



Working Together
with Children,
Young People and
Families

Safeguarding and Child Protection

Aireborough Children's Services

Cluster procedures and guidelines

Children's Services

August 2017

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Foreword

The introduction of cluster specific Child Protection Procedures and Guidelines is important since the Children Act 2004 now places a duty on organisations to make arrangements to ensure that when providing services to children and young people, they take account of the need to protect, safeguard and promote the welfare of the child. This is in accordance with the Children's Act 2004 section 10 whereby:

“...agencies are required to cooperate with local authorities to promote the wellbeing of children in each local authority area”

These Child Protection Procedures and Guidelines are based upon the schools model policy and the Early Years Child Protection procedures to provide a structure by which all reasonable measures are taken to ensure that the risk of harm to a child's welfare is minimised and staff are able to take appropriate action to address concerns relating to the safety and protection of a child or young person.

This will enable us to support the best possible outcome for children and young people and to improve the opportunity for their well being and that of their family.

Simon Toyne

Targeted Services Leader

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1.0 INTRODUCTION

Cluster based early help services are a fantastic way to provide support and interventions early in the life of a child or in the emergence of family or relationship difficulties that, if not addressed, could escalate or become more entrenched and damaging. The work is undertaken within the holistic ambitions of a Think Family, Work Family approach and underpinned by the Leeds Practice Model to improving outcomes. Nonetheless, the safety and welfare of the child still remains central to the work undertaken.

Safeguarding and promoting the welfare of children is defined for the purposes of this document as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

March 2015 Government White Paper “Working Together to Safeguard Children”

These guidelines have been produced to support cluster family support and therapeutic staff in the context of being able to work safely with children, young people and their families – often remotely and in people’s own homes or on a one-one basis.

A safety policy must be one of the foundations of a well-managed service, rather than a reaction to particular difficulties or threats. It should seek to proactively create a culture in which staff, children and families can talk about their strengths, challenges and problems and know that this is with the offer of support, advice and strategies to address these issues, but also be clear about the duty of care held by all to ensure that children are safe and not subject to abuse or neglect.

As a responsible service working with children and their families, it is important that there are safe spaces for addressing problems and all workers take the issue of child safety seriously.

These guidelines must be read in conjunction with the policies and procedures of the Local Safeguarding Children Partnership (LSCP) West Yorkshire Consortium Procedures.

1.1 The Designated Safeguarding Lead

Cluster services are unique in that they are built on partnership and collaboration between schools primarily and also involve other partners from commissioned or linked services and the local authority. For this reason, as an organisation we may often act and communicate with the named designated safeguarding lead officer connected to a child's school, through a commissioned service, for example our School Therapist employer, Northpoint or with the lead agency around a plan – whether an EHP, CIN or CPP. In these cases, our duty to share concerns will then follow the policies and procedures linked with that setting or organisation.

In terms of our own core staffing structure for the cluster our lead responsibility and management oversight/accountability for child protection is **Simon Toyne, Integrated Services Leader**. All Family Support staff are appropriately trained and responsible for co-ordinating all child protection activity within their own caseload, so can be a source of information, support and intelligence for families they are allocated to work with, but they are not designated to lead Child Protection overall. Should there be concerns with the actions of the cluster staff and/or the designated safeguarding lead officer contact can be made with **the Cluster Chair, Paul Clayton or Vicci Gabriel, Service Development Manager – Family Support** (see APPENDIX 4 – Useful Contacts)

The designated safeguarding lead officer must ensure that all staff involved in direct case work of vulnerable children and where there are child protection concerns/issues; have access to regular safeguarding supervision and are up to date in their safeguarding and child protection training.

Where there are concerns about a child, the designated safeguarding lead officer within cluster, will act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. During school term time and when school based designated lead officers are available, causes for concern will be discussed with the child's school based designated lead officer and their procedures will be followed. Out of school time, it will be the responsibility of the designated safeguarding lead for the cluster or where they are not available the worker themselves to make a professional decision to contact Children's Safeguarding Hub Front Door to share their concerns.

The designated safeguarding lead officer is responsible for ensuring all cases of suspected abuse are shared with the Children's Safeguarding Hub Front Door. Anyone in the setting can make a referral, however, wherever possible this should be done by appropriately trained designated safeguarding staff and following discussion with a designated lead officer.

Child Protection information will be dealt with in a confidential manner. A written record will be made of what information has been shared with who, and when and the reasons for sharing recorded. Staff will be informed of relevant details only when the Designated Safeguarding lead feels their having knowledge of a situation will improve their ability to deal with an individual child and /or family.

1.2 Statement

- All staff employed within or on behalf of the Cluster are expected to be subject to Safer Recruitment processes and checks whether they are new staff, commissioned staff or volunteers and have a clear understanding of:
- Their role and responsibility in preventing child abuse.
- Signs and indicators of possible abuse. See Appendix for current definitions of abuse and examples of harm.
- Their role and responsibility in protecting children from abuse.
- Child protection procedures including the seeking of consent or involvement of those against whom concerns may be made or not.
- How to Record concerns on a, “Cause for Concern” form (see APPENDIX 5) and who to share these with.
- How good practice protects all.
- Confidentiality and Information Sharing protocols.

2.0 HOME VISITS

Home visits carry a certain amount of risk to staff members since family circumstances may not be fully known, but do form the core part of the work carried out with families and the role will entail lone working.

When first contacting families new to caseload and prior to home visits being conducted information should be obtained from the referring agency and the family themselves about any known or identified risks. If any concerns arise, then these should be discussed with the Designated Lead Safeguarding Officer and a suitable safety plan be agreed in order to work with the family. This may include, working in pairs, meeting with the family at the office or at a safe neutral venue or establishing agreed ground-rules and boundaries to enable home visits to go ahead safely. As part of the first visit – a risk assessment form will be completed (See Separate Lone Working Policy)

A buddying and check-in system will be in place for late lone visits and late visits will be carried out only once a family is known and it has been established that there are no visible, significant or emerging risks to doing so (see separate Lone Working Policy).

If as a result of a home visit staff have concerns, it is important that these are shared with their manager who may inform the relevant agencies. (See LSCP West Yorkshire Consortium Procedures Manual for relevant guidance).

3.0 WHAT TO DO IF A CHILD DISCLOSES ABUSE OR YOU THINK THE CHILD IS AT RISK

Staff work closely with children and their families in the course of their work, they know them and therefore they may be in a clear position to notice changes. This may include changes to the household or the arrival of a known risky adult. It is important that staff share any concerns with their line manager or the Designated Child Protection Officer.

If you have serious concerns about a child, family circumstances or a child has injuries that are unexplained (See APPENDIX 1), a cause for concern sheet should be completed and discussed with the designated child protection lead. **The sheet has a section requesting if any other further action is required, details should be provided.** In the event of a referral this also must be recorded on the 'Request for Services' or 'Referral Form' (APPENDIX 6)

- should be completed and the following information recorded.
- Any significant changes in children's or the family's make-up and behaviour.
- Any unexplained bruising or marks.
- Any comments children make which give cause for concern.
- Any deterioration in a child's general wellbeing.
- What concerns you have.
- What actions you have taken.
- The observations of any other professionals/agencies involved with the family.

Make sure the Designated Child Protection Officer is informed and if necessary the matter reported to Social Care and/or Legal Services.

A social worker will check files and contact the police to find out if anything is known about the family. From this information, they will decide whether they need to take the matter further. It could be that no action is required or that the family can be offered support through early help within the cluster arrangements. Child protection procedures will only be followed if all the information they collate suggest it is appropriate.

Where a child protection investigation is indicated, they will arrange a meeting with the police officer from the Child Protection Unit to decide what action the investigation requires. You should be contacted and informed about what is happening.

3.1 If a child discloses information

Children are most likely to disclose information about abuse to people outside the

family and often to a trusted adult (See also APPENDIX 2) If a child discloses behaviour which constitutes abuse, you should complete a cause for concern sheet. **The sheet has a section requesting if any other further action is required and details should be provided** (Appendix 5). In the event of a referral this also must be recorded on the request for services or referral form (*appendix 6*)

If a child does disclose information ;

- listen, try and stay calm;
- respect what the child is telling you;
- don't interrupt, prompt or ask questions;
- reassure the child if they are upset ;
- you must tell the child that you cannot keep the information secret; and
- write down everything, date, time, what has been said, any injuries you have seen.

Often children will not want to make eye contact with you but will carry on looking away, possibly at a book or colouring as they talk.

As with witnessed instances, inform your line manager who will ensure the Divisional Child Protection Officer or Designated Child Protection Representative is informed and the matter reported to Social Care and/or Legal Services.

Remember that the guiding principle of child protection is that all professionals should work together to provide for that protection and the welfare of the child is paramount.

3.2 Role and responsibilities in preventing child abuse

Since staff can be directly involved in child protection issues but may be directly employed through the cluster arrangement, commissioned or undertaking a voluntary role, it is important that they are aware of their duties both as responsible members of society and as employees within the public sector and on behalf of the local authority.

The 1989 Children Act section 47 states that the Local Authority has a duty to protect and investigate if a child is felt to be at risk of significant harm. It is also the duty of Local Authorities to make arrangement for local partners, including the **governing bodies of maintained schools and others providing education and services in a given area to work together to safeguard and promote the welfare of children** under section 10 of the Children Act 2004 and as such there is a duty to report any suspicion of significant harm.

Legislation places the primary responsibility for the care and protection of abused children on the Department of Children's Social Care. However, it is important that all staff working with children, young people and their families accept and

acknowledge responsibility in the part they play in protecting all children from significant harm. (Working Together to Safeguard Children – Government White Paper 2015)

Sharing a concern about a child or family with Social Care can be anonymous and can be undertaken by a member of the public or staff. It is not necessary to have proof but you do need to have serious concern. In cases of suspected ill treatment, severe neglect or abuse the child's welfare is paramount and staff will not be contravening the Data Protection Act by disclosing names and addresses to Social Care or the Police. It will help social care investigate the case if the context and evidence and reasons for suspicion are supplied.

3.3 Child protection procedures

It is expected that all staff are aware and understand Local Safeguarding Children Board Procedures (West Yorkshire Consortium Procedures Manual). If staff have any concerns about a child's welfare, they should discuss this with their line manager and where available the designated child protection lead within the school setting that the child is attending.

If there is a disagreement as to whether the issue is one of child protection – then the staff member can follow the concerns resolutions process (see APPENDIX 7) or seek further advice from the Front Door Safeguarding Hub or discuss the matter with the designated Child Protection Lead at the employing school for the cluster, Guiseley School.

4.0 HOW GOOD PRACTICE PROTECTS EVERYONE

Working with children, young people and families can be very stressful at times so it is extremely important that all staff support each other. It is the responsibility of the Integrated Services Leader to ensure that Staff will receive a minimum of monthly safeguarding supervision and have access to full HR support where required.

There could be times when a colleague may notice inappropriate behaviour of another colleague. Their actions or behaviours may be outside agreed boundaries and inappropriate and likely to cause upset, risk or harm. If any staff member notices this it is expected that this is reported immediately to a senior officer / line manager to enable an investigation to occur. If the senior officer/line manager is implicated the matter should be discussed with the cluster HR lead, Cathy Beaton (see APPENDIX 4 – Useful Contacts) or the LADO within the local authority – see **9.0**.

Managers must tell staff that they are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment at the setting). Providers must not allow people whose suitability has not been checked, including through a criminal records check, to have unsupervised contact with children being cared for.

Staff taking any medication must make sure that their medication is securely stored

and out of the reach of children. Staff must not be carrying out work under the influence of alcohol or any other substance that may affect their ability to work with families and safeguard children. Any member of staff noticing others whose behaviour seems impaired must inform their manager. The manager must ensure that all staff who are taking medication are fit to do so and that medical advice confirms that the medication is unlikely to impair the staff's ability to fulfil their responsibilities.

4.1 Training

All staff entering the service must undertake Child Protection Training.

It is the responsibility of the line manager to provide up to date training, either in-house or through the LSCP which should include any significant changes with regard to child protection procedures. It is expected that all staff have continuous professional development and support in child protection. All staff should have child protection refresher training every three years. It is also important to note that all staff working with vulnerable families do so with an open mind and non judgmental attitude.

4.2 Safeguarding Supervision

Staff working with children are required to receive safeguarding supervision every month at a minimum and may also have additional supervision meetings or group peer supervision as well (See also Safeguarding Supervision Policy)

5.0 EXCHANGE OF CHILD PROTECTION INFORMATION

To improve how information is passed between different agencies when a child moves from an area or school the following steps are required to be taken. .

1. When a child moves out of the area, any salient child protection information held in the file is passed to the local social care office (social worker that was assigned to the child) with any information regarding where the child or children may have gone, by the Designated Child Protection Officer and a receipt should be given.
2. If a family moves from the area whilst still open to the team, the file can be transferred, with the families consent to a new cluster worker or team as part of ongoing early help work. A receipt of transfer will need to be given.
3. Case Closed on a family or child the file should be stored in archive for at least 5 years, the Integrated Services Leader is responsible for this.

5.1 Confidentiality

Staff will be expected to follow the agreed information sharing guidelines and only be sharing information with the relevant agencies and individuals in accordance with these procedures and guidelines on a need to know basis where this is aimed

at improving the safety and outcomes of that child and family.

All families and children working with our service will be provided with a confidentiality statement and be made aware of our duty of care.

Child abuse situations are highly sensitive and therefore appropriate confidentiality must be maintained at all times. Information is only shared by safe means of transfer, whether in paper or electronic form and on a need to know basis where it is in the interests of the child. Casual comments expressed by staff outside of work settings could have profound implications on families concerned. Any such comments would be treated as serious and in breach of trust.

6.0 FAMILY OUTREACH WORKER PROTOCOLS

The guidance for Family Support Workers (FSWs) within the protocols document should be read within the context of the child protection procedures for the Local Safeguarding Children's Board. These procedures apply regardless of time of day or venue.

6.1 Accountability

All FSWs are accountable to their Line Manager, the Integrated Services Leader specifically with regard to child protection and domestic violence issues. Further support and guidance can be sought from named officers in the Useful Contacts section (see APPENDIX 4)

6.2 Documentation

FSWs must maintain all their records relating to visits. Any observed violence or inappropriate behaviour during visits must be documented and reported back to their Line Manager. Visits may require termination and a referral made to other agencies. FSWs must inform the family of their actions. On return to the centre, a Cause for Concern Sheet (APPENDIX 5) must be completed which may require a further referral (APPENDIX 6).

6.3 Request for service or referral form

Requires completion when any referral requests are made. All staff to be aware of how to complete this document and their responsibility in responding to actions. (APPENDIX 6).

6.4a Outreach work

FSWS must follow the "Code of Practice" for personal safety given out at the induction session and the agreed protocols for lone working.

6.4b Out of hours

If a child protection incident occurs out of hours, a referral should be made to the Emergency Out of Hours Team (see APPENDIX 4 – Useful Contact Numbers). The

referral must be followed up as soon as possible in writing. Any work out of hours you should have discussed with your line manager.

6.4c Partnership

Where there is partnership work with other organisations / agencies, the child's well being and safety is paramount and it is expected that FSWs follow these agreed procedures.

Parents will have received a copy of our Confidentiality Policy which includes a clear statement regarding our duty of care towards children and our need to share relevant information when appropriate – there will be a signed copy of this within each file.

We work in partnership with other agencies in the best interests of the children. Therefore FSW's and commissioned therapeutic staff will, where necessary, liaise with a range of relevant partner agencies in order to meet a child and families needs, and make referrals to Children's Social Work Service if they have concerns for a child's welfare and safety. Referrals should be made, by the Designated Staff, to the CSWS advice and duty team (0113 3760336) using the request for services form (Appendix 6). Where a child already has a child protection social worker, the request for service should go immediately to the social worker involved, or in their absence the team manager of the child protection social worker.

We will co-operate with Children's Social Work Service where they are conducting child protection enquiries. Furthermore, Aireborough Children's Services will ensure representation at appropriate inter-agency meetings such as Initial and Review Child Protection Conferences, and Planning and Core Group meetings, as well as Family Support Meetings (section 17 procedures).

We will provide reports as required for these meetings. If we are unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting.

Where a child is subject to an inter-agency child protection plan or a Multi-agency Risk Assessment Conference (MARAC) meeting, we will contribute to the preparation implementation and review of the plan as appropriate.

In general, we will discuss concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency. FSW's will approach parents / carers after consultation with the Designated Staff. However, there may be occasions when FSW will contact another agency **before** informing parents / carers, if it is decided that contacting them may increase the risk of significant harm to the child.

6.4d Unseen / Referred Families

If a FSW is unable to make contact to a referred family, a minimum of two attempted visits and an opt-in appointment letter will be sent this must be documented and reported back to the referring agency.

6.5e Unseen Families

If regular contact with a child / family has been lost after 2/3 consecutive visits, the FSW must discuss any concerns with their Line Manager and any subsequent actions must be documented and the above steps including an opt-in letter and copy to the referrer or lead professional or Social Worker sent.

7.0 SAFER RECRUITMENT AND SELECTION

The cluster pays full regard to Safer Recruitment Guidelines. Safer recruitment practice includes scrutinising applicants and clarifying any gaps in employment history, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS) (see APPENDIX 8)

All recruitment materials will include reference to the cluster's commitment to safeguarding and promoting the wellbeing of children and families. The Integrated Services Leader has undertaken LSCB Safer Recruitment training and all recruitment will involve a panel of at least two representatives with up to date Safe Recruitment training and experience.

7.1 Staff training

The Cluster designated Safeguarding Officer will have attended the LSCB Safeguarding for Managers and will aim to have attended LSCB multi-agency 1-day course *Level 2 Working Together* and a relevant refresher training every three years.

Frontline staff will have attended at least the levels 1+2 Working Together LSCB training and they will attend refresher training at least every three years alongside other specialist training and development in related areas of safeguarding – for example working with hard to engage parents or neglect training.

The cluster will ensure all staff including temporary and volunteers receive induction that will include oversight as to the key internal processes regarding safeguarding and reporting concerns.

Training completed will be recorded within each staff members own file and a central record held by the cluster budget holding school. When required a report of training will be provided to the local authority as part of the overall annual QA monitoring.

8.0 SERIOUS CASE REVIEW RECOMMENDATIONS

Where a Family Support Worker is requested to support a child subject to a child protection care plan the following should be implemented:

The ISL and the Family Outreach Worker must obtain an overview of the background of families and the history of the child/family when they are requested to support the children subject to a child protection care plan.

Family Support Workers who are involved in child protection care plans should have levels of work allocated to them that is appropriate to their qualification, knowledge and expertise.

The Integrated Services Leader should ensure that the Family Support Worker has a programme of work which will state the aims and outcomes expected from the child protection care plan.

All the work allocated to a Family Support Worker for a child subject to a child protection care plan must be reviewed regularly at supervision and at case review/ core group meetings.

The allocated work must be recorded and evidenced on the family support worker paperwork.

9.0 PROCEDURE FOR ALLEGATIONS AGAINST STAFF MEMBERS, VOLUNTEERS AND STUDENTS

Although, it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff, volunteers and professionals to behave abusively.

All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children, young people and their families immediately.

In the case of an allegation, made against a staff member, student or any other professional working in the cluster both directly employed and commissioned where they have:

- a. behaved in a way that has harmed a child or may have harmed a child
- b. possibly committed a criminal offence against or related to a child
- c. behaved in a way that indicates s/he is unsuitable to work with children and their families.

All potential allegations will be notified immediately to the Integrated Services Leader or directly to the Local Authority Designated Officers (LADO) for managing allegations. Ted O'Sullivan or Carolyn Hargreaves Tel: 0113 2478457

The following should be implemented immediately by the Integrated Services Leader (ISL) or most senior person in the absence of, or where the allegations are made against the ISL.

- 9.1 The Integrated Services Leader (other Senior Manager) must inform the Local Authority Designated Officer (LADO) and the designated safeguarding officer (DSO). The LADO will decide if a strategy meeting is required and will inform the police in case of a criminal offence. Some allegations may be so serious that the police will investigate it as a criminal offence. The LADO has to be informed of all allegations whether these are substantiated or not, this is a requirement.
- 9.2 The DSM (Designated Senior Manager) will complete an internal investigation to ascertain whether the child has been injured or hurt. If this is the case, the

DSM must remove the member of staff or be removed from any activities with children and families and inform Human Resources requesting a designated officer to be appointed. The designated officer may suspend the individual/ISL pending an inquiry under disciplinary procedures. It is imperative that all children are safeguarded.

- 9.3 If the child / children have not been physically injured, the internal investigation is still required to try to ascertain what course of action should be taken. The child / children and their family may have been subject to behaviour from the staff member that s/he is unsuitable to work with children and the manager may still require a designated officer to be appointed.
- 9.4 Where the person is not employed by the service, i.e. a therapist but is working with the family, then the LADO must still be informed of actions that are being taken. Investigations would be conducted by the person's employer e.g. Northpoint. If the allegation is made against a student, the same applies; the student's college / university would be responsible for conducting their own investigation. The service would expect the student to be removed from the placement and we would also carry out our own internal investigation to ensure that the child / children are safeguarded.

Please note there is a flow chart on page of child protection procedures supporting this process (SEE APPENDIX 9)

APPENDICES

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APPENDIX 2	Dealing with disclosures of abuse
APPENDIX 3	Summary of procedures where there concerns about risk to a child
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APPENDIX 1

Definitions and indicators of abuse

Neglect

Neglect: Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
 - Protect a child from physical and emotional harm or danger;
 - Ensure adequate supervision (including the use of inadequate care-givers)
 - Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Examples which **may** indicate neglect (it is not designed to be used as a checklist):

Hunger

Tiredness or listlessness

Child dirty or unkempt

Poorly or inappropriately clad for the weather

Poor school attendance or often late for school

Poor concentration

Affection or attention seeking behaviour

Untreated illnesses/injuries

Pallid complexion

Stealing or scavenging compulsively

Failure to achieve developmental milestones, for example growth, weight

Failure to develop intellectually or socially

Neurotic behaviour

Physical abuse

Physical abuse: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Examples which **may** indicate physical abuse (it is not designed to be used as a checklist):

Patterns of bruising; inconsistent account of how bruising or injuries occurred

Finger, hand or nail marks, black eyes

Bite marks

Round burn marks, burns and scalds

Lacerations, wealds

Fractures

Bald patches

Symptoms of drug or alcohol intoxication or poisoning

Unaccountable covering of limbs, even in hot weather
Fear of going home or parents being contacted
Fear of medical help
Fear of changing for PE
Inexplicable fear of adults or over-compliance
Violence or aggression towards others including bullying
Isolation from peers

Sexual Abuse

Sexual abuse: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit act of sexual abuse as can other children

Examples which **may** indicate sexual abuse (it is not designed to be used as a checklist):

Sexually explicit play or behaviour or age-inappropriate knowledge
Anal or vaginal discharge, soreness or scratching
Reluctance to go home
Inability to concentrate, tiredness
Refusal to communicate.
Thrush, Persistent complaints of stomach disorders or pains
Eating disorders, for example anorexia nervosa and bulimia
Attention seeking behaviour, self mutilation, substance abuse
Aggressive behaviour including sexual harassment or molestation
Unusually compliant
Regressive behaviour, Enuresis, soiling
Frequent or open masturbation, touching others inappropriately
Depression, withdrawal, isolation from peer group
Reluctance to undress for PE or swimming
Bruises, scratches in genital area

Emotional abuse

Emotional abuse: Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child in participating in normal social

interaction. It may also involve seeing or hearing the ill-treatment of another. It may involve serious bullying (*including cyber bullying*), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment

Examples which **may** indicate emotional abuse (it is not designed to be used as a checklist):

Over-reaction to mistakes, continual self deprecation

Delayed physical, mental, emotional development

Sudden speech or sensory disorders

Inappropriate emotional responses, fantasies

Neurotic behaviour: rocking, banging head, regression, tics and twitches

Self harming, drug or solvent abuse

Fear of parents being contacted

Running away

Compulsive stealing

Masturbation, Appetite disorders - anorexia nervosa, bulimia

Soiling, smearing faeces, enuresis

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

Responses from parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household

Disabled Children

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation

- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting; Misappropriation of a child's finances
- Invasive procedures

APPENDIX TWO

Dealing with a disclosure of abuse

When a child tells me about abuse s/he has suffered, what must I remember?

- Stay calm
- Do not transmit shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards

You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to **Children's Social Work Service** without delay, by the Head teacher / designated staff using the correct procedures as stated in the guidelines.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your designated staff or Head teacher; alternatively the agencies listed in the **Composite File, Section 13** can be contacted

Allegations against a member of staff, governor or volunteer

Inappropriate behaviour by staff/volunteers could take the following forms:

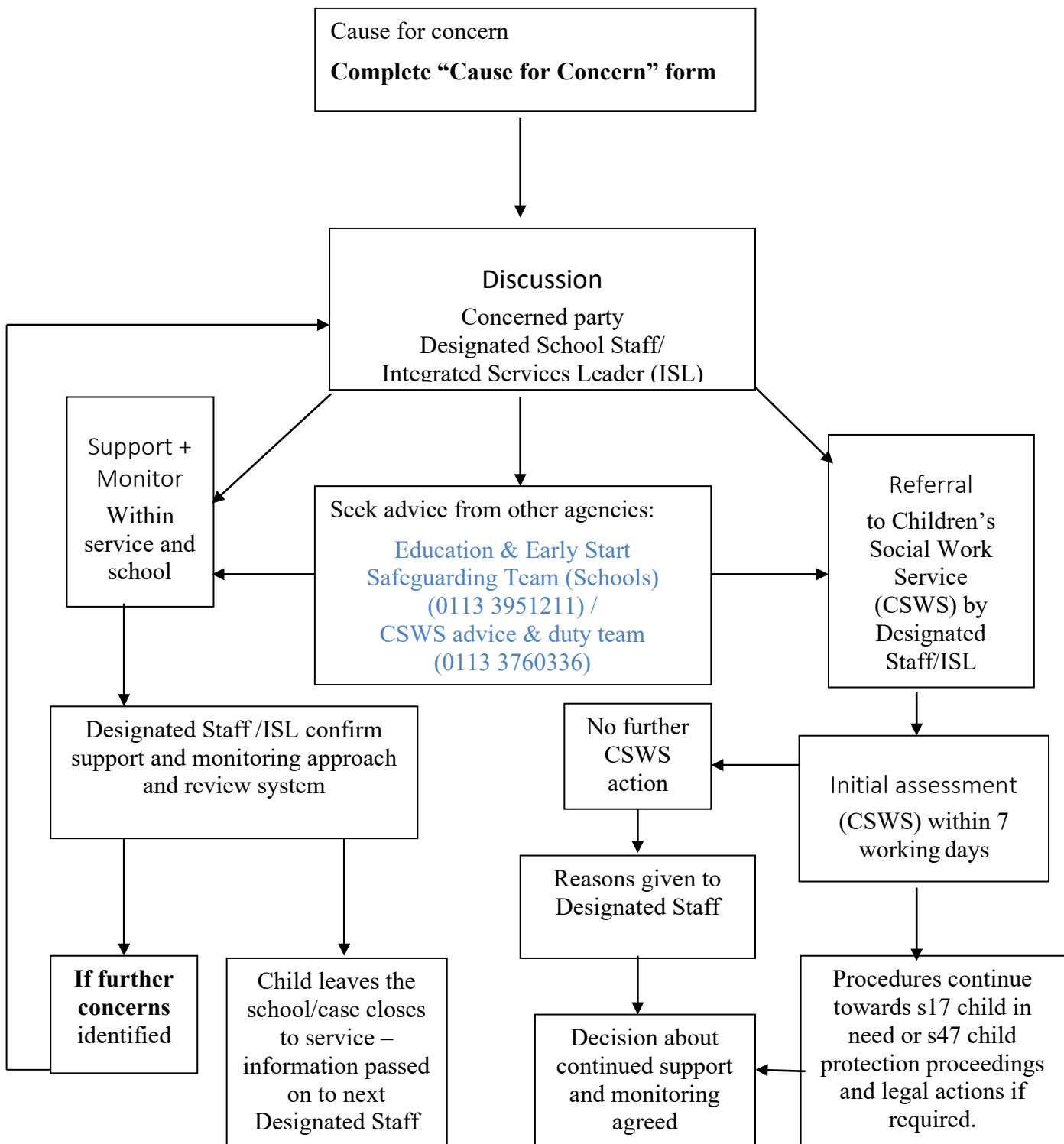
- **Physical** includes, for example, intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
- **Emotional** includes, for example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes which discriminate on the grounds of race,

gender, disability or sexuality.

- **Sexual** includes, for example, sexualised behaviour towards children or adults, sexual harassment, sexual assault and rape.
- **Neglect:** may include failing to act to protect a child or children, failing to seek medical attention or failure to carry out appropriate/proper risk assessment etc...


APPENDIX THREE

Summary of procedures to follow where there are concerns about a child



APPENDIX FOUR

USEFUL CONTACT NUMBERS	
Children and Young People's Social Care	
Front Door Safeguarding Hub:	0113 376 0336
Emergency out of hours telephone	0113 240 9536 or 0113 376 0469
Locality Team (Rawdon):	0113 378 0406 or 0113 378 0407
Adult Social Care:	0113 222 4401
Adult Out of Hours:	0771 210 6378
NHS Primary Care MH IAPT:	0113 843 4388
MINDMATE SPA:	0113 376 0324
School Nursing SPA:	0113 843 5219
Simon Toyne, Integrated Services Leader (ISL)	0113 378 2110 0789 127 7735
Paul Clayton Cluster Chair	info@guiseley.org.uk 01943 872 315
Vicky Fuggles LCC Lead for Early Help	Victoria.Fuggles@leeds.gov.uk
Holly Reynolds HR Lead for Cluster	01943 872 315 ReynolH1@guiseleyschool.org.uk
Vicci Gabriel – LCC Family Support SDM	Victoria.Gabriel@leeds.gov.uk
LADO Ted O' Sullivan & Carolyn Hargreaves	Local Authority Designated Officer (LADO) for reporting allegations against staff. Telephone 3950722 or 2478457
<u>CONTACT NUMBERS</u>	
<u>Children and Young People Social Care</u>	
Contact Centre 0113 3760336	Mon – Fri 0800 – 1800hrs
Emergency out of hours telephone 0113 240 9536/ 3760469	6pm-8am and weekend cover

		Aireborough Children's Services	
Cause for Concern Sheet			
Name of Practitioner			
Date form completed			
Name of Key Person (if different)			
Name of Child		Date of Birth	
Date and time of incident/concern			
What happened?			
Specific Injury Details			
Where did it happen?			
What date and time did the incident happen?			

Information from the child (actual words spoken if possible)			
Information from parent/ carer			
Any other relevant information			
Is the Manager/Senior Officer aware? Yes/No If No, why?		Is the parent aware? Yes/No If No, why?	
Any Other further action required			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes provide details.			
Signature of Practitioner		Date	
Signature of Manager		Date	

The referral pathways flowchart takes you through the process for making a referral to children's services. This flowchart is available from www.childrenleeds.org.uk

This form will help you collect the information that is needed to process your referral. All referrals to Leeds Children's Services need to be followed up with this form within 48 hours of the call. Please complete with any knowledge you have.

1. Child information		
Surname:	Forename:	Any other names used:
DOB (DD/MM/YY):	Gender:	Ethnicity:
Is English their first language? Child YES NO Parent YES NO	If no, please specify preferred language:	
Present School:	Preschool:	Children's Centre

Present Address:	Previous address (if from outside Leeds or at present address less than 1 year)
Home telephone:	Mobile telephone:

2. Details of request

Please detail why you are requesting a service, **clearly specifying** areas of concern, and the evidence you have to support this, *for example, parenting capacity, child's behaviour or environment.*

3. Referrers details

Name:	Agency:
Address:	
Email address:	Contact no:
Signature:	Date of referral:
Please confirm the request has been discussed with your Child Protection Lead Officer or line manager YES NO	Please give their name and title:

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4. Additional information about the child or young person

Household members	Relationship to child	DOB DD/MM/Y Y	School/ preschool	Does this person hold parental responsibility?
Other significant adults	Relationship to child	DOB DD/MM/Y Y	Address	Does this person hold parental responsibility?

Name and address of GP

Name and address of Health Visitor (if child 0-5)

Does the child have a disability? YES NO

If yes, please provide details

Are you aware of any previous social care involvement? YES NO (if yes, note contact below)

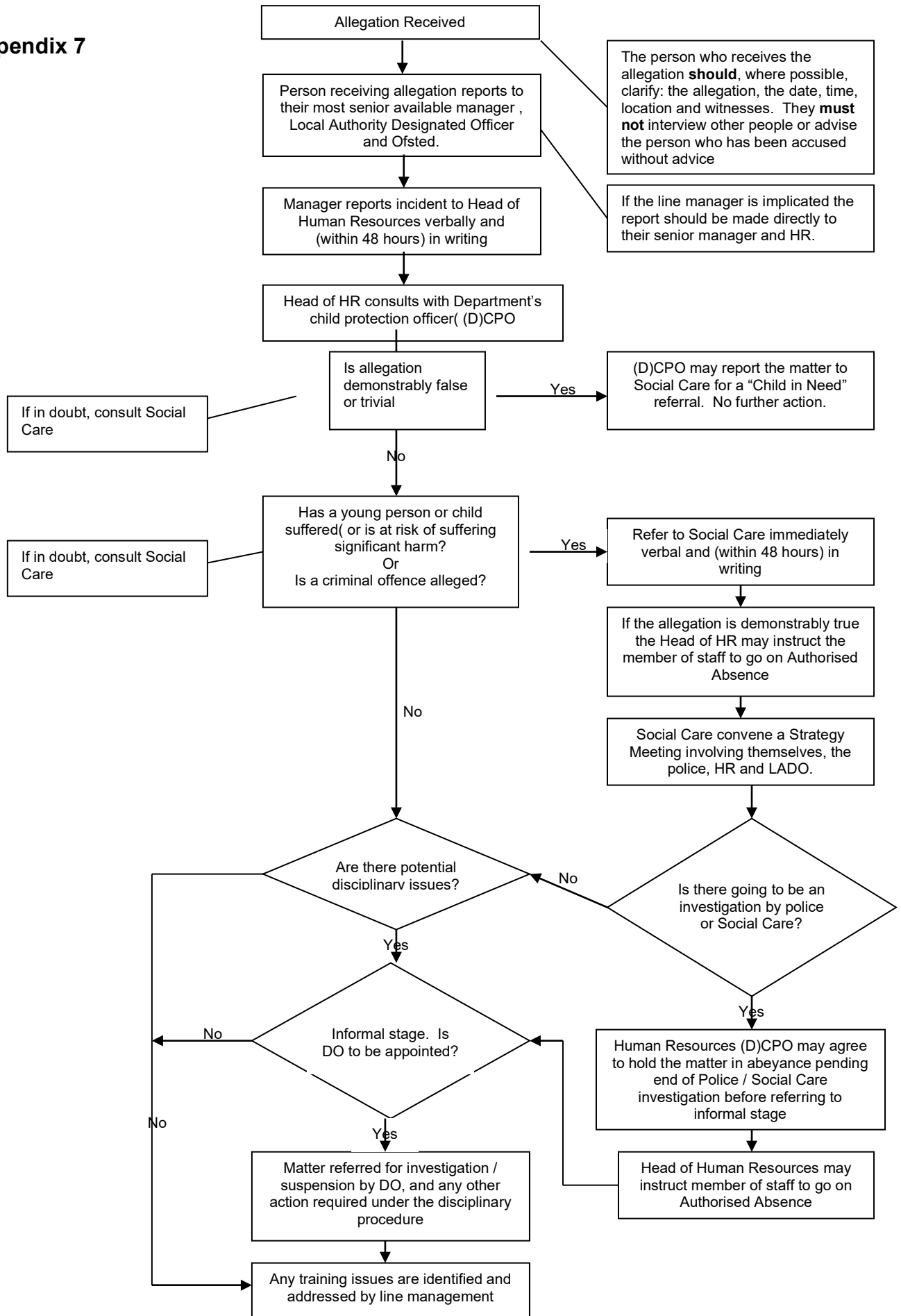
Was this in Leeds? YES NO If no, where was it?

Please note details of any workers currently involved with the family

Practitioner name	Job Title	Agency	Phone no/ contact details

For example: Social Care, education, Positive Activities for Young People, police, health service, voluntary sector organisation, probation service, youth service and Early Years.

Appendix 7



Appendix 8 – Recruitment and Selection Checklist

PRE-INTERVIEW:	Initials	Date
PLANNING Timetable decided: job specification and description and other documents to be provided to application reviewed and updated as necessary. Application form seeks all relevant information and includes relevant statements about references etc. – paragraphs 3.17 – 3.20 and 3.22 to 3.29.		
VACANCY ADVERTISED (where appropriate) Advertisement includes reference to safeguarding policy, i.e. statement of commitment to safeguarding and promoting welfare of children, and need for successful applicant to be CRB checked – paragraphs 3.15, 3.16 and 3.21.		
APPLICATIONS on receipt Scrutinised – any discrepancies/ anomalies/ gaps in employment noted to explore if candidate considered for short listing – paragraphs 3.30, 3.31 and 3.33.		
SHORTLIST PREPARED		
REFERENCES – seeking Sought directly from referee on short listed candidates: ask recommended specific questions: include statement about liability for accuracy – paragraphs 3.32 and 4.30 to 4.36.		
REFERENCES – on receipt Checked against information on application; scrutinised; any discrepancy/ issues of concern noted to take up with applicant (at interview if possible) – paragraphs 4.35 and 4.36		
INVITATION TO INTERVIEW Includes all relevant information and instructions – paragraphs 3.36 – 3.39		
INTERVIEW ARRANGEMENTS At least 2 interviewers: panel members have authority to appoint: have met and agreed issues and questions/ assessment criteria/ standards – paragraphs 3.40 - 3.42.		
PRE-INTERVIEW:	Initials	Date
INTERVIEW Explores applicants' suitability for work with children as well as for the post – paragraphs 3.43 and 3.44.		
NB Identity and qualifications of successful applicant verified on day of interview by scrutiny of appropriate original documents: copies of documents taken and placed on file; where appropriate applicant completed application for CRB Disclosure – paragraphs 3.37 and 3.38.		

<p>CONDITIONAL OFFER OF APPOINTMENT: PRE APPOINTMENT CHECKS Offer of appointment is made conditional on satisfactory completion of the following pre-appointment checks and for non-teaching posts a probationary period – paragraphs 3.45 – 3.49.</p>		
<p>REFERENCES (if not obtained and scrutinised previously).</p>		
<p>IDENTITY (if that could not be verified straight after the interview) – paragraph 4.13.</p>		
<p>QUALIFICATIONS (if not verified on the day of interview) – paragraph 4.28.</p>		
<p>Permissions to work in UK if required – paragraph 4.65.</p>		
<p>CRB – Where appropriate satisfactory CRB disclosure received – paragraphs 4.18 – 4.21.</p>		
<p>LIST 99 – person is not prohibited from taking up post – paragraph 4.15.</p>		
<p>HEALTH – the candidate is medically fit – paragraph 4.38.</p>		
<p>GTC England – (for teaching post in maintained schools and non-maintained special schools) the teacher is registered with the GTC or exempt from registration – paragraph 4.39.</p>		
<p>QTS – (for teaching posts in maintained schools the teacher has obtained QTS or is exempt from the requirement to hold QTS (for teaching posts in FE colleges the teacher has obtained a Post Graduate Certificate of Education (PGCE) or Certificate of Education (Cert. Ed) awarded by a higher Education Institute (HEI), or the FE Teaching Certificate conferred by an awarding Body – paragraph 4.40.</p>		
<p>STATUTORY INDUCTION (for teachers who obtained OTS after 7 May 1999) – paragraphs 3.50 and 3.51.</p>		

APPENDIX 9 - Children in Specific Circumstances

This Cluster follows the Children's Services - LSCB, online multi-agency procedures for children in specific circumstances as outlined below– www.leedslscb.org.uk (reference sections see below:)

- 5.1 [Abuse by Children and Young People](#)
- 5.2 [Abuse Linked to Spiritual and Religious Beliefs](#)
- 5.3 [Abuse of Disabled Children](#)
- 5.4 [Allegations of Harm Arising from Under Age Sexual Activity](#)
- 5.5 [Bullying](#)
- 5.6 [Child Abuse and Information Communication Technology](#)
- 5.7a [Safeguarding Children and Young People from Child Sexual Exploitation - West Yorkshire Safeguarding Children Boards' Protocol and Practitioner Guidance](#)
- 5.8 [Children and Families who go Missing](#)
- 5.9 [Children At Risk Where A Parent Has A Learning Disability](#)
- 5.10 [Children At Risk Where A Parent Has A Mental Health Problem](#)
- 5.11 [Children from Abroad \(including Migrant Children and Unaccompanied Asylum Seeking Children\)](#)
- 5.12 [Children Living Away from Home \(including Children and Families living in Temporary Accommodation\)](#)
- 5.13 [Children Missing from Education](#)
- 5.14 [Children Moving Across Boundaries](#)
- 5.15 [Children of Alcohol Misusing Parents](#)
- 5.16 [Children of Drug Misusing Parents](#)
- 5.17 [Domestic Violence](#)
- 5.18 [Complex \(Organised or Multiple\) Abuse](#)
- 5.19 [Fabricated or Induced Illness](#)
- 5.20 [Female Genital Mutilation](#)
- 5.21 [Forced Marriages](#)
- 5.22 [Harm to Animals and Possible Implications for Children](#)
- 5.23 [Intimate Care Good Practice Guidelines](#)
- 5.25 [Race and Racism](#)
- 5.26 [Reluctant and Hostile Families](#)
- 5.27 [Safeguarding Children who may have been Trafficked](#)