



Safeguarding Children Policy

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Prevent Duty Co-Ordinator

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Ofsted

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NSPCC Whistleblowing Helpline

Tel: 0800 028 0285

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Policy Statement

The Bertrum House Nursery Safeguarding Policy has regard to statutory guidance *Keeping children safe in education 2016* and *Working Together to Safeguard Children 2015*, *Disqualification under the Childcare Act 2006* and *Prevent Duty Guidance for England and Wales 2015*.

Keeping children safe in education defines safeguarding and promoting the welfare of children 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.

Bertrum House Nursery is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment. Bertrum House will

- ensure that we practice safer recruitment in checking the suitability of staff and volunteers to work with children and young people. See separate recruitment policy
- follow the local inter-agency procedures of the London Safeguarding Children Board
- protect each child from any form of abuse, whether from an adult or another child
- be alert to signs of abuse both in the Nursery and outside
- deal appropriately with every suspicion or complaint of abuse
- design and operate procedures which promote this policy
- design and operate procedures, which, so far as possible, ensure that teachers and others who are innocent are not prejudiced by false allegations
- support children who have been abused in accordance with his/her agreed child protection plan
- be alert to the needs of children with medical conditions
- operate robust and sensible health and safety procedures
- take all practicable steps to ensure that the premises are secure
- assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology
- identify children who may be vulnerable to radicalisation, and know what to do when they are identified
- consider and develop procedures to deal with any other safeguarding issues which may be specific to individual children in our nursery or in our local area

Designated Safeguarding Lead

- Bertrum House Nursery has a Designated Safeguarding Lead (DSL), Vicky Mould and an appointed Deputy DSL, Pari Lake. They are responsible for matters relating to safeguarding children.
- The DSL shall be given the time, funding, training, resources and support to enable her to support other staff on safeguarding matters, to contribute to strategy discussions and/or inter-agency meetings and to contribute to the assessment of children.
- The names and contact details of the DSL and Deputy DSL are set out in the contacts list at the front of this policy. Either the DSL or Deputy DSL will be onsite at all times and both can be contacted out of hours if a safeguarding concern arises.
- The DSL and Deputy DSL have undertaken child protection training with Kidscape and Wandsworth to provide them with the knowledge and skills to carry out the role. This training is updated at least at two-yearly intervals. In addition, their knowledge and skills will be refreshed at regular intervals and at least annually to allow them to understand and keep up with any developments relevant to their role so they:
 - (a) Understand the assessment process for providing early help and intervention through the locally agreed common and shared assessment processes such as Early Help Assessments (EHA)
 - (b) Have a working knowledge of how local authorities conduct child protection cases and contribute to these effectively when required
 - (c) Can ensure each member of staff has access to and understand the Safeguarding Children Policy and procedures
 - (d) To be alert to the specific needs of children in need and those with special needs
 - (e) To keep detailed, accurate, secure written records of concerns and referrals
 - (f) Obtain access to resources and attend relevant or refresher training courses
 - (g) Encourage a culture of listening to children and taking account of their wishes and feelings as well as protecting their safety and well-being
- The Deputy DSL will carry out this role where the DSL is unavailable.
- The main responsibilities of the DSL are:

Managing referrals

- (a) The DSL is expected to:
 - (i) Refer children using an Early Help Assessment as required
 - (ii) Refer cases of suspected abuse to IPOC as required
 - (iii) Support staff involved with referrals and with children under Child Protection Orders
 - (iv) Refer cases to the Channel programme where this is a radicalisation concern as required
 - (v) Support staff involved with referrals to Channel
 - (vi) Refer cases where a person is dismissed or has left due to risk/harm to a child to IPOC (LADO) and Ofsted

Working with others

- (a) Liaise with child protection services (e.g. MASH, LADO) at the local authority for child protection concerns
- (b) Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise to staff
- (c) Ensure that staff are trained annually with ongoing refreshers throughout the school year
- (d) To liaise with the DSL at other nurseries and primary schools and to ensure that child protection files are copied and handed over to the next school as soon as possible. The DSL may meet in person with the DSL at a child's next school to ensure the safe delivery of information and professional discussion.

Raising awareness

- (a) The DSL will ensure that the Safeguarding Children Policy is read, understood and used appropriately by all members of staff
- (b) Ensure that the policy is reviewed annually and that the procedures and implementation are updated and reviewed regularly
- (c) Ensure that parents are given a copy of the policy as part of their Welcome Pack information when they join Bertrum House Nursery
- (d) Ensure that parents are aware that referrals about suspected abuse may be made to IPOC

Prevent

- (a) In accordance with the Prevent Duty Guidance for England and Wales and Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism (2015) the Designated Safeguarding Lead has the following responsibilities:
 - (i) Acting as the first point of contact for staff, parents, teachers as well as external agencies
 - (ii) Coordinating procedures at Bertrum House Nursery
 - (iii) Undergoing WRAP training (<https://www.elearning.prevent.homeoffice.gov.uk/>)

Types and Signs of Abuse

All Bertrum House Nursery staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or by another child or children.

Recognising and Responding to Signals of Possible Abuse

Safeguarding is about preventing the abuse of children and young people. Abuse can take many different forms and safeguarding action may need to be taken to protect children and young learners from:

- neglect
- physical abuse
- sexual abuse
- emotional abuse
- bullying, including cyber bullying
- children missing education
- children missing from home or care
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence / violence against women and girls
- hate
- mental health
- private fostering
- preventing radicalization
- relationship abuse
- sexting
- trafficking

Abuse can be explained in four main ways:

Physical abuse may take many forms, e.g. 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 (fabricated or induced illness).

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- Family use of different doctors and accident and emergency departments
- Reluctance to give information or mention previous injuries.

The following must be considered as indicators of harm:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in some small babies, which may indicate force-feeding
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising to the head or on sites unlikely to be injured accidentally
- Variation in bruising colour possibly indicating injuries caused at different times
- The outline of an object used, e.g. belt marks, hand prints or a hairbrush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting; bruising around the face; bruising on the arms, thighs and buttocks, which may be an indicator of sexual abuse
- Grasp marks on small children
- Bite marks – those over 3 cm in diameter are more likely to have been caused by an adult or older children
- Burns and scalds with a clear outline may be suspicious, e.g. circular burns from cigarettes, linear burns from hot metal rods, scalds that have a line indicating immersion or poured liquid with no splash marks
- Fractures – non-mobile children rarely sustain fractures. The history provided is vague, nonexistent or inconsistent with the fracture type. There is a delay in seeking medical attention
- Scars- a large number of scars, or scars of different size or age, or on different parts of the body, may suggest abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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 of a child, although it may occur alone.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer, e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Appeasing behaviour towards others
- Scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others



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 acts of sexual abuse, as can other children.

There may be no physical signs and indications are likely to be emotional and behavioural. Boys and girls of any age may be sexually abused and are often scared to say anything due to fear and/or guilt. It is particularly difficult for a child to talk about their sexual abuse. Disclosure can often initially be indirect as the child tests the professional's response.

Behavioural indicators include:

- Inappropriate sexualised contact
- Sexually explicit behaviour, play or conversation, inappropriate for the child's age
- Anxious unwillingness to remove clothes for sports/swimming (but this may be related to cultural norms or physical difficulties)
- Parents may ask staff not to undress or change their child
- Continual, excessive or inappropriate masturbation
- Self-harm (including eating disorders), self-mutilation or suicide attempts
- Involvement in sexual exploitation

Physical indicators include:-

- Pain or itching of genital area
- Bloodstains on underwear
- Physical symptoms such as injuries to the genital or anal area; bruising to buttocks, abdomen and thighs; sexually transmitted disease; presence of semen on vagina, anus, external genitalia or clothing.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, 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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Evidence of neglect is often built up over a period of time and can cover different aspects of parenting.

Indicators include:-

- A child seen as listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from Nursery/setting



- Child left with inappropriate carers, e.g. too young, complete strangers
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Female Genital Mutilation (FGM)

FGM, also known as cutting, is dangerous to girls' and women's health and illegal in the UK. There are several signs that may indicate that a girl is at risk, and no single sign should be considered as evidence that a girl is at risk of FGM. However, a combination of factors may increase a girl's risk of being subjected to it. Should one or more of the following factors come to staff's attention they need to seek advice from their safeguarding lead about what action to take and the possibility of making a referral to Children's Specialist Services.

Factors suggesting a girl is at increased risk of FGM include:

- Age of 0 – 14 years old
- From a high risk community
- Being withdrawn from PSHE and/or SRE lessons by parents
- Parent planning to take the girl out of the country for an extended holiday
- Having a mother or older sister who has had FGM
- Mother confiding in a professional that a special ceremony or procedure will take place
- Requesting help from a professional to avoid FGM

For full information please read Wandsworth Procedures for Prevention of Female Genital Mutilation at www.wandsworthfgm.org.uk. You can also find full FGM information on the Family Information Service (FIS) website

Radicalisation

(The Prevent Duty – Departmental advice for schools and childcare providers June 2015)

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. Extremism is vocal or active opposition to the fundamental British Values. Protecting children from the risk of radicalisation is part of the Nursery's wider safeguarding duty to children. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. This may include referral to the [Channel programme](#), which is a programme providing support to people identified as being vulnerable to being drawn into terrorism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and in different settings.

Indicators for vulnerability for radicalisation are:

- Family tensions
- Sense of isolation
- Migration
- Distance from cultural heritage
- Experience of racism or discrimination
- Feeling of failure
- Family or friends with extremist views



Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- Spending increasing time in the company of other suspected extremists
- Changing their style of dress or personal appearance to accord with the group
- Day-to-day behavior becoming increasingly centered around extremist ideology, group or cause
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause
- Possession of material or symbols associated with an extremist cause
- Attempts to recruit others to the group/cause/ideology
- Communications with others that suggest identification with group/cause/ideology

Duty of employees and volunteers

Every employee, as well as every volunteer is under a general legal duty to:

- Protect children from abuse
- Be aware of the procedures in this policy and to follow them
- Know how to access and implement the procedures in this policy
- Keep a sufficient record of any significant complaint, conversation or event
- Report any matters of concern in accordance with this policy

Supervision

- Staff are under an ongoing duty to inform the management of Bertrum House Nursery if their circumstances change which mean that they would meet any of the criteria for disqualification under the Childcare Act 2006 (See Appendix 2)
- Staff are given regular supervision meetings in which they are given an opportunity to talk about safeguarding concerns. If they are unable to report a concern at another time they should use the supervision meeting to inform the DSL of concerns regarding children, families, staff and other professionals

Staff training

Staff will be trained every year by the DSL (with regular updates) and every two years by Wandsworth so that they:

- Understand the safeguarding policy and procedures at Bertrum House Nursery
- Are able to identify signs of possible abuse and neglect at the earliest opportunity
- Are able to respond to safeguarding concerns in a timely and appropriate way

Staff will take part in the Wandsworth Section 11 Audit annually and the DSL will address any misconceptions or gaps in understanding of policies and procedures.

Regular training will take place during staff meetings throughout the year to include topics such as referral procedures, signs of abuse and types of abuse.

Procedures

Initial disclosure

A member of staff suspecting or hearing a disclosure of abuse:

- Must listen carefully to the child and/or parent and keep an open mind. Staff should not take a decision as to whether or not the abuse has taken place
- Must not ask leading questions (a questions that suggests its own answer)
- Must reassure the child and/or parent but not give a guarantee of absolute confidentiality. The member of staff should explain that they need to pass the information onto the DSL so the correct action can be taken
- Keep a handwritten record of the conversation. The record should include the date, time and place of the conversation and what was said and done as well as who was present. It should be handwritten and recorded on a concern/incident form.

All other evidence e.g. scribbled notes, clothing must be kept securely with the written record and passed on when reporting the matter.

If a staff member is unsure they must always speak to the DSL.

On being notified of a concern the DSL will consider the appropriate course of action in accordance with the Wandsworth Safeguarding Children Board Thresholds for Intervention document (Appendix 1).

If it is decided that a safeguarding referral needs to be made an Early Help Assessment (AHA) will be completed and the Wandsworth Safeguarding Children Board procedures will be followed.

If it is decided that a safeguarding referral is not required, the DSL will keep the matter under review and consideration and may make a referral if the child's situation does not appear to be improving.

If members of staff are not in agreement with the DSL and are still concerned about a child, they should speak to the Deputy DSL to agree a course of action. However, any member of staff can make a referral through IPOC. If a referral is made by someone other than the DSL, the DSL should be informed as soon as possible.

If a child is in immediate danger or risk of harm a referral should be made to IPOC immediately.

Allegations against staff

Bertrum House has procedures for dealing with allegations against staff and volunteers that aim to strike a balance between the need to protect children and the need to protect staff and volunteers from false or unfounded allegations.

The procedure will apply where a staff person (anyone working with or in contact with the children at the Nursery, whether paid or unpaid, volunteers, support staff, students etc.) who has:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed an offence against or related to a child



- Behaved towards a child or children in a way that indicates that s/he is unsuitable to work with children

All allegations or suspicions against staff will be taken seriously and considered as requiring a child protection response/enquiry. The LADO will be informed (through IPOC) immediately and in any event within one working day of all allegations that come to Bertrum House’s attention.

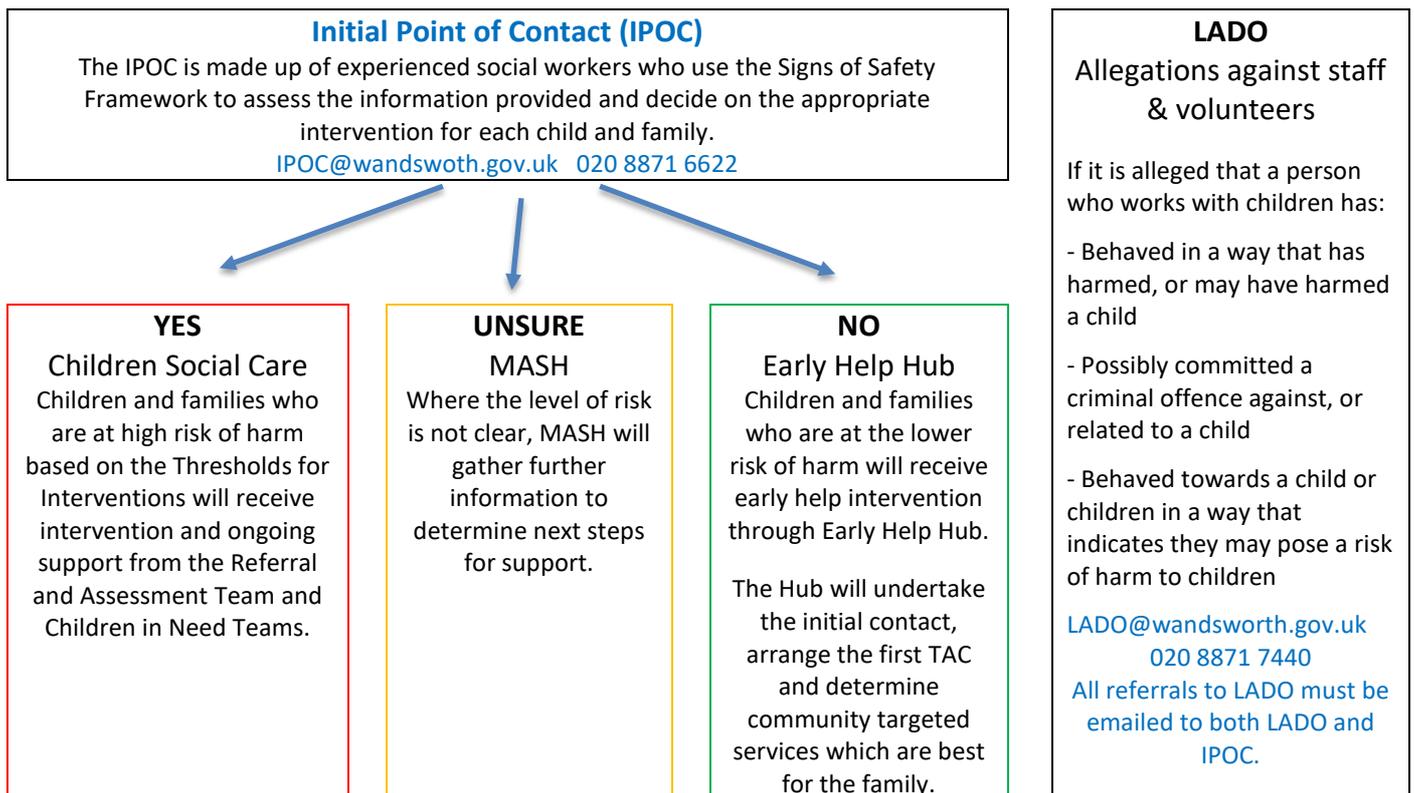
The allegation will be discussed with the LADO before action is taken.

Bertrum House Nursery will inform Ofsted of any allegations of serious harm or abuse by any person working or looking after children on the nursery premises (whether that allegation relates to harm or abuse committed on the premises or elsewhere) and will provide details of the action taken in respect of those allegations.

Staff and volunteers should feel able to follow the Bertrum House whistleblowing policy to raise concerns about poor or unsafe safeguarding practices at the nursery or potential failures by Bertrum House or its staff to properly safeguard the welfare of the children. The NSPCC whistleblowing helpline is available for staff who feel unable to report failures internally.

Allegations against children

If a child is accused or suspected of causing harm to another child or children, the procedures set out in this policy will be followed. It may be necessary to ask the parent to keep this child away from the nursery during any investigation. Staff will work together with parents to seek a positive outcome following the conclusion of any investigation.





Use of mobile phones and cameras

Staff and volunteers should use mobile phones in accordance with the guidance set out in the Mobile Phone Policy.

Parents may bring phones onto the premises but may only take photographs during events such as plays, concerts or sporting events for personal use. Parents will be reminded that images should not be published on personal social networking sites, even where access to the image may be limited.

Record Keeping, confidentiality and information sharing

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing.

All information about safeguarding and welfare issues will be shared only on a 'need to know' basis. However, where the safety and welfare of a child is in questions, all staff must ensure that all relevant information is provided to the DSL without delay. The DSL will then decide, taking advice if necessary, whether such information needs to be disclosed to any other person.

Information and records will be shared with next schools to ensure that there is continuity in monitoring and care of children.

Bertrum House Nursery will co-operate with police and children's social care to ensure that all the relevant information is shared for the purposes of child protection investigations under section 47 of the Children Act 1989.

Where allegations have been made against staff, Bertrum House Nursery will consult with the LADO and where appropriate the police and children's services to agree the information that should be disclosed and to whom.

Appendix 1

Wandsworth Safeguarding Children Levels of Need -Threshold Document

Indicators of need:

Level 2:		
<p>Child's Developmental Needs</p> <p><u>Health</u></p> <ul style="list-style-type: none"> • Slow to reach developmental milestones • Additional health needs • Missing health checks / routine appointments/immunisations • Persistent minor health problems • Babies with low birth weight in proportion to the mother • Pre-natal health needs • Issues of poor bonding / attachment • Minor concerns re healthy weight /diet/ dental health /hygiene / or clothing • Disability requiring support services • Concerns about developmental status i.e. speech and language problems • Signs of deteriorating mental health of child including self-harm • Starting to have sex (under 16 years) • Is experimenting with drugs and alcohol <p><u>Education & Learning</u></p> <ul style="list-style-type: none"> • Is regularly unpunctual for school / occasional truanting or significant nonattendance / parents condone absences • Escalating behaviour leading to a risk of exclusion • Experiences frequent moves between schools • Not reaching educational potential or reaching expected levels of attainment • Needs additional support in school • Identified language and communication difficulties • Few opportunities for play/socialization • No participation in education, employment or training post 16 years <p><u>Emotional and Behavioural Development</u></p> <ul style="list-style-type: none"> • Low level mental health or emotional issues requiring intervention • Is withdrawn / unwilling to engage • Development is compromised by parenting • Some concern about substance misuse • Involved in behaviour that is seen as antisocial • Poor self-esteem / Identity • Some insecurities around identity / low self-esteem • Lack of positive role models • May experience bullying around perceived difference /bully others • Disability limits self 	<p><u>Family and Social Relationships</u></p> <ul style="list-style-type: none"> • Some support from family and friends • Some difficulties sustaining relationships • Undertaking some caring responsibilities • Child of a teenage parent • Low parental aspirations Social Presentation • Can be over friendly or withdrawn with strangers • Personal hygiene is becoming problematic <p><u>Self-Care Skills</u></p> <ul style="list-style-type: none"> • Not always adequate self care / poor hygiene • Slow to develop age appropriate self care skills • Over protected/unable to develop independence <p>Parents and Carers</p> <p><u>Basic Care, Safety and Protection</u></p> <ul style="list-style-type: none"> • Basic care not consistently provided e.g. non-treatment of minor health problems • Parents struggle without support or adequate resources e.g. as a result of mental/learning disabilities. • Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home • Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties / post natal depression • Some exposure to dangerous situations in home/community • Teenage parents /young, inexperienced parents • Inappropriate expectations of child/young person for age/ability <p><u>Emotional Warmth</u></p> <ul style="list-style-type: none"> • Inconsistent parenting but development not significantly impaired • Post-natal depression affecting parenting ability • Child / young person perceived to be a problem by parents or carers / experiencing criticism and a lack of warmth 	<p><u>Guidance, Boundaries & Stimulation</u></p> <ul style="list-style-type: none"> • May have a number of different carers • Parent/carer offers inconsistent boundaries e.g. not providing good guidance about inappropriate relationships formed, such as via the internet. • Can behave in an anti-social way • Child / young person spends a lot of time alone • Parents struggle to have their own emotional needs met. • Lack of stimulation impacting on development <p>Family and Environmental Factors</p> <p><u>Family History and Functioning</u></p> <ul style="list-style-type: none"> • Child or young person's relationship with family members not always stable • Parents have relationship difficulties which affect the child / acrimonious separation or divorce that impacts on child • Experienced loss of a significant adult / child • Caring responsibilities for siblings or parent • Parents have health difficulties • Poor home routine • Child not often exposed to new experiences • Limited support from family and friends <p><u>Housing, Employment & Finance</u></p> <ul style="list-style-type: none"> • Inadequate/poor housing • Requiring in-depth guidance and help. At risk of homelessness • Child/young person from asylum seeking or refugee family and has identified additional needs • Children subject to kinship care arrangements made by their own family • Family affected by low income or unemployment • Parents find it difficult to find employment due to basic skills or long term difficulties. <p><u>Family's Social Integration</u></p> <ul style="list-style-type: none"> • Family is socially isolated limited extended family support • Victimisation by others impacts on child Community Resources • Adequate universal resources but family may have difficulty gaining access to them • Community characterised by negativity towards child/young person

Level 3

Child's Developmental Needs

Health

- Child/young person who is consistently failing to reach their developmental milestones and concerns exist about their parent's ability to care for them
- Growth falling 2 centile ranges or more, without an apparent health problem
- Learning affected by significant health problems
- Experiencing chronic ill health or diagnosed with a life-limiting illness
- Mental health is deteriorating and there is failure to engage with services / self-harming
- 'Un-safe' / inappropriate sexual behaviour / risk of sexual exploitation
- Problematic substance misuse (drugs and alcohol) / links to risk taking behaviour
- Failure to access medical attention for health chronic / reoccurring health needs
- Concerns about diet / hygiene / clothing
- Conception to a child under 16 years old / concerns about parenting capacity
- Disability requiring significant support services to be maintained in mainstream provision

Education & Learning

- Short-term exclusion, persistent truanting or poor school attendance
- Previous permanent exclusions
- Persistent 'not in education, employment or training (NEET)' / this could be as a result of compromised parenting
- Alienates self from school and peers through extremes of behaviour
- No, or acrimonious home/school links
- Statement of special educational needs / failure to cooperate with SEN

Emotional and Behavioural Development

- Alienates self from school and peers through extremes of behaviour
- Physical / emotional development raising significant concerns
- Difficulty coping with emotions / unable to display empathy
- unable to connect cause and effect of own actions
- Behaviour is sufficiently extreme to place them at risk of removal from home
- Early onset of sexual activity (13-14 years)
- Offending /prosecution for offences – resulting in custodial sentences, ASBOs etc.
- Puts self or others in danger
- Disappears or is missing from home regularly or for long periods

Identity

- Subject to persistent discrimination
- Is socially isolated and lacks appropriate role models
- Self image is distorted and may demonstrate fear of persecution
- Extremist views that places self or others at risk

Family and Social Relationships

- Relationship with family is experienced as negative, critical or rejecting
- Regularly caring for another family member
- Family no longer want to care for child
- Family is experiencing a crisis likely to result in the breakdown of care arrangements
- Child or young person has previously been looked after by a local authority
- Persistent exposure to violent behaviours within the home

Social Presentation

- Appearance reflects poor care and hygiene related health issues
- Persistent presentation in unwashed / unsuitable clothing despite advice and support being offered Self-Care Skills
- Absence of or poor self-care skills for age/ level of understanding
- Severe disability – relies on others to meet needs.

Parents and Carers

Basic Care, Safety and Protection

- Parent / carer is struggling or is unable to provide adequate care/ basic care's frequently inconsistent
- Child or young person receives erratic or inconsistent care
- Significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment
- Parents have previous history of struggling to care for child or sibling / children previously subject to a child protection plan / looked after
- Parents learning disability, substance misuse (alcohol and drugs) or mental health negatively impacts on parent's ability to meet the needs of the child
- Level of supervision does not provide sufficient protection for a child
- Either or both parents / carers have previously been looked after and their parenting ability is compromised
- Private fostering / young carer
- Teenage pregnancy or inexperienced young parent or carer with additional concerns

Emotional Warmth

- Child / young person has multiple carers but no significant relationship to any of them / receives inconsistent care
- Child / young person receives little stimulation / negligible interaction
- Child/ young person is scapegoated
- Child / young person is rarely comforted when distressed / lack of empathy
- Child / young person is under significant pressure to achieve/aspire / experiencing high criticism

Guidance, Boundaries & Stimulation

- Parents struggle to set boundaries / act as good role models
- Child or young person's behaviour out of control
- Child or young person is regularly beyond control of parent or carer
- Parenting impairing emotional or appropriate behavioural development of child / young person

Family and Environmental Factors

Family History and Functioning

- Parents or carers are experiencing, on an on-going basis, one or more of the following problems significantly affecting their parenting: mental illhealth, substance dependency or domestic abuse/ potential honour based violence / forced marriage
- Parental involvement in crime
- Family characterised by conflict and serious chronic relationship problems
- Parents or carers persistently avoid contact / do not engage with childcare professionals
- Children or young people are subject to Kinship Care arrangements set up by Children's Social Care Services
- Children/young people who are privately fostered
- Persistent expectation to care for other household members which impacts on the child / young person's development and opportunities

Housing, Employment & Finance

- Statutorily overcrowded / temporary accommodation / family are homeless
- Prosecution/eviction proceedings
- Serious debts / poverty impacting on ability to care for the child/ young person
- Home in poor state of repair, deemed unfit for habitation

Family's Social Integration

- Family is socially isolated/excluded
- Victimisation by others places child and family at risk
- Has poor relationship/s with extended family

Community Resources

- Parents / carers do not access or there is significantly poor access to local facilities and targeted services to meet assessed need
- Lack of community support/tolerance or hostility towards the child, young person or family
- Multiple problems preventing a YP engaging with opportunities

Level 4

CHILDS DEVELOPMENTAL NEEDS

Health

- Clear allegation of harm and/or disclosure of harm
- Suffering or at risk of suffering serious physical, emotional or sexual harm or neglect
- Growth faltering and no 'organic' cause identified
- Failure to access medical attention for chronic / reoccurring health problems despite support and advice – including severe obesity and dental decay
- Development significantly impaired due to parenting
- Health impaired due to neglectful parenting
- Sexual exploitation / abuse
- Sexual activity under the age of 13
- Conception to a child under the age of 14
- Disability requiring the highest level of support
- Subject to a section under the Mental Health Act / diagnosed mental health issues which places themselves or others at risk
- Self harming likely to have a serious effect on the child or young person's health or wellbeing
- Persistent and significant substance misuse (alcohol and drugs)
- Child or young person is missing from home regularly or for long periods.
- Fabricated / induced illness

Education & Learning

- Permanently excluded from school or at risk of permanent exclusion
- Significant developmental delay due to neglect / poor parenting

Emotional and Behavioural Development

- Puts self or others in danger / including risk taking behaviour / self-harm or suicide attempts / substance misuse of drugs and/or alcohol / eating disorders
- Failure or rejection to address serious (re)offending / anti- social behaviour
- Significant emotional / psychological problems as a result of neglect / poor parenting
- Frequently missing from home for long periods placing them at risk
- Presenting sexualised behaviour
- Child who abuses others Identity
- Socially isolated and lacking appropriate role models
- Poor self-worth that results in extreme behaviours towards themselves and others
- Participates in gang activity / involved with serious or organised crime
- Demonstrates extremist views

Family and Social Relationships

- Child in care (looked after) or care leaver
- Family have abandoned child
- Subject to physical, emotional or sexual abuse / neglect
- Adoption breakdown
- Is the main carer for a family member
- Unaccompanied asylum seeking child / young person
- Forced marriage of a child / young person under 18 years Social Presentation
- Poor / inappropriate self presentation / hygiene related health issues

Self-Care Skills

- Absence / neglect of self-care skills due to other priorities such as substance misuse
- Takes inappropriate risks in self-care
- Severe lack of age appropriate behaviour and independent living skills likely to result in harm

PARENTS AND CARERS

Basic Care, Safety and Protection

- Parent / carers is unable to provide consistent parenting that is adequate (good enough) and safe
- Parents have seriously abused/neglected the child
- Previous child(ren) has been removed from parent's care
- Parent's own learning disability / mental health / substance misuse significantly affects their ability to provide adequate and safe care
- Parents do not recognise or accept danger and protect child/young person from harm
- Persistent use of inappropriate care-givers
- Child / young person has no one to care for them
- There is no relevant stimulation appropriate for age
- Exposed to pornography or other exploitative/ harming material
- Consistent instability / violence/ domestic abuse within the home
- Teenage pregnancy / young inexperienced parents with additional concerns that could place the unborn child / child at risk of significant harm
- Individuals in family present a risk to children/young people and are likely to be in contact with them
- Child / young person subject to public law proceedings in family court
- Parents / carers involved in criminal activity
- Allegations of harm by a person in a position of trust

Emotional Warmth

- Parents / carers inconsistent, highly critical or apathetic towards child / young person
- Parents / carers are negative and abusive towards the child / young person
- Child / young person is rejected or abandoned
- Carers persistent hostility to the child / young person leads to their isolation

Guidance, Boundaries & Stimulation

- There are no effective boundaries set by parents
- Regularly demonstrates anti-social behaviour in the community
- Child / young person is beyond parental control
- Subject to a parenting order which may be related to their child's criminal / anti-social behaviour or persistent absence from school

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning

- Family life is chaotic and there is significant and persistent parental or carer discord /domestic abuse / honour based violence / forced marriage
- Family members have physical or mental health needs which place the child / young person at risk of harm
- Re-occurring / frequent attendances by the police to the family home
- Child / young person is being cared for by a non-relative under private fostering arrangements
- Parents are deceased and there are no family / friends to care for the child / young person
- Parents are in prison and there are no family / friends to care for the child / young person

Housing, Employment & Finance

- Housing accommodation places child / young person in danger / at risk of harm
- No fixed abode / homeless
- Extreme poverty / debt impacting on ability to care for the child / young person
- Household income is used to fund parent or carers own prioritised needs (e.g. substance misuse / gambling) leading to significant neglect of the child / young person

Family's Social Integration

- Family are socially chronically excluded
- Victimisation by others places the child / young person at risk of significant harm

Community Resources

- Substantial multiple problems preventing the family/ young person from engaging with services/ non-engagement with services



Appendix 2

Disqualification criteria

The criteria for disqualification under the 2006 Act and 2009 Regulations include those set out in the list below:

- a) inclusion on the Disclosure and Barring Service (DBS) Children's Barred List,
- b) being found to have committed certain violent and sexual criminal offences against children and adults which are referred to in regulation 4 and Schedules 2 and 3 of the 2009 Regulations (note that regulation 4 also refers to offences that are listed in other pieces of legislation);
- c) certain orders made in relation to the care of children which are referred to in regulation 4 and listed at Schedule 1 of the 2009 Regulations;
- d) refusal or cancellation of registration relating to childcare, 3 or children's homes, or being prohibited from private fostering⁴, as specified in Schedule 1 of the 2009 Regulations;
- e) living in the same household where another person who is disqualified lives or is employed (disqualification 'by association') as specified in regulation 9 of the 2009 Regulations;
- f) being found to have committed an offence overseas which would constitute an offence regarding disqualification under the 2009 Regulations if it had been done in any part of the United Kingdom.



I have read and understood the Child Protection Policy.

I understand that I have a duty to report any concerns, however minor, to the Designated (Vicky Mould) or Deputy Designated Safeguarding Lead (Pari Lake).

I know how to access the forms to report incidents/concerns.

Signature

Date

Print name