated officer for Lilly Brook Pre School is  
**Jenna Lindow**

The setting safeguarding officer is responsible for

- Co-ordinating child protection action within the setting
- Liaising with other agencies
- Ensuring the locally established procedures are followed including reporting and referral processes.
- Acting as a consultant for others within the setting for staff to discuss their concerns with.
- Make referrals as necessary.
- Maintaining a confidential record system
- Representing or ensuring the setting is represented at inter agency meetings in particular strategy discussions and child protection conferences.
- Managing and monitoring the settings part in childcare and child protection plans
- Ensuring all setting staff have received appropriate and up to date child protection training. This can be in house or externally.

If the designated person is unavailable, staff should talk to **Chloe Wigley** the second lead officer. If you are unsatisfied with the response of either designated person then contact **Janet or Timothy Wilson** without delay.

## How to share your concerns

Keep factual notes of concerns (what have you observed and heard, not opinion)

Discuss your concerns with Jennifer Lindow, Janet Wilson or Timothy Wilson

If none are available you can contact the following people for immediate advice:

MASH – Multi Agency referral contacts (Taken from BKSBB Website 23/06/2021)

FGM referrals – Taken from the BKSBB website

Referrals into MASH raising concerns regarding FGM

FGM is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls, and therefore should be dealt with as part of existing child and adult safeguarding/ protection structures, policies and procedures. If a child under the age of 18 has had FGM, or if there are good reasons to suspect they are at risk of FGM (having considered their family history or other relevant factor), they must be referred using standard existing safeguarding procedures, as is the procedure with all other instances of child abuse. There are three circumstances relating to FGM which require identification and intervention:

- Where a child is at risk of FGM
- Where a child has been abused through FGM
- Where a prospective mother has undergone FGM All agencies are expected to undertake a risk assessment and information gathering exercise prior to making a formal referral to Children's Social Care. If the matter is urgent, ring the police or MASH team without delay.

**A referral should include the following**

- Confirmation that family has been informed of referral (unless this places child at immediate/further risk of harm)
- Full details of parents and any children in the family (including unborn with E.D.D)
- Information regarding extended family members who may have a significant influence.
- Specific factors which may heighten a girl's or woman's risk of being affected by FGM.
- Any information / signs that may suggest that FGM may be about to take place soon.
- Indicators / evidence that a girl or woman has already been subjected to FGM.
- Confirmation whether appropriate advice and information to the family has already been provided regarding the law and harmful consequences of FGM and information as to the family's response.
- Parental/carer attitudes and understanding about the practice and where appropriate Child/young person's knowledge, understanding and views on the issue - Any information as to whether previous CSC assessments (in regard to other children of family) relating to concerns re FGM have been completed and by whom

**Accidents and Injuries on arrival**

If a child arrives at the setting with any bruising, cuts or grazes, having had any accidents or injuries it is the responsibility of the staff to ensure that an accident and injury on arrival recording sheet has been completed. This must be complete and signed by the end of the session. The child can be asked about their bruising or cuts although staff must not ask leading questions.

Such as how did you hurt your leg? As this implies they hurt their leg, try to use sentences such as “Does it hurt?” “How did that happen?”.

Do be very mindful children have feelings too and that staff should be aware that persistently asking a child about bruising can affect them. Therefore, you the staff are expected to ask questions in a sensitive manner and not make a spectacle of the child or draw attention in front of their peers as this can be emotionally harmful in itself.

If a child arrives at Lilly Brook Pre-school requiring emergency treatment call 999. The Pre-school Manager or Designated person will also be required to contact and inform the local authority and Ofsted.

Write a factual account of the event, sign and date the records for future reference. Ensure all documentation is placed in a sealed envelope and addressed Private and Confidential for the attention of Jennifer Lindow. This must be stored safely and locked away. If the child or others have spoken be careful to use exact words not impressions keeping it objective not subjective.

If appropriate the safeguarding officer on duty will share any initial concerns with children’s parents, as there may be a perfectly innocent explanation for changes which you have observed, for example:

- A sudden change in behaviour could be due to death or illness in the family or a pet.
- Weight loss and or failing to thrive could be due to illness.
- A sibling or another child could have inflicted an injury accidentally.

However if.....

- You suspect sexual abuse.
- You do not get an explanation which you feel is consistent or acceptable from the parents or carers.
- You feel that discussing the issue with parents may put the child at further risk of significant harm.
- You think a criminal offence has been committed.

Then you discuss your concerns with Jenna Lindow without delay.

LADO(Local Authority Designated Officer)

**Gemma Taylor** (correct as of the 23/06/2021)

If you receive information to suggest a member of staff working within the borough of Bromley has:

- Behaved in a way that has harmed a child, 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 s/he would pose a risk of harm if they work regularly or closely with children

Please report the matter to the Local Authority Designated Officer (LADO) immediately by calling **0208 461 7775 or 0208 313 4325.**

If the allegation is to be reported out of office hours, contact Children's Social Care **Out of hours Emergency Duty Team on 0300 303 8671.** See the Protocol below for timescales for reporting.

Please do not:

- Investigate the allegation
- Ask leading questions
- Promise confidentiality
- Discuss the allegation with the accused person even if you have to suspend them

Please do ensure:

- If the child is injured the parents are advised and medical attention is sought
- The child and other relevant children are safeguarded from any potential risk of harm

IF IN DOUBT ALWAYS SPEAK TO THE LADO.

[Lado Procedure \(BKSB Website\)](#)

[https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/articles/604/A5\\_LA\\_DO\\_Procedure\\_Brochure\\_8pp.pdf](https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/articles/604/A5_LA_DO_Procedure_Brochure_8pp.pdf)

[Meet The LADO](#)

[https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/articles/604/Meet\\_the\\_LADOposter202010.pdf](https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/articles/604/Meet_the_LADOposter202010.pdf)

## Concerns or uncertainties

There may be occasions when you have concerns about a child, which do not appear to justify a referral of suspected child abuse, but nonetheless leave you feeling uncomfortable. In these circumstances, following consultation with the setting Safeguarding officer Jenna Lindow you must telephone either:

- **LADO (Local Authority Designated Officer):** Bromley Early Years & Childcare Services) Details above.
- **Local Authority Support & Advice Officer:** for Day care & Pre Schools is Marghenita Green : 0208 461 7206 07984 181 247
- **Children's Social Services for Advice.**  
**Local Authority Social Services:** Bromley Children & Families duty social worker – children & families referral and assessment teams (office hours 8.45 am – 5pm)  
0208 461 7379 - 0208 461 7404 - 0208 461 7373

And ask for “a consultation with the duty social worker on a child protection issue” to talk through your concerns.

You do not need to give the child's name at this point. The duty social worker will advise whether or not your concerns do justify making a child protection referral.

The social worker may consider the child to be a “child in need” rather than “a child at risk from significant harm”. In this case, a referral to children’s social services should be made but only with the parent’s agreement.

Families sometimes have a negative perception of the role of children’s Social Services, and are reluctant to contact them, fearing that their children may be taken into care. The reality is that children’s social services can offer a lot of help, both directly and through other agencies, to families who are experiencing difficulties, so your influence and support in the referral process will be very important.

Children’s social services will assess the family, probably along with other agencies, and put in a support package if appropriate, of which Lilly Brook Pre – School may well be part.

If the family concerned is reluctant for children’s Social Services to be contacted and following a discussion with Jenna Lindow you can ask the parents’ permission to contact another relevant agency on their behalf such as the health visitor. It is important to document that parental consent had been obtained.

## Child abuse - child protection plans

**After a child protection conference, the local authority might draw up a plan to protect your child. This is called a child protection plan. This page tells you more about child protection plans.**

### **What is a child protection plan?**

A child protection plan is a plan drawn up by the local authority. It sets out how the child can be kept safe, how things can be made better for the family and what support they will need. As a parent, you should be told:

- the reason for the plan
- what you should do to make sure the child is protected
- what services are being offered
- who you should contact for more information.

### **How does the local authority decide that a child protection plan is needed?**

The local authority will decide whether a child protection plan is needed by taking into account the information discussed at the child protection conference. They will base their decision on:

- known family history, including previous contact with agencies like healthcare professionals and social workers
- their earlier investigations

- written and verbal evidence brought to the child protection conference. The chair at the child protection conference must take into account the views of other professionals who gave evidence but doesn't have to follow these views.

If the child protection conference decides that the child is suffering, or is likely to suffer, significant harm, the local authority will draw up a child protection plan.

### **What will the plan cover?**

The plan will:

- name the members of a core group of professionals and family members who will develop the plan and put it into practice. The social worker who is acting as the keyworker will be responsible for coordinating the core group
- set out steps needed to safeguard the child. These must be specific and measurable
- set out the services needed for the child's well-being to be protected. This could include, for example, regular visits by social workers to the family home to offer practical or emotional support and other services, such as a place in a nursery or a home help
- say what will happen if the plan isn't kept to. For example, if you, as the parent, don't carry out what has been agreed, the plan will usually state that the local authority will apply for a court order
- make clear who will have responsibility for what actions, including actions that family members have to take, with timescales
- make clear which professional is responsible for checking that the actions have taken place and what action will be taken if they don't happen
- set the date for a further child protection conference when the plan will be reviewed - this is called a **child protection review conference**
- set the date when the core group will have its first meeting. This has to be within ten days of the child protection conference.

### **Do parents have to let social workers in the house if there's a child protection plan in place?**

Even if a child protection plan is in place, social workers have no right to enter the family home uninvited and you, as the parent, have a right to refuse them access. However, if you refuse to let them in and the social worker is concerned that the child might be in danger, the local authority could decide to apply for an emergency protection order or other court order in order to take the child away, or even have a police officer remove the child immediately.

### **Reviews**

Child protection plans are reviewed at further review conferences which take place every three to six months.

If the social workers decide that all is well and the plan no longer needs to be followed, these meetings will no longer happen.

## **When will a child come off a child protection plan?**

The child will come off a child protection plan if:

- the local authority decides that the child is no longer suffering or at risk of significant harm and so no longer needs safeguarding through a child protection plan
- the child reaches the age of 18. To end the plan, social services should have a review around the child's birthday
- the child permanently leaves the UK.

## **What if a child protection plan isn't enough to keep the child safe?**

If the concerns are so great that the local authority thinks that a child protection plan won't keep the child safe, or that the plan isn't working, they may send a written notice to the parents that they are going to start care proceedings.

## **What happens if you move from one social services area to another?**

If a child protection plan is in place, this doesn't stop you, as the parents, from moving to a different area. You don't have to inform the local authority that you're moving, although you'd generally be advised to do so to make sure the child gets the help and protection they need. Also if you don't tell them you've moved, this could increase their concerns about your family and lead them to applying for a court order to protect the child. If you tell them you have moved, the new area then has to call a child protection conference immediately. This will decide what will happen next.

## **If you're unhappy with a child protection plan**

Parents should be given a written copy of the plan by the social worker. If you're a parent and you haven't been given a copy of the plan, discuss this with the key worker.

You may be unhappy with a child protection plan. For example, you may feel:

- a child protection plan isn't necessary or that even if it's necessary, it shouldn't cover the issues set out
- other services are needed but they haven't been included in the plan.

If you're still unhappy after discussing your concerns with the key worker, you should get legal advice from a specialist, if you haven't already done so. This is because the consequences of not following the plan can be very serious, both for the child and for the family. You might get legal aid.

You may want to make a complaint about the way that a plan was drawn up, for example, if relevant evidence was not taken into account or if professionals acted in a discriminatory way. It's best to get advice from a specialist about how to complain in these circumstances.

## Serious Concerns

If you are reasonably confident that the child concerned is likely to be at risk, you must immediately discuss this with Jenna Lindow. She will then telephone the children's Social Services office immediately and ask to speak to the duty social worker stating that she has serious concerns about a child in her care. If Jenna Lindow is not available, then you should speak to Chloe Wigley, Janet or Timothy Wilson Lilly Brook Childcare LTD directors. If neither of the directors are available, you should contact Children's social services yourself for advice.

Children's social services (open 8.45 – 5.00 pm (Monday – Friday)

0208 461 7379

0208 461 7404

0208 461 7373

( Ask for the duty assessment team for children and families stating that you want “ A consultation with the duty social worker on a child protection issue”

Out of hours – 0208 464 4848

When making a referral, Jenna Lindow will need to provide the following information and will have it to hand when telephoning.

- The name, address, DOB, ethnic origin, and gender of the child
- The names and contact telephone numbers of parents and other carers or close family members if known.
- The name, address and telephone number of the child's doctor and health visitor if applicable.
- The incidents which gives rise for concern with dates and times
- The nature of the injuries observed and or the reasons for your concerns.

Following the telephone referral, we will be expected to follow this up in writing, within 24 hours by completing a inter agency referral form. These are available from the Bromley safeguarding children board website or within the Lilly Brook Safeguarding Children's File.

Under section 47 of the children's act 1989, Local authorities have a statutory duty to make enquiries, where they have “reasonable cause to suspect that a child is suffering or is likely to suffer significant harm”. The children's social services department carries their responsibility on behalf of the local authority. Once we have made a referral we have fulfilled our responsibility to the child. It is at this point that children's social services will take over and a decision will be made on what happens next. All referrals are taken seriously and the needs of the family and child will be assessed, so that appropriate enquiries are followed up and support can be put into place where relevant. Enquiries will be made to other professionals and the child's family. Lilly Brook Pre- School may be included in these enquiries and we may be part of ongoing support for the child. Under section 47 (9) all staff at Lilly Brook Pre – School has a duty to co – operate with these enquiries if required to do so.

What will be the outcome?

Having made a referral about a child, you will probably want to know the outcome of the investigation. You should receive some information, but for reasons of confidentiality, this will be on a need to know basis. Jenna Lindow should be invited to participate in any meetings set up for the child.

## How to respond to a child who discloses something to you

If a child tells you something, it is important that you respond appropriately:

- Do listen to the child
- Allow the child or young person to make the disclosure at their own pace and in their own way.
- Do not interrogate the child. It is alright to ask for clarification, but you should not ask leading questions. Misguided or inappropriate questioning in the first instance can do more harm than good and may contaminate evidence, which could be needed in an investigation. The interviewing of children must be undertaken by the trained social workers or police officers.
- Do not make any promises to the child about not passing on the information- the child needs to know that you have to talk to someone who will be able to help them.
- Record the information as accurately as you can, including the timing, setting, and those present as well as what was said. Do not exaggerate or embellish what you have heard in any way
- Inform the designated person

## Record Keeping

Staff can play a vital role in helping children in need or at risk by effective monitoring and record keeping. Any incident or behavioural change in a child or young person that gives cause for concern should be recorded on an incident sheet, copies of which are kept factual and reflect the words used by the child or young person. Records must be signed and dated with timings if appropriate.

Information to be recorded:

- Child's name and date of birth
- Child in norm context
- The incident with dates and times
- A verbatim record of what the child or young person has said
- If recording bruising / injuries indicate position, colour, size, shape and time on body map.
- Action Taken

Please also refer to the setting recording guidelines policy.

## What to do if you need to take emergency action to protect a child

On a very rare occasion, it may be necessary to act quickly, for example, to protect a child from a drunk or violent parent. In these circumstances it would be appropriate to discuss this with Jennifer Lindow or timothy or Janet Wilson immediately who should telephone the police.

However, it is important to remember that these types of scenarios are very unlikely to happen although they require consideration to ensure good practice is followed.

## What support is available to you?

Any member of the team affected by issues arising from concerns for children's welfare or safety can seek support from their designated person for child protection.

The designated person for child protection can provide staff and parents with contact details of relevant agencies that may be able to help..

## Monitor and review

All setting personnel and visiting staff will have access to a copy of this policy and will have the opportunity to consider and discuss the contents prior to approval being formally sought. The policy will also be available to parents.

This policy will form part of the settings development plan and will be reviewed annually.

All staff should have access to this policy and sign to the effect that they have read and understood its contents.

Practitioners have a duty to safeguard and promote the welfare of the children we work with. As professional's we work daily with children and will form relationships with the families through an operational key worker system. All staff have a duty of care to be aware of the different types of abuse. As childcare workers we spend a large proportion of the day working closely with children that may disclose abuse.

This statement lays out the procedures that should be followed if you believe that a child within our care is subject to welfare issues including physical, sexual, emotional abuse and neglect.

Our primary responsibility is the welfare and wellbeing of all children in our care, As such we believe we have a duty to the children/parents and families to act quickly and responsibly to any instance that may come to our attention. All staff will work as a part of a multi-agency team where needed in the best interests of the child.

All staff will be required to be familiar with their responsibilities and act swiftly upon suspicions or concerns they may have about any child or member of staff.

The pre-school will follow the procedures set out in the early year's foundation stage and local safeguarding children's boards (LSCB's) guidance (England)/safeguarding children, working together under the children's Act 2004 and as such will seek advice on all steps taken subsequently. The pre-school has a duty to report any suspicions around abuse to the local authority who have an obligation to investigate such matters.

Staff must not make comment either publicly or in private about a parent's supposed or actual behaviour.

Confidentiality is a core requirement of being a professional and failure to adhere to this will result in disciplinary procedures. No Children or families personal circumstances should be discussed with them or anyone else outside the setting. If a parent approaches a staff member outside of the setting or in public and tries to discuss an issue please remind parents that they must put their worries into an email to the setting or call the setting mobile and talk to Jenna Lindow.

Staff must raise any concerns initially with a manager/Safeguarding lead officer. The manager will then discuss the matter with the registered person and appropriate action will be considered. Staff responsibilities do not include investigating the suspected abuse. However, the staff will be responsible for keeping accurate records of their observations, signed and dated, and of anything said to them by the child or others in connection with the suspected abuse. This information will be kept in a locked cabinet.

It is paramount to listen to children. Strict confidentiality will be observed at all times. All our staff will attend and receive training both internally and externally on how to protect children from abuse. It is the policy of the pre-school to provide a secure and safe environment for all children.

The pre-school will not allow any staff to be left alone with a child has not received their enhanced DBS clearance.

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Professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- has returned home to their family from care;4 and/or
- is showing early signs of abuse and/or neglect.

The pre-school aims to:

- Ensure that children in our care are not placed at risk while in the charge of pre-school staff.
- To complete a risk assessment on all children named with SEN needs and ask parents to provide us with copies of all medical notes and letters with contact numbers of other professionals involved with your child's care. This helps us to build an accurate view of the needs that are required to be supported.
- Ensure that confidentiality is maintained at all times.
- Ensure that all staff are alert to the signs and understands what is meant by safeguarding and are aware of the different ways in which children can be harmed including by other children for example bullying
- Ensure that all staff are familiar with safeguarding issues and procedures
- Regularly review and update this policy.

Children will be supported by offering reassurance, comfort and sensitive interactions. Activities will be devised according to individual circumstances to enable children to develop confidence within their peer group.

Parents and families will be treated with respect in a non-judgemental manner whilst investigations are carried out in the best interests of the child.

## Types of Abuse

- Domestic Violence
- Bullying/cyber bullying
- Child sexual exploitation
- Child trafficking
- Female genital mutilation
- Grooming
- Forced/arranged marriage.
- Breast ironing
- Financial/material abuse
- Modern slavery
- Discriminatory Abuse
- Physical abuse

Action will be taken under this heading if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning: where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented.

### Procedure:

- Any sign of a mark/ injury to a child when they come into pre-school will be recorded.
- The incident will be discussed with the parent/carer. Responses will be recorded Accurately and parents will sign to confirm this is what happened.
- Such discussions will be recorded and the parent/carer will have access to such records
- If there appear to be any queries regarding the injury and or a regular ongoing history of recorded events for concern. The child protection unit in the local authority will be notified.

### Sexual Abuse

Action will be taken under this heading if the staff team have witnessed occasions where a child indicated sexual activity through words, play, drawing, had an excessive pre – occupation with sexual matters, or had an inappropriate knowledge of sexual behaviour.

### Procedure

- Observed instances will be reported to the pre-school manager
- The matter will be referred to the local authority.

### Emotional Abuse

Action will be taken under this heading if the staff team have reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

### Procedure

- The concern will be discussed with the parent/carer
- Such discussions will be recorded and the parent/carer will have access to such records
- If there appear to be any queries regarding the circumstances, the matter will be referred to the local authority.

### Neglect

Action will be taken under this heading if the staff team have reason to believe that there has been persistent or severe neglect of a child( for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including failure to thrive.

#### Procedure

- The concern will be discussed with the parent/carer
- Such discussions will be recorded and the parent/carer will have access to such records.
- If there appear to be any queries regarding the circumstances the local authority will be notified.

## Recording suspicions of abuse and disclosure

Staff will make an objective record of any observation or disclosure and must include:

1. Child's name
2. Child's address
3. Age of the child and date of birth
4. Date and time of the observation or the disclosure
5. Exact words spoken by the child
6. Name of the person to whom the concern was reported, with date and time and the names of any other person present at the time.

These records are signed and dated and kept in a separate confidential file.

All members of staff know the procedures for recording and reporting. It may be thought necessary that through discussion with all concerned the matter needs to be raised with the local safeguarding board (LSB) and Ofsted staff involved may be asked to supply details of any information they have concerns with regard to a child. The pre-school expects all members of staff to cooperate with the Ofsted in any way necessary to ensure the safety of the children.

All staff will attend in house safeguarding training at the pre-school within their first nine months of employment.

## Staffing and volunteering

We have a named person within the pre-school that coordinates safeguarding and welfare issues. The designated person undertakes specific training and accesses regular updates to developments in this field.

The named person for safeguarding at the pre-school is

**Jennifer Lindow**

The second named person for safeguarding is

**Chloe Wigley**

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Children have said that they need

- Vigilance: to have adults notice when things are troubling them
- Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- Stability: to be able to develop an on-going stable relationship of trust with those helping them
- Respect: to be treated with the expectation that they are competent rather than not
- Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- Support: to be provided with support in their own right as well as a member of their family
- Advocacy: to be provided with advocacy to assist them in putting forward their views

## Informing parents

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the local authority do not allow this. This will usually be the case where the parent is the likely abuser. In these cases the investigating officers will inform parents.

## Confidentiality

All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the local authority.

Support to families

- The Pre – school takes every step in its power to build up trusting and supportive relations among families, staff and volunteers within the pre – school
- The pre-school continues to welcome the child and family whilst investigations are being made in relation to abuse in the home situation.
- Confidential records kept on a child are shared with the child’s parents or those who have parental responsibility for the child, only if appropriate under the guidance of the local authority
- With the provision that the care and safety of the child is paramount, we will do all in our power to support and work with the child’s family.

## Employees of the pre-school

If an allegation is made against a member of staff, Ofsted and the local authority child protection unit will be informed and investigated. This may result in the pre-school disciplinary procedure being followed.

The incident will be dealt with by the manager/ registered person:

- A full investigation will be carried out to determine how this will be handled
- If the allegation could possibly interfere with the normal working of the pre-school, either the member of staff or the child will be allocated to another area, after due consultation with all parties.
- The pre-school reserves the right to suspend any member of staff during an investigation
- All investigations/ interviews will be documented and kept in a locked file
- Unfounded allegations will result in all rights being re-instated.
- Founded allegations will be passed on to the relevant organisation (police) and will result in the termination of employment. Ofsted will be notified immediately of this decision

Child protection begins by safeguarding the wellbeing of children. The provision will create an environment in which children are safe from harm and abuse.

In order to do this the provision will:

- exclude known abusers
- ensure good practice
- provide training
- support families
- keep accurate records
- respond appropriately to suspicion of abuse
- liaise with other agencies
- ensure parents/carers are aware of the settings child protection policy and procedures

The welfare of the children is paramount and any suspicion of abuse must be responded to promptly and appropriately.

## Allegations against staff within the children's workforce in Bromley

### Information about reporting allegations and for those subject to allegations

All organisations providing services to children must ensure that those who work with or on behalf of children and young people are competent, confident and safe to do so. Likewise anyone who comes into contact with children and young people in their work has a duty of care to safeguard and promote their welfare.

The vast majority of adults who work with children act professionally and aim to provide a safe and supportive environment which secures the well-being and very best outcomes for children and young people in their care. However, it is recognised that in this area of work tensions and misunderstandings can occur. It is here that the behaviour of adults can give rise to allegations of abuse being made against them. Allegations may be misplaced or malicious. They may arise from differing perceptions of the same event, but when they occur, they are inevitably distressing and difficult for all concerned.

Equally, it must be recognised that some allegations will be genuine and there are adults who will deliberately seek out, create or exploit opportunities to abuse children. It is therefore essential that a clear process exists for the investigation and resolution of allegations made for the benefit of all concerned.

#### **Who is covered by the allegations against staff process?**

This process covers all persons working within the children's workforce in either a paid or unpaid capacity and includes volunteers and foster carers. This includes anyone working in a health, education, social care or voluntary sector service setting as well as any other service provided to children.

#### **Who is responsible for the allegations against staff process in Bromley?**

The process is managed by Bromley's LADO (Local Authority Designated Officer). All local authorities must have a LADO who is responsible for

- managing individual cases
- providing advice and guidance
- liaising with police and other agencies
- monitoring progress of cases for timeliness, thoroughness and fairness.

#### **When is it necessary to contact the LADO?**

All allegations that meet the following criteria must be reported to the LADO

Where it is alleged 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
- behaved towards a child in a way that indicates they are unsuitable to work with children.

The LADO can also be contacted for advice regarding concerns or suspicions about behaviour towards children by staff within Bromley's children's workforce.

### **What happens when I contact the LADO?**

Most referrers will be asked to complete a referral form and where necessary provide other supporting information. The LADO will then complete an initial evaluation and provide advice regarding the pathway to be followed to resolve the allegation.

### **What are the possible options for following up an allegation?**

The LADO will decide whether the allegation made is a potential criminal offence in which case a referral will be made to the police. If the allegation indicates a child or children may be at risk of significant harm then a child protection investigation will be undertaken by Children's Social Care. In these circumstances a Strategy Meeting is likely to be convened to share information about the allegation and plan the investigation and any actions needed to protect children. This meeting will be attended by the police, social workers and senior representatives from the organisation concerned including HR (human resources).

If the allegation does not indicate a potential criminal offence or child protection issue the matter may be passed back to the organisation managing the staff member to resolve under their staffing (disciplinary or standards) process or as a complaint.

### **Who makes allegations against staff?**

Allegations may be made by children, their parents, colleagues or others.

### **What information will parents be told?**

Parents should be told at the earliest opportunity if their child has made an allegation or there is a concern that they may have been harmed by someone working with them. Parents should be kept informed during the investigation process and be told the outcome.

### **How will children be assisted during the process?**

Children should be given the opportunity to share any concerns they have about their care and should be supported throughout the investigation process. They should also be told the outcome and provided with further support if required.

### **Can parents and children refer directly to the LADO?**

If an allegation relates to a possible criminal offence or child protection issue then parents or children can report their concerns direct to the LADO but in general issues should be

raised with a senior member of staff within the organisation (not the person who is the subject of the allegation).

### **What happens if I am subject to an allegation?**

Your manager will contact the LADO for advice. This will include when it is appropriate to share details of the allegation with you and who will be investigating it. You should be offered information about support during the process, this may be via your union representative or a named individual within your workplace. It is acknowledged that being subject to an allegation is a very stressful process.

### **Will I be suspended if I am subject to an allegation?**

Decisions about suspension are made on a case by case basis and depend on the nature and seriousness of the allegation. Whilst the LADO can offer advice only an employer may make a decision to suspend a staff member. Many people subject to allegations are not suspended although their working arrangements may be adjusted whilst the matter is followed up.

### **How long will an allegation take to investigate?**

It is important that allegations are investigated as quickly as possible for all concerned. Initial evaluations by the LADO begin immediately and initial advice is given within a few days and usually concluded within a month. More complex investigations or those involving the police can take longer but the LADO is expected to monitor these for timeliness and assist in resolving delays where possible.

### **What happens at the end of the process?**

Which ever process used to investigate the allegation (I.e. criminal, child protection or employer based) will be expected to form a conclusion about the concerns raised based on the available evidence. Following most allegations staff return to the work place and where this is decided support should be offered to enable this to happen successfully. If it is concluded that someone working with children has harmed a child or is unsuitable to work with children it is possible they will be dismissed by their employer and in these cases a referral will be made to ISA (the Independent Safeguarding Authority) to consider whether this person should be barred from working with children.

Whatever the outcome the LADO will assist the organisation in which the allegation occurred regarding any lessons to be learnt and ways in which safer working arrangements can be improved.

### **What records will be kept regarding allegations?**

Allegations that are found to be malicious should be removed from personnel records. However for all other requirements it is a requirement that a summary of any allegations made and the outcome of any investigation is kept on the HR file of the person concerned. This record should be kept for 10 years or until retirement whichever is the sooner. Other records may be held by agencies involved in investigating allegations.

### **I am a manager of an organisation providing services to children - what are my responsibilities?**

Member organisations of Bromley's Safeguarding Children Board should have a named senior officer who has responsibility for ensuring that procedures are in place for dealing with allegations against staff.

All organisations should have an identified senior manager to whom allegations or concerns can be reported. All staff or volunteers should be made aware who this person is, who to contact in their absence and of the procedures relating to allegations against staff which should include the LADO's details. Anyone working with children should be subject to the appropriate checks and be provided with clear expectations about what is expected from them in their contact with children. The safer working guidance detailed above is a useful framework to follow.

## DBS Safer recruitment

Successful applicants will only start employment subject to a minimum of three references one of which has to be from last employer, one from another workplace or tutor at an educational facility, a personal reference and DBS check being carried out. In addition all volunteers helping in the session will be subject to the same checks as paid staff. Anybody who has access to children unsupervised and/or records will be subject to a DBS check.

Ensure good practice

- The group will appoint a Safeguarding Officer, Name:- Miss Jennifer Lindow (Manager)
- All applicants applying for work within the provision, both paid and unpaid, will be interviewed before appointment and asked to provide three references. All references must be followed up.
- Children will be supervised at all times by a responsible DBS checked adult.
- All adults, both paid and unpaid, will be subject to a probationary period of 6 months and will not be confirmed in post until the provision are confident the applicant can be safely entrusted with children.
- There are no circumstances in which children will be punished by smacking, slapping, shaking or any other means. Neither will humiliating and/or frightening methods of punishment be used.
- All visitors will sign in and out on arrival and departure and state the purpose for the visit. Children will not be left alone with visitors to the provision.
- Students will be closely supervised at all times by a responsible DBS checked adult.
- Only adults with DBS checks will accompany children to the toilet who are a member of staff within the setting.
- Children will only be collected from the provision by an authorised adult known to the provision. (See Collection Policy)
- Mobile phones will be surrendered on entry to the manager. See mobile phones and digital equipment policy.
- Staff will listen to and respect children and actively encourage children to participate in their own well being and personal safety.
- Children will be accompanied at all times by authorised adults when taking part in the provisions external activities, e.g. walks, visit etc.

## Special Needs

We recognise that statistically children with behavioural difficulties and disabilities are most vulnerable to abuse. Staff who deal with children with profound and multiple disabilities and sensory impairments and/or emotional and behavioural problems need to be particularly sensitive to signs of abuse.

## Training

- All staff and volunteers will be required to attend in house child protection training.
- The designated member of staff of the provision will ensure all staff and volunteers have knowledge of, and access to, the current legislation.
- The designated member of staff in the provision will ensure all staff and volunteers have awareness of, and access to, local authority Child Protection courses; or any other appropriate courses.
- Staff will be made aware of and have access to all information, policies and procedures relating to the safeguarding of children including categories of abuse: physical, emotional, sexual and neglect.

## Support families

- The provision will endeavour to build trusting and supportive relationships between families , staff and volunteers.
- The provision believes the care and safety of the child is paramount and will do all it can to support and work with the child's family.
- Where abuse is suspected at home or elsewhere, the provision will continue to support the child and family whilst investigations proceed.
- Confidential records on a child will be shared with the child's parents, except in cases in which parents are implicated and evidence gives rise for concern.
- Keep accurate records, including a chronological account of each separate concern or incident noted.
- Whenever worrying changes are observed in a child's behaviour or physical condition, or if there is an injury, a confidential record should be set up.
- The record will include (in addition to the child's name, address, age and date) observations of the child's behaviour/appearance, without comment or interpretation.
- Exact words spoken by the child may also be recorded, timed, dated, and signed by the recorder.
- Such records must be kept confidential and should not be accessible to anyone in the provision other than the designated member of staff who will inform the registered person/responsible individual person as appropriate.
- Respond appropriately to suspicion of abuse
- All adults have a duty of care to safeguard children and respond appropriately to any situation where they feel the child's welfare is at risk.

- Changes in a child's behaviour or injuries will be reported to the Child Protection Coordinator and will be monitored and recorded and action taken when appropriate.
- Parents will normally be the first point of contact, unless it is deemed that the child would be at risk.
- The designated person can refer to NSPCC, Social Services duty team or the police for guidance.
- If an allegation of child abuse is made against a member of staff/adult/volunteer, it is essential that procedures are followed and the complaint investigated by social services immediately.

It is essential that the investigation carried out by social services be dealt with without discrimination.

- All reported suspicions and referrals to Social Services will be kept confidential and the provision will be guided by Social Services.

If the accusation is in relation to a member of staff they will be suspended on full pay until the investigation by social services is complete. The provision's discipline and grievance procedure should be followed.

Further advice on employment can be sought from ACAS on 08457 47 47 47.

If the accusation is in relation to a volunteer they will be excluded from the provision until the investigation carried out by social services is complete. Further advice can be taken from the Citizen Advice Bureau (CAB).

## Whistle blowing

If a member of staff/volunteer/adult is suspected, seen or known to abuse a child at any time and in any way child protection referral procedures must be followed and Ofsted informed.

Failure to report suspected abuse will result in disciplinary action being taken.

Anyone suspected of abuse will be suspended pending an investigation by social services. However, in some circumstances where it is clear that gross misconduct in relation to Child Protection Procedures is evident, then the employee will be dismissed under disciplinary and dismissal procedures.

The Person in Charge must refer any concerns to the social services intake and assessment team.

## LIAISE WITH OTHER BODIES

Confidential records on children about whom there is a concern, should be shared with the Social Services.

## Procedure

- We provide adequate and appropriate staffing resources in order to meet the needs of the children.
- Applicants for posts within the pre-school are required to complete DBS checks and disclose any previous history. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We abide by Ofsted requirements in respect of references and DBS checks for all staff, directors and volunteers, to ensure that no disqualified person or unfit person works at the pre-school or has access to the children.
- Volunteers, including students do not work unsupervised.
- We abide by the protection of children Act requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern.
- We have procedures for recording the details of visitors to the pre – school and take security steps to ensure that we have control over who comes into the pre-school, so that no unauthorised person has unsupervised access to the children.
- The deployment of staff within the pre – school allows for constant supervision. Where children need to spend time away from the rest of the group.
- There is an active procedure for recording accidents and injuries on arrival.
- All children will be allocated a key worker.
- If any phone calls are received by the setting, staff are not to disclose any information about any child. Callers will be asked their full name, their company they work for, contact number, their purpose of call, and any messages. Once the caller has gone, 1471 will be pressed and the number called from will be recorded too. This will then be passed onto the manager to investigate further.
- All parents will give the pre-school a password to be used with all communications over the phone that they are not allowed to share with anyone. If a parent rings the setting to discuss a child verification of identity must be made through the correct password being given.
- Disposable passwords will be issued to any other individuals than the parents/guardians on a need by basis.

## Where can I get further information?

Further information is available within the following documents

Additional Advice and support Abuse or safeguarding Issue Link to Guidance/Advice Source Abuse

### **What to do if you're worried a child is being abused**

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused>

### **DfE Advice Domestic Abuse: Various Information/Guidance**

<https://www.gov.uk/guidance/domestic-violence-and-abuse>

**Home Office Faith Based Abuse: National Action Plan**

<https://www.gov.uk/government/publications/national/action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>

**DfE Advice Relationship Abuse: disrespect nobody**

<https://www.disrespectnobody.co.uk/relationship/abuse/what-is-relationship-abuse/>

**Home Office Website Bullying Preventing bullying including cyberbullying**

<https://www.gov.uk/government/publications/preventing/and-tackling-bullying>

**DfE Advice Children and the courts Advice for 5 – 11 year old witnesses in criminal courts**

<https://www.gov.uk/government/publications/young/witness-booklet-for-5-to-11-year-olds>

**Advice Children missing from education, home or care Children missing education**

<https://www.gov.uk/government/publications/children/missing-education>

**DfE Statutory Guidance Children missing from home or care**

<https://www.gov.uk/government/publications/children/who-run-away-or-go-missing-from-home-or-care>

DfE Statutory Guidance Children and adults missing strategy

<https://www.gov.uk/government/publications/missing/children-and-adults-strategy>

**Home Office Strategy Children with Family Members in Prison National Information Centre on Children of Offenders**

<https://www.nicco.org.uk/> Barnardo's in partnership with Her Majesty's Prison and Probation Service advice

- Working Together 2010 (detailed interagency guidance on safeguarding - Page 199 and Appendix 5 Page 356)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942454/Working\\_together\\_to\\_safeguard\\_children\\_inter\\_agency\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)
- London Child Protection Procedures April 2011 (common child protection procedures for all London boroughs - Chapter 15, Pages 441) <https://www.londoncp.co.uk/>
- Safer Recruitment <https://learning.nspcc.org.uk/safeguarding-child-protection/safer-recruitment>
- Dealing with Allegations of Abuse Against Teachers and Other Staff publ. DfE 2011
  
- Escalation policy – resolving professional difference April 2021  
([https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/articles/609/Escalation\\_Policy\\_April\\_2021\\_v1.7\\_100521.pdf](https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/articles/609/Escalation_Policy_April_2021_v1.7_100521.pdf))
  
- 

Signs and symptoms of Fabricated Illness may include pretending to be ill or self-harming to aggravate or induce illness.

There are four main ways people with Fabricated Illness fake or induce illnesses, including:

- lying about symptoms – for example, choosing symptoms that are difficult to disprove, such as having a severe [headache](#) or pretending to have a seizure (fit) or to pass out
- tampering with test results – for example, heating a thermometer to suggest a fever or adding blood to a urine sample
- self-infliction – for example, cutting or burning themselves, poisoning themselves with drugs, or eating food contaminated with bacteria
- aggravating pre-existing conditions – for example, rubbing faeces into wounds to cause an infection, or reopening previously healed wounds

### Other signs

Some clues that a person may have Fabricated Illness include:

- making frequent visits to hospitals in different areas
- claiming to have a history of complex and serious medical conditions with no or little supporting documentary evidence – people often claim they've spent a long time out of the country
- having symptoms that don't correspond to test results
- having symptoms that get worse for no apparent reason
- having very good medical knowledge
- receiving few or no hospital visitors – many people with Fabricated Illness adopt a solitary lifestyle and have little contact with friends or family
- being willing to undergo often painful or dangerous tests and procedures
- reporting symptoms that are vague and inconsistent, or reporting a pattern of symptoms that are "textbook examples" of certain conditions
- telling highly unbelievable and often very elaborate stories about their past – such as claiming to be a decorated war hero or that their parents are fantastically rich and powerful

### Fabricated Illness by internet

Fabricated Illness by internet is a relatively new phenomenon where a person joins an internet support group for people with a serious health condition, such as [cystic fibrosis](#) or leukaemia, and then claims to have the illness themselves.

While these actions may only be confined to the internet, they can have a significant negative impact on support groups and online communities. For example, people with genuine health conditions have reported feelings of betrayal and anger upon discovering they've been lied to.

It's been suggested that the following signs may suggest someone's online posts may not be genuine. They include:

- posts and messages that contain large chunks of information and appear to have been directly copied from health websites, such as NHS Choices
- reports of experiencing symptoms that appear to be much more severe than most people would experience
- making claims of near-fatal bouts of illness followed by a miraculous recovery
- making fantastic claims that they later contradict or are shown to be false by other people – for example, they may claim to be attending a certain hospital that doesn't actually exist
- claiming to have continual dramatic events in their life, such as loved ones dying or being the victim of a violent crime, particularly when other group members have become a focus of attention
- pretending to be unconcerned when they talk about serious problems, probably to attract attention and sympathy
- other "people" claiming to post on their behalf, such as a parent or partner, but they use exactly the same style of writing

## Hypochondria and malingering

Fabricated Illness shouldn't be confused with health anxiety (hypochondria) and malingering. These are defined as:

- [health anxiety \(hypochondria\)](#) – a psychiatric disorder where a person has a fear of illness and interprets normal bodily functions, such as sweating, or minor abnormalities, such as aches and pains, as signs of major illness
- malingering – faking illness to gain a material benefit, such as avoiding military duty or obtaining compensation

## Thresholds of need Bromley

### LEVEL 1 - UNIVERSAL

Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance. Children, young people, parents and carers can access services directly.

CHILDREN WITH NO ADDITIONAL NEEDS

### **FEATURES**

Children with no additional needs

Children whose developmental needs are met by universal services

### **ASSESSMENT AND LEVEL OF INTERVENTION**

- No Common Assessment is required
- Children should access universal services in a normal way

**Services/people that may be involved at this level:**

- Education
- Children's centres and early years
- Health visiting services
- School nursing
- GP
- Play services
- Integrated youth support services
- Police
- Housing
- Voluntary and community sector
- Family
- Parents and carers

**EXAMPLE INDICATORS (NOT AN EXHAUSTIVE LIST)**

- Developmental Needs
- Achieving key stages
- Good attendance at school/college/training
- No barriers to learning
- Planned progression beyond statutory school age

Learning and education:

- Good physical health with age appropriate developmental milestones including speech and language

Health:

- Good mental health and psychological wellbeing
  - Good quality early attachments, confident in social situations
  - Knowledgeable about the effects of crime and anti-social behaviour
  - Knowledgeable about sex and relationships and consistent use of contraception if sexually active
  - Good understanding of consent, confident and able to refuse unwanted sexual behaviour
- Social, emotional and behavioural identity:
- Stable families where parents are able to meet the child's needs

Self-care and independence

- Age-appropriate independent living skills

Family and social relationships:

- Supportive family relationships

Family history and wellbeing:

Family and environmental factors

- Child fully supported financially
- Good quality stable housing

Housing, employment and finance:

- Good social and friendship networks exist
- Safe and secure environment
- Access to consistent and positive activities

Social and community resources:

- Parents able to provide care for child's needs
- Basic care, safety and protection:

Parenting capacity

- Parents provide secure and caring parenting
- Emotional warmth and stability:
- Parents provide appropriate guidance and boundaries to help child develop appropriate values
- Guidance boundaries and stimulation

## LEVEL 2 - ADDITIONAL NEEDS

Children and young people at this level have additional needs. Professionals need to intervene early rather than wait for problems to get worse. Children and young people at this level are in need of co-ordinated early help and support from services. Early help services are targeted at children, young people and families likely to experience difficulties, such as teenage parents, children engaged in criminal or anti-social behaviour, disabled children, young carers and children with parents who have substance misuse problems, domestic abuse and violence and/or mental health problems.

The need cannot be met by a universal service/setting alone but can be met by one of more services using the early help assessment process (CAF).

### **EARLY HELP AND TARGETED SERVICES**

#### **FEATURES**

- These children have low level additional needs that are likely to be short-term and that may be known but are not being met
- Vulnerable children's needs are either not clear, not known or not already being met

#### **ASSESSMENT AND LEVEL OF INTERVENTION**

- Children with additional needs require a Common Assessment Framework (CAF) to inform a multi-agency plan of support, led by a lead professional, ideally with a multi-agency Team Around the Child (TAC) approach.

Services that may be involved at this level include:

- Community Wellbeing Service
- Education Welfare
- Education Psychology
- Targeted Youth Services support
- Early Help and Family Support Services

### **INDICATORS (NOT AN EXHAUSTIVE LIST)**

- Developmental Needs
- Children with development delay within Early Years Foundation Stage
- Children with Special Educational Needs and Disabilities (SEND) Education, Health and Care (EHC) plans
- Children whose parent/carer frequently fails to attend meetings with the school or early years provider to discuss the child's wellbeing
- Children with low attendance at school (below 85%) or at early years settings and persistent absence
- Children with identified language and communication difficulties
- Children with persistent short term exclusions and risk of permanent exclusion
- Children who are missing education (who should also be referred to Education Welfare Services)
- Young people not in education, employment or training (NEET) or where attendance is sporadic and they are not reaching their potential

#### Learning and education:

- Children who are delayed in reaching developmental milestones
- Children whose physical and emotional development raises concerns
- Children with chronic/recurring health problems
- Children with a pattern of missed appointments – routine and non-routine
- Children who are showing early signs of organic or non-organic failure to thrive

#### Health:

- Children with mental health or emotional issues requiring intervention
- Children with an early onset of offending behaviour or activity (10-14 years)
- Children who come to the notice of police on a regular basis but this is not progressed
- Children vulnerable to being engaged with gangs and need help to divert them
- Children known to be using drugs and alcohol frequently with occasional impact on their social wellbeing
- Children with low self-esteem which is impairing their educational and personal development
- Children who are bereaved
- Young parents under 16 years
- Children who display a pattern of risk taking/ inconsequential behaviours
- Children who are victims of crime which could include discrimination

#### Social, emotional and behavioural identity:

- Children who lack age appropriate behaviours and independent living skills likely to impact negatively on development

Self-care and independence:

- Child or young person has occasionally gone missing from home for short periods
- Support needed to prevent further episodes
- Missing

Children's behaviour results in parents/carers requesting support to manage behaviour

- Children negatively affected by difficult family relationships which could include bullying
- Children who are young carers who exhibit additional needs which are a direct result of their caring responsibilities Family and social relationships and family wellbeing

Family and environmental factors

- Children negatively affected as a result of overcrowded living conditions and potential homelessness
- Children negatively affected by their family's low income or unemployment Housing, employment and finance:
- Children vulnerable to gangs due to social environment as victim or associate
- Children negatively affected as a result of insufficient facilities to meet needs or to access local services
- Children negatively affected as a result of the family's social exclusion
- Children associating with anti-social or criminally active peers
- Children who have limited access to age appropriate advice, including contraceptive and sexual health advice, information and services
- Children experiencing bullying, racism or discrimination at school or in the community Social and community resources:
- Children affected negatively by inconsistent care (i.e. inappropriate care or very young parents)
- Children affected negatively by significant issues of parents which could include learning difficulties, disability, domestic abuse, substance misuse and mental health needs
- Children affected negatively by parental non-compliance which could include non-attendance at school or early years setting

Basic care, safety and protection:

- Parenting capacity
- Children's emotional and behavioural development affected negatively by inconsistent parenting Emotional warmth and stability
- Children's development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning Guidance boundaries and stimulation:
- Children taking on some young carer responsibilities

Early signs of neglectful parenting emerging

General:

- The parent's capacity to meet the child's needs are impaired episodically by mental ill health or disability and additional support could offset harm to the child

Mental ill health/disability:

There are isolated incidents of minor physical and/or emotional violence in the family.

- Children were present but did not directly witness it. In spite of abuse, victim was not prevented from seeing to the needs of her/his child/ren.
- Domestic abuse at level 2 (see Safe Lives (formerly CAADA) DASH risk assessment)
- Children’s emotional and behavioural development affected negatively by inconsistent parenting

Emotional warmth and stability:

- Children’s development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning

Guidance, boundaries and stimulation:

- The child expresses extreme or intolerant views, particularly in regards to those who do not share the child’s religious/political views, which may be causing some social isolation
- The child associates with peers and adults who hold extreme views
- The child or parents express support for extremist or prescribed organisations but do not express any intention to become involved
- Radicalisation:

## LEVEL 3 – COMPLEX

Children and young people with high, complex or multiple needs, may include children who require a qualified social worker assessment to determine whether they are a “Child in Need” as defined by section 17 of the Children Act 1989. To achieve all their outcomes, children will require longer term intervention from specialist and/or statutory services.

### **CHILDREN WITH HIGH OR COMPLEX ADDITIONAL NEEDS**

#### FEATURES

Children with high level additional unmet or complex needs which are likely to require longer term intervention from statutory and/or specialist services in order for them to attain the same health and development as other children. These children may be eligible for a Child in Need (CIN) service from children’s social care services and are at risk of moving to a high level of risk if they do not receive early intervention. This may include children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional or Key Worker

## ASSESSMENT AND LEVEL OF INTERVENTION

Based on need and risk, some cases at Level 3 will require Children’s Social

Care involvement —

- Practitioners should always telephone the Multi-Agency
- Safeguarding Hub (MASH) for advice if they are unsure.
- Practitioners should use the Children’s Social Care referral form where a case meets threshold. Parental consent should be sought unless it places the child at risk of harm
- Other specialist assessments may be required
- Children missing education will be referred to the Education Welfare Services.

- The Common Assessment Framework (CAF) can be used as supporting evidence to gain specialist/targeted support The CAF may also be completed to support a child moving out of complex needs - but a CAF must not replace a specialist assessment

#### **EXAMPLE INDICATORS (NOT AN EXHAUSTIVE LIST)**

- Developmental needs
- Children at risk from a series of short term exclusions or children at risk of permanent exclusion or persistent absence (ten days or more) who will also be referred to the Education Welfare Services
- Education Health and Care (EHC) plan
- Disability requiring specialist support to be maintained in a mainstream setting
- Physical and emotional development raising significant concerns
- Chronic/recurring health problems
- Missed appointments – routine and non-routine which are impacting significantly on the child's health
- Over 13 but under 16 and pregnant or in a sexual relationship
- Coming to notice of police on a regular basis but not progressed
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Substance misuse dependency is affecting mental and physical health and social wellbeing
- Mental health issues requiring specialist intervention in the community
- Self-harm
- Suspicion of sexual abuse, for example, sexualised behaviour, medical concerns or referral by concerned relative, neighbour or carer
- Lack of age appropriate behaviour and independent living skills likely to impair development
- Refusal to engage with educational or employment opportunities and increasingly socially isolated

#### Family and environmental factors

- Risk of relationship breakdown with parent or carer leading to the child coming into care
- Young carers, privately fostered children or children of those detained in prison
- Severe overcrowding, temporary accommodation, homelessness or transience, which is significantly impacting on the parent's ability to look after the child
- The child experiences persistent or severe bullying at school or the community which has impacted on his/her daily outcomes
- The young person is known to be associating with gangs which is placing them at risk of harm and poor outcomes

#### General:

- The child or young person is persistently missing from home or education, and/or believed to be engaging in risky behaviour
- CSE Level 1: A child or young person who has vulnerabilities (including emotional) which may expose them to sexual exploitation; eg children/young people where there is an early onset of sexual activity and who are not yet clear about consent, or where professionals may be concerned that they are experiencing unwanted sexual pressure from adults or peers or have other vulnerability factors.

- A vulnerable child or young person, where there are concerns they are being targeted and groomed and where any of the CSE warning signs have been identified. However, at this stage there is no evidence of any offences.

Child sexual exploitation (CSE):

No available parent and child is in need of accommodation (i.e. child is seeking asylum or parents in custody)

- Parent is unable to meet child's needs without support
- Allegation of physical assault with no visible or only minor injury (other than to a pre- or nonmobile child, see Level 4)
- Inadequate physical care or supervision of a child
- Allegations concerning parents making verbal threats to children
- Pregnant woman with no access to public funds or services due to immigration status
- Inconsistent parenting significantly impairing the emotional or behavioural development of the child
- Allegations of neglect including poor supervision, poor hygiene, clothing or nutrition
- Failure to seek/attend treatment or appointments

General:

- Parents and carers Incident(s) of serious and/or persistent physical violence in the family increasing in severity/ frequency and/or duration
- A history of previous assaults. Incident(s) of violence occur in presence of child/ren
- Emerging concerns about the impact of domestic abuse on children's emotional welfare and the capacity of the parents to consistently meet the emotional, social and physical needs of the children
- Parents willing and able to engage with services and to act protectively
- Consistent with domestic abuse at level 3 of Safe Lives (formerly CAADA) DASH Risk Assessment

Domestic abuse:

- Drug/alcohol use has escalated to the point where it is chaotic and impairs the parents' capacity to provide safe and appropriate care for the children. This is beginning to impact on the children's health, development and wellbeing
- Parents are willing and able to engage with services

Parental substance misuse:

- Physical or mental health needs of the parent/carer is overshadowing capacity to meet the needs of the child consistently and this is impairing the child's health and development, or is likely to, without children's social care services being provided
- Parental mental ill health or disability: The child comes from a family where FGM is known to have been practiced and there is a need to assess in order to determine whether the child is in future danger of FGM

Also refer to Bromley Female Genital Mutilation Guidance document -

[www.bromleysafeguarding.org/articles.php?id=637](http://www.bromleysafeguarding.org/articles.php?id=637)

Female Genital Mutilation (FGM):

- The child is known to associate with people who hold extremist views
- The child may be involved in radical activity such as marches or demonstrations and shows intolerance and aggression towards people who do not hold the same political/religious views
- The child views extremist material online but is willing to discuss this
- Either parents or school do not challenge these behaviours/beliefs and may endorse them
- The child may express a wish to travel to combat zones

## LEVEL 4 – ACUTE

Children and young people with acute additional unmet needs require a qualified social worker assessment. This could be due to safeguarding issues where there is no risk of actual or likely significant harm, but needs are acute and multi-agency plans are not effective; or because there are child protection issues where there is actual or likely significant harm and the child may be in need of protection.

Professionals need to make an immediate referral by telephone to the MASH and follow up with a written Children’s Social Care MASH referral form.

## CHILDREN WITH ACUTE ADDITIONAL UNMET NEEDS AND/OR CHILD PROTECTION (SECTION 47)

### **FEATURES**

- Complex unmet acute needs
- These children are experiencing, or at risk of, significant harm that requires statutory intervention, such as child protection or legal intervention
- These children require specialist/statutory integrated support
- Some of these children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order (s20 or s31)
- Agencies should make an immediate verbal referral to MASH accompanied by a written referral

### **ASSESSMENT AND LEVEL OF INTERVENTION**

- A telephone call to MASH followed up by a Children’s Social Care referral form
- A social worker will be allocated
- CSE screening tool to be completed and referred to the CSE coordinator if appropriate. Risk reduction meetings and Multi Agency Panels arranged

### Developmental needs

- Medical referral of non-organic failure to thrive in under 5’s
- Unexplained bruising on a pre-ambulant child
- Child/young person engaged in criminal activity, including gang activity, that is placing them at serious risk of harm
- Child demonstrating age inappropriate/precocious knowledge or sexualized behaviour that indicates the child may have been a victim of sexual abuse
- Child is victimised through sexual or physical assault by another child

- Child exhibiting sexually harmful behaviour
- Child/young person with complex mental health issues requiring specialist interventions in order to prevent them harming themselves or others
- Child/young person in a violent or abusive relationship
- Child's substance misuse dependency putting them at such risk that intensive specialist resources are required
- Child is suspected of being trafficked or believed to have been subject to child trafficking

General:

- CSE Level 2 (medium risk) Evidence a child or young person is being targeted for opportunistic abuse through exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money and goods etc.
- The likelihood of coercion and control is significant
- CSE Level 3 (high risk) A child or young person, whose sexual exploitation is habitual, often self-denied and where coercion/control is implicit

Child Sexual Exploitation (CSE):

Family and environmental factors

- Suspicion of physical, emotional or sexual abuse or neglect that may cause significant harm to the child
- Knowledge of a convicted or registered sex offender or violent offender under Multi-Agency Public Protection Arrangements (MAPPA) living in household or having regular unsupervised contact with a child or young person
- An individual (adult or child) or organisation posing a serious risk to a child
- Child or family need immediate support and protection due to severe harassment/discrimination within the community
- Grooming of children/young people either in person or via social media
- Children/young people experiencing such persistent or severe bullying, racism or discrimination that their well-being is at risk

General:

- Concern that the young person is under familial or cultural pressure or duress to marry against their will or wishes. (Do not discuss making a referral with the family)
- Child is believed to be at risk of honour-based violence

Forced marriage/Honour Based Violence:

- Incident(s) of serious and/or persistent physical violence in family increasing in severity/frequency and/or duration
- History of previous assaults. Incident(s) of violence occur in presence of child/ren
- Physical assault on mother in the presence of a child under the age of 12 months
- Parents lack insight into the harm caused and are resistant to engage with services
- Emerging concerns about the impact of domestic abuse on the children's emotional welfare, and

the capacity of the parents to consistently meet the emotional, social and physical needs of the children

Domestic abuse at level 4 of Safe Lives (formerly CAADA) DASH risk assessment

- Severe domestic abuse that leads to a child being traumatised, injured, or neglected.

Domestic Violence:

- Any allegation of abuse or neglect or any suspected injury suspected to be a non-accidental injury to a child.
- Repeated allegations or reasonable suspicion of non-accidental injury
- Children and young people suffering neglect emotionally or physically (including a history of apparently minor but cumulative episodes) which is impacting on their long-term development.
- Parent is emotionally abusive to a child.
- No available parent, and child is at risk of suffering significant harm (eg an abandoned baby)

General:

Parents and carers

- There is concern that the child or their siblings are at risk of Female Genital Mutilation, or a sibling has already suffered FGM
- Where a child has undergone FGM, professionals need to report to both the Police and the MASH

Also refer to Bromley Female Genital Mutilation Guidance document -

[www.bromleysafeguarding.org/articles.php?id=637](http://www.bromleysafeguarding.org/articles.php?id=637)

Female Genital Mutilation (FGM):

- Parental drug and/or alcohol use is at a problematic level and the parent/carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/alcohol when their child is present, involving the child in procuring illegal substances and dangers of overdose

Parental substance misuse:

- Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm (i.e. parent has delusions or compulsive obsessions about the child or is incapable of meeting the child's needs consistently as a result of mental ill health)
- The parent's capacity to provide appropriate care is significantly reduced and aggravated by the combination of domestic violence, substance misuse and mental ill health
- Suspicion that a child may have suffered, or be at risk of, significant harm due to fabricated or
- induced illness (do not discuss referral with parents/carer)
- Parental mental ill health or disability: The child's parents, or other close associates, are members of prescribed organisations and there is evidence to suggest that the child supports violent extremist ideologies and is actively involved with prescribed or extremist groups.
- The child is often intimidating towards others who do not share the same views, distributing

material promoting violent extremism and conceals their online activity.

- The child shares a non-specific wish to travel to conflict zones in pursuit of the ideology.

## Section 47, Children Act 1989:

### Child Protection enquiries [Tier 4]

The list below is an indicator guide of the type of circumstances which would lead to a s47 assessment. This list is intended as a guide and is not exhaustive. Reference should also be made to the London Child Protection Procedures sixth edition: [www.londoncp.co.uk](http://www.londoncp.co.uk)

- Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child
- Allegations or suspicions about a serious injury/sexual abuse to a child
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children)
- Inconsistent explanations or an admission about a clear non-accidental injury
- Repeated allegations or reasonable suspicions of non-accidental injury
- A child being traumatised, injured or neglected as a result of domestic violence
- Repeated allegations involving serious verbal threats and/or emotional abuse
- Allegations/reasonable suspicions of serious neglect
- Medical referral of non-organic failure to thrive in under-fives
- Direct allegation of sexual abuse made by child or abuser's confession to such abuse
- Any allegation suggesting connections between sexually abused children in different families or more than one abuser An individual (adult or child) posing a risk to children
- Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority
- No available parent and child vulnerable to significant harm (for example an abandoned baby)
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness
- Children subject of parental delusions
- Children at risk of sexual exploitation or trafficking Pregnancy in a child aged under 13
- A child at risk of FGM, honour-based violence or forced marriage

## Section 17, Children Act 1989: Child in Need A child is a Child in Need

if: He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority; His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or He/she is a disabled child. Children in Need may be assessed under Section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, as a carer or because they have committed a crime. Where an assessment takes place, it will be carried out by a social worker. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children.

## Section 20, Children Act 1989: Child provided with accommodation

This can be on the initiative of the local authority with the agreement of the parents or at the request of the parents. Any person with parental responsibility can, at any time, remove the child from the accommodation. Having no person with parental responsibility for him/her being lost or abandoned the person who has been caring for him/her is being prevented (whether or not permanently and for whatever reason) from providing him/her with suitable accommodation or care having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him/her is able to provide him/her with accommodation), provided that that person does not object ascertain, and give due consideration to, the child's wishes and feelings (having regard to his/her age and understanding) ascertain whether the parents/person(s) with parental responsibility have given a valid consent: Does the parent have the mental capacity to consent? Is the consent fully informed? Is it fair and proportionate for the child to be accommodated? The child is a Child in Need who requires accommodation as a result of: Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare:

### Section 31, Children Act 1989: Initiation of care proceedings

The child is suffering, or is likely to suffer, significant harm; and the harm, or likelihood of harm, is attributable to: The care given to the child, or likely to be given to him/her if the order were not made, not being what it would be reasonable to expect a parent to give to him/her The child's being beyond parental control 'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another. 'Development' means physical, intellectual, emotional, social or behavioural development; 'Health' means physical or mental health 'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

### Section 1 Children Act 1989 – The Court Welfare Checklist

The Welfare Checklist to which courts will have regard when deciding whether to make an order in respect of a child: The ascertainable wishes and feelings of the child concerned (considered in light of his/her age and understanding) His/her physical, emotional and educational needs The likely effect on him/her of any change in his/her circumstances His/her age, sex, background and any characteristics which the court considers relevant Any harm which he/she has suffered or is at risk of suffering How capable each of his/her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting the child's needs The range of powers available to the court under the Children Act 1989

[Bromley CSC Thresholds 2021.pdf \(inzu.net\)](#)

If you would like to find the referral to social care form please follow this link or go straight to the Bromley safeguarding children partnership website.

[Bromley LSCB - How to refer a child \(bromleysafeguarding.org\)](#)