

JULY

2016

Lancashire Early Years

Child Protection Policies and Procedures

2016

GLOSSARY
OF TERMS

Content

Throughout this policy the words 'early years settings' are used to refer to any childcare facility including; private, voluntary and independent nurseries, out of school clubs and childminders

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PART

Lancashire Early Years Settings Child Protection Policy

Introduction

Effective Child Protection requires a co-ordinated approach. This early years Child Protection Policy and Procedures is consistent with LSCB Pan Lancashire Policy and Procedures for Safeguarding Children. Together they provide the procedures to be used by all early years setting staff and volunteers, including partnership agencies and seconded staff.

All staff and volunteers are expected to have an awareness of the LSCB Pan Lancashire Policy and Procedures for Safeguarding Children and a knowledge of how to access them. This needs to be understood alongside the early years Child Protection Policy and Procedures. The LSCB Pan Lancashire Policy and Procedures for Safeguarding Children can be accessed at:

<http://panlancashirescb.proceduresonline.com/index.htm>

This policy and procedures is aimed at all early years practitioners caring for children within any childcare setting, including Private, Voluntary and Independent nurseries, Out of School Clubs and Childminders.

The document sets out the roles and responsibilities of this early years setting, staff and volunteers in relation to safeguarding and child protection. The policy and procedures must be read in conjunction with The Pan Lancashire Policy and Procedures for Safeguarding Children.

The policy and procedures has been written as a good practice guide to support early years practitioners in safeguarding and promoting the welfare of all children in their care. It links with statutory national guidance and with the local Pan Lancashire Policy and Procedures for Safeguarding Children.

The Government document Working Together to Safeguard Children 2015 defines safeguarding and promoting the welfare of children as follows:

- 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

Working Together to Safeguard Children 2015 is statutory guidance and should be read and followed by all organisations that commission and provides services for children and families and this includes early year's practitioners.

Working Together to Safeguard Children 2015 highlights the duty on early year's providers to comply with the welfare requirements of the Statutory Framework for the Early Years Foundation Stage 2014 (EYFS) and ensure as stated in EYFS 2014 that:

- Staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect and

They have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who should liaise with local statutory Children's Social Care Services as appropriate. This lead should also complete child protection training.

Working Together to Safeguard Children 2015 aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe. In doing so, it seeks to emphasise that effective safeguarding systems include those where:

- The child's needs are paramount, and the needs and wishes of child, be they be a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;

- All professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to those children;
- All professionals share appropriate information in a timely way and can discuss concerns about an individual child with colleagues and local authority children's social care.
- High quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solutions can be found for each individual child;
- All professionals contribute to whatever actions are needed to safeguard and promote the child's welfare and take part in regularly reviewing the outcomes for the child against specific outcomes.

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It also emphasises the importance of assessing need and providing early help as this is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Safeguarding children is the action we take to promote the welfare of all children and protect them from harm. This is the responsibility of everyone who comes into contact with children and families. Each agency has a role to play in ensuring children are safe and protected from harm.

Professionals and volunteers from other organisations or agencies (e.g. 'Health') will still need to adhere to this Policy and Procedure when they are based within a setting. However, they should also clarify allied arrangements insofar as supervision, referral and reporting mechanisms and procedures are concerned within their own agency and ensure that these are also made clear to and agreed with the setting Manager.

Mission Statement

Children's safety and well-being is central to all the work undertaken by this early years setting. Staff and volunteers working within the setting will be given training and be encouraged to develop skills to enable them to respond appropriately to any situation where a child may be at risk of abuse or neglect.

This early years setting believes that the best place for the vast majority of children to reside and develop is with their families, in the community where they live. To this end, and in line with research and confirmed best practice, early years staff will work in partnership with parents insofar as that is possible and in the best interests of the child(ren). However, the safety and welfare of children will be this early years setting's paramount consideration at all times. We have a duty to protect children and will pass on any concerns to the appropriate agencies.

Organisational Responsibilities

A range of individual organisations and professionals working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm.

Section 11 of the Children Act 2004 places a duty on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

In addition to the Section 11 duties, further safeguarding duties are also placed on individual organisations through other statutes and this includes the early years and childcare sector.

The policy and procedures set out in this document are based on the key principles laid down by 'Working Together to Safeguard Children 2015, The Statutory Framework for the Early Years Foundation Stage 2014 (EYFS) (Section 3 The safeguarding and welfare requirements) and Lancashire Safeguarding Children Board's 'Pan Lancashire Policy and Procedures for Safeguarding Children'

Working Together to Safeguard Children 2015 and the EYFS 2014 are available at:

www.lancashire.gov.uk/education/childcare

Pan Lancashire Policy and Procedures for Safeguarding Children can be accessed at:

<http://panlancashirescb.proceduresonline.com/index.htm>

The welfare of children is a corporate responsibility of the entire local authority, working in partnership with other public agencies, the voluntary sector, and service users and carers. There is a duty to co-operate with enquiries into whether or not a child is at risk of significant harm.

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Purpose and Scope of the Policy

Effective childcare systems are those where:

- The child's needs are paramount, and the needs and wishes of child, be they be a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
- All professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to those children;
- All professionals share appropriate information in a timely way and can discuss concerns about an individual child with colleagues and local authority children's social care.
- High quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solutions can be found for each individual child;
- All professionals contribute to whatever actions are needed to safeguard and promote the child's welfare and take part in regularly reviewing the outcomes for the child against specific outcomes.

This policy and procedural document aims to provide a framework for use by this early years setting, including partnership, agency and seconded staff and volunteers, to guide and assist them in dealing with child protection issues. This policy:

- Seeks to clarify this early years setting position, role and responsibilities within Lancashire's multi agency child protection system and structure.
- Underlines the fact that it is not the responsibility of this early years setting to investigate concerns or allegations relating to child abuse or protection, which is the role of Children's Social Care Services and/or the Police [where a crime may have been committed]. The role of the setting in this context is to refer such concerns to Children's Social Care Services and/or Police.
- Acknowledges that effective safeguarding and child protection requires a co-ordinated approach. This early years setting and its partners will work together in implementing this early years Child Protection Policy and Procedures, in keeping with LSCB Pan Lancashire Policy and Procedures for Safeguarding Children.
- Recognises that 'child abuse' is an emotive and disturbing subject. However, it is a reality and those whose work brings them into regular contact with children need information and practical guidance to ensure that they are able to recognise possible signs and symptoms of abuse and deal appropriately with their concerns.

-
- The multi-disciplinary nature of this early years setting team means that there is a wide variation in terms of experience. However, everyone within the setting should have a basic level of awareness about how to protect children from harm, safeguard and promote their welfare.
 - Acknowledges that work with families, and particularly in the context of child protection which entails making difficult professional judgements, can be distressing and stressful.
 - Undertakes to ensure that all staff and volunteers within this early years setting will have access to advice and support, from their peers and line managers. Regular documented supervision will be used to promote good practice and to offer one to one support.
 - Undertakes to ensure that, the training and developmental needs of the setting staff and volunteers are met in respect of safeguarding and child protection.

Providers must ensure that all staff have sufficient training to help understand their roles and responsibilities. All staff to attend the face to face Introduction to Safeguarding Children training to be repeated every 3 years. For practitioners who take on the role of setting Child Protection Nominated Officer in addition to the Introduction to Safeguarding Children training will complete the face to face Safeguarding and Child Protection Nominated Officers training in order for them to fulfil this particular role and repeat this level of training every 2 years.

There is also LSCB training courses that can be attended by staff. Details of LSCB courses can be found on the website.

For new staff as part of their induction it is recommended they complete the basic LSCB Child Protection E-Learning course. This can be accessed via the LSCB website:

www.lancshiresafeguarding.org.uk

The E-Learning course will be completed as a refresher for staff as part of their continuous professional development

The training is free and a certificate can be downloaded on successful completion of the quiz at the end.

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Child Protection Nominated Officers

The Child Protection Nominated Officers for this early years setting are:

Names	Position	Contact Details/Room
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is recommended that all settings have more than one Child Protection Nominated Officer. There is then always someone available for advice and support and allows for absence and annual leave. One of the Nominated Officers will always be available and should be the first point of contact for staff and volunteers within the setting who have concerns about a child’s welfare. In any event, such information/concerns must be shared with the Nominated Officers within 24 hours.

In the unlikely event that the Nominated Officer(s) within this Early Years setting is unavailable, the contact person is Lancashire Early Education Safeguarding Officer 07909 001430

Child Protection Nominated Officer's Procedural Role

The Child Protection Nominated Officer:

- Will be responsible for inducting, identifying and meeting the developmental and training needs of all staff and volunteers. They will liaise closely to ensure the consistent implementation of policy, procedures and practice.
- Makes clear that all staff and volunteers will have access to a copy of the early years Child Protection Policy and Procedures as part of their induction
- Once a potential child protection concern has been identified the Child Protection Nominated Officer will advise on the most appropriate next course of action and, as appropriate may liaise or advise you to liaise with other agencies and professionals;
- The Child Protection Nominated Officer will collate and maintain child protection records. All records should be clear, concise and accurate; they should differentiate between factual information and professional judgement. They should clearly indicate any decisions that have been taken; when, why, and agreed with whom.
- Any referral which is completed and forwarded to Children's Social Care Services must be countersigned by a Child Protection Nominated Officer;

- Childminders are the Child Protection Nominated Officer and are responsible for collating and maintaining child protection records, and making referrals to Children's Social Care Services.

Contact number for Children's Social Care Services during office hours 8:45am to 5:00pm 0300 123 6720

Guidance on Out of Hours Working

The services offered by this early years setting do not take place solely within office hours, i.e. 9.00am 5.00pm, Monday to Friday. Activities, visits and groups take place in the evenings and at weekends. For this reason, guidelines are needed for workers who may have cause for concern about a child's welfare, when the normal statutory service provision is not available.

If any worker becomes aware of a child protection concern where immediate or risk of significant harm is suspected, they should contact Children's Social Care Services Emergency Duty Team (EDT). The EDT team operates evenings, weekends and bank holidays. The contact number is 0300 123 6722. The decision on the most appropriate course of action rests with EDT.

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What you should and shouldn't do if you are concerned about the welfare or safety of a child who attends the early years setting

Staff or volunteers who are concerned about the safety or welfare of a child who attends the setting should **always**:

- Seek appropriate advice and support;
- Discuss concerns with one of the Child Protection Nominated Officers; this should always occur within 24 hours. One of the Child Protection Nominated Officers will always be available for advice, support and guidance and should therefore be the first point of contact for staff and volunteers within the setting who have concerns;
- Complete an internal recording form for all child protection concerns and pass this to the Child Protection Nominated Officer.

Staff and Volunteers should **never**:

- Do nothing;
- Assume that another agency or professional will act or is acting;
- Fail to discuss their concerns with one of the Child Protection Nominated Officers (within 24 hours);
- Attempt to resolve the matter themselves.

What should the Child Protection Nominated Officer consider at the point when a concern about a child is raised with them?

- What do I/staff see, hear and feel about this child?
- Is the child safe?
- Is this child at risk and, if so of what? How immediate is it?
- Is this child in need and, if so of what?
- Do I need to seek advice?
- Is the level and/or likelihood of risk such that a (Section 47) child protection referral needs to be made (ie. A child is suffering or is likely to suffer significant harm)?
- Can the level(s) of risk/need be managed/met in or by accessing universal services/without referral to Children's Social Care Services?
- What contextual information is available to me Child, Parents, Family and Environment; does a CAF already exist and what is its status?
- What additional information might exist and is it appropriate for me or someone else to access this?
- Have I recorded accurately and appropriately and made clear any ongoing plans, roles and responsibilities for staff within the setting?
- If I am not going to refer, then what action am I going to take?

Feedback to Staff Who Report Concerns to the Child Protection Nominated Officer

Rules of confidentiality dictate that it may not always be possible or appropriate for the Nominated Officer to feedback to staff who report to them. Such information will be shared on a 'need to know' basis only and the Nominated Officer will decide which information needs to be shared, when and with whom. The primary purpose of confidentiality in this context is to safeguard and promote the child's welfare. Staff need to be clear about any ongoing role that they may have with the child and their family. For example, supporting, managing sensitive information, how and when to share information, inappropriate sharing of information may place someone at risk.

Sharing Concerns with Parents/Carers

- Use any service brochure / information / leaflets etc to make clear your safeguarding responsibilities at the outset
- Acknowledge feelings and show empathy
- Listen without interrupting
- Be clear about your desire to be open and honest
- Use plain language / avoid jargon
- Don't make promises you can't keep
- Don't do anything that might place someone at increased risk or which might impede an investigation
- Make a record of the discussion

Working in partnership with Parents/Carers

- The Children Act 1989 and subsequent child protection guidance reinforces the idea of working in partnership with parents/carers.
- Partnership with parents/carers is not intended to convey an equal partnership, which is often what we think of when we hear the word 'partnership'
- Research tells us that things usually work out better for children when professionals are able to get parents to work with them. Under most circumstances we would discuss any concerns about a child with the parents. However, if we believed that to do this would increase the risk of harm to a child then we would obviously not do it. Instead, we would follow the relevant procedures for child protection. We need to work closely with parents and be open and honest with them. However, we must never 'lose sight' of the child's protection being paramount. Be confident enough to challenge parents/carers.
- CAF assessments are an example of partnership working with both seeking the best outcome for the child.
- Unfortunately some parents/carers do not act in the best interest of their child and abuse their position of power over the child and partnership is not achievable.

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- At the point of referral to CSCS it is for the referring agency to decide whether to consult with the parent, seek consent from the parent, tell the parent or whether to seek advice from other agencies first. If you consider it too risky to speak to parents prior to making a referral then don't.
- List the reasons for not speaking to parents and have this in front of you when making the referral.
- Make sure CP policies are clear and include CP issues in the handbook/ information/ leaflets for new and prospective parents to read. A paragraph explaining statutory duties to safeguard the welfare of children and refer/take advice from CSCS if necessary.
- The way of wording the questions works on the basis that parents know you cannot ignore the concerns but that you are being honest with the parent and are ready to listen to their explanation.
- It is Important to keep succinct and accurate chronologies so you can evidence your concerns, show timeline, changes in behaviour, patterns of concerns etc.

Parent/Carer will not consent to initiation of a CAF/Referral to CSCS:

- You have open and honest discussions with them about any concerns you have, ongoing support available and the fact that you will continue to work with them, monitor and support them as best you can. However, and this isn't making threats or saying that this is inevitable but our primary consideration must, by law, be the child's welfare and while we will always strive to be as open and honest as possible and to work in partnership with parents, you should be clear that if the current concerns escalate or there is no improvement to the detriment of the child's welfare then we are duty bound to share that information with CSCS.
- We know from experience that delay in seeking advice or in sharing concerns can be extremely dangerous and may have dire consequences for children. So do not delay making referrals.

Sharing Information and Data Protection

Information sharing is key to delivering better, more efficient services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.

It is important that people remain confident that their personal information is kept safe and secure and that practitioners maintain the privacy rights of the individual, whilst sharing information to deliver better services.

It is therefore important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently. It is important to remember there can be significant consequences to not sharing information as there can be to sharing information. You must use your professional judgement to decide whether to share or not, and what information is appropriate to share.

HM Government information sharing guidance March 2015 aims to support good practice in information sharing by offering clarity on when and how information can be shared legally and professionally, in order to achieve improved outcomes. The guidance is for practitioners who have to make decisions about information sharing on a case-by-case basis. It is also for managers and advisors who support practitioners in their decision making and for others with responsibility for information governance.

Seven Golden Rules for information sharing:

Are defined in the document as:

- Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

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- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.
- Is there a clear and legitimate purpose for you or your agency to share the information?
- Does the information enable a living person to be identified?
- Is the information confidential?
- If the information is confidential, do you have consent to share?
- If consent is refused, or there are good reasons not to seek consent to share confidential information, is there a sufficient public interest to share the information?
- If the decision is to share, are you sharing information appropriately and securely?
- Have you properly recorded your information sharing decision?

Data Protection

When there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to private and family life would not prevent sharing where there are real safeguarding concerns.

The 'Seven Golden Rules' and the following Questions 1-7 will help support your decision making so you can be more confident that information is being shared legally and professionally. If you answer 'not sure' to any of the questions, seek advice from your manager or contact LCC information governance.

Data Protection Act Principles Confidentiality

All recording must conform to the principles of the Data Protection Act 1998.

- Obtained and used in a legal and fair manner
- Held only for early years setting legitimate purposes and used or disclosed only for these or comparable reasons
- The minimum consistent with satisfying those purposes
- Accurate and up to date
- Held only as long as necessary for those purposes
- Accessible to the person concerned (and not to anyone else without their consent or to meet their legal obligations), and the person concerned has the right to have the information erased or corrected where it is wrong or unnecessary
- Protected by proper security
- Maintained separately from information about other people to ensure proper confidentiality.

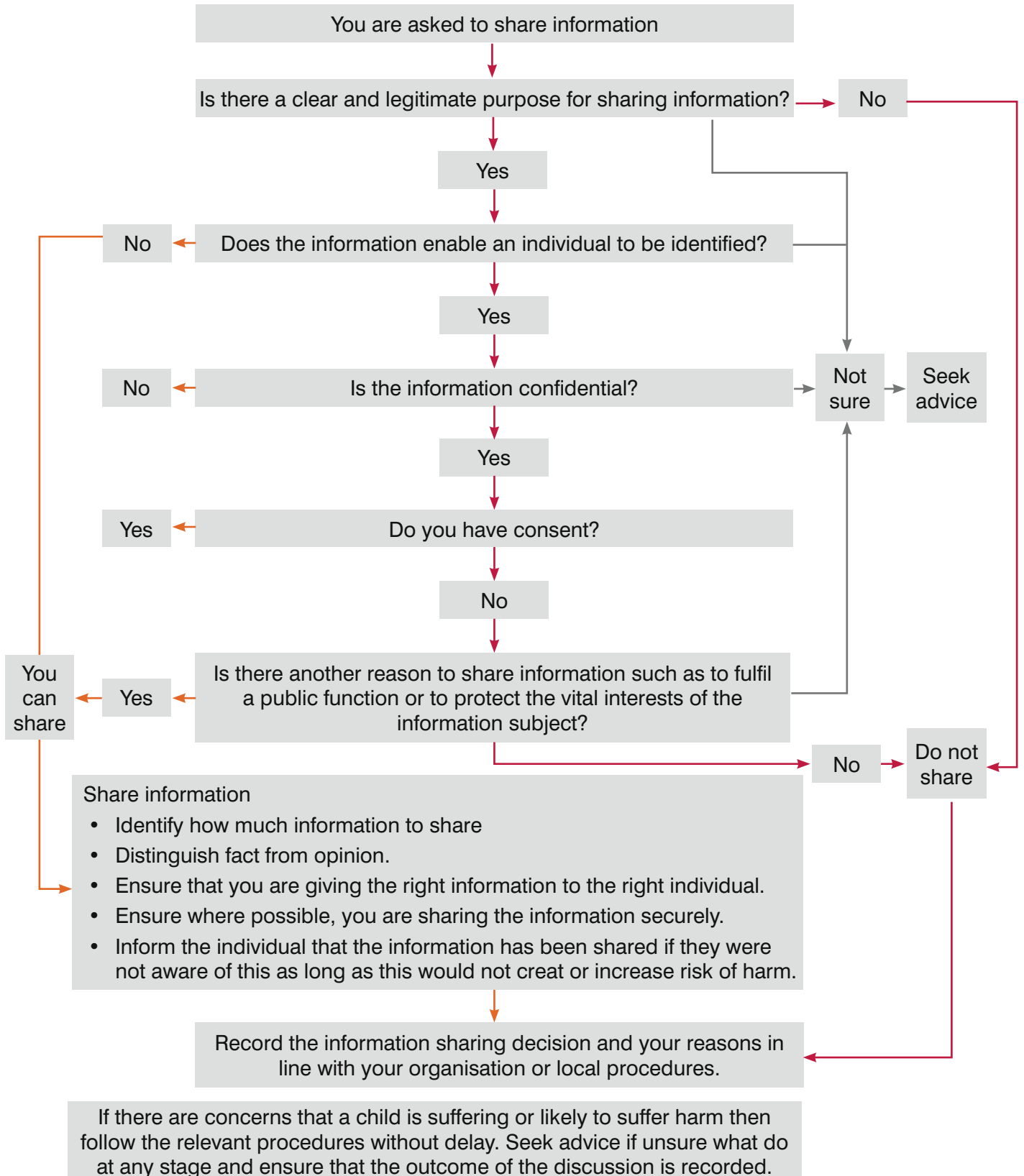
Information written in records must be protected through a number of measures:

- Having procedures that ensure that all staff, agency workers and volunteers are at all times aware of their responsibilities regarding confidentiality.
- Recording personal information accurately and consistently.
- Keeping personal information private.
- Keeping personal information physically secure.
- Disclosing and using personal information with appropriate care.

More information can be found at:
www.lancashire.gov.uk/education/childcare

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Flowchart of when and how to share information



Procedural Flowchart

Staff member has concerns about a child's health, development, safety or welfare:
Discuss concerns with Child Protection Nominated Officer as soon as possible.

Child Protection Nominated Officer considers:

- Context and history/information available.
- Information from child/parents/carers/staff.
- Lancashire Continuum of need
- Likelihood of significant harm.

Child Protection Nominated Officer Actions Agreed:

- Referral to CSCS Level 3 or 4 – Level 3 Higher levels of unmet needs and medium risk or Level 4 Significant unmet needs and high risk and Child Looked After by the Local Authority
- Initiate CAF at L2 on CON – Additional Support Needs
- Child's needs are being met L1 no assessment required

**Referral to CSCS L4
Child in Need of Protection (Sec 47)**
Telephone CSCS to notify
0300 123 6720 complete referral form
and submit to CSCS within 48 hrs
(Parental consent not required)

**Referral to CSCS L3
Child in Need (Sec 17)**
Inform parents of intention to make
referral Telephone CSCS to notify
complete referral form and identify reason
for referral and why you think a statutory
assessment is required

Follow CAF process L2
Seek consent of Parents and follow
CAF process,
Record Monitor and Review.
Follow procedure in setting for
recording and monitoring

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Allegations against Staff, Volunteers, Students or Board Members

The vast majority of adults who work with children act professionally and seek to provide a safe and supportive environment which secures the wellbeing and best outcomes for children, young people and their families, it is recognised that the achievement of these outcomes is not always straight forward.

All allegations against staff, volunteers, students, board members or any other person working with children will be referred to the member of staff's senior manager and the setting Child Protection Nominated Officer. The Local Authority Designated Officer (LADO) should be informed within 1 working day of an allegation being made.

In respect of all allegations a written account should be maintained by the manager to include:

- Written details of the allegation, signed and dated by the person receiving the allegation
- Countersign and date the written details
- Record any other information and names of potential witnesses
- Establish a chronology of significant events
- Consider any information already known about those involved
- Discreetly check any incident or log books
- On the basis of these factors, make a professional judgement, and record the reason for any subsequent action taken.

If an organisation removes an individual from work such as looking after children because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service.

An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed a child, or may have harmed a child:
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

(Working Together to Safeguard Children 2015)

It is recognised that some practitioners such as childminders operate in a more isolated context in the sense that they do not have line managers to advise and support them under these difficult circumstances. Nonetheless childminders must refer allegations about either their own or another adult's practice to LADO for initial consideration; appropriate advice and support can be provided by the Childminder Network Coordinator or from the Early Years Safeguarding Officer.

- The document 'Guidance for Safer Working Practice for Adults who work with Children and Young People 2009' is a generic document that should complement existing professional procedures and protocols. The guidance highlights the 'duty of all adults who come into contact with children and young people in their work have a duty of care to safeguard and promote their welfare'.
- The full booklet can be found at: **www.lancashire.gov.uk/education/childcare**

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The Local Authority Designated Officer (LADO)

The role of the LADO is to be involved in the management and oversight of individual cases of allegations of abuse made against those who work with children.

Their role is to give advice and guidance to employers and voluntary organisations; liaise with the Police and other agencies, and monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process. The Police should also identify an officer to fill a similar role.

The Lancashire LADO is Tim Booth and he can be contacted on 01772 536694 or via email: Tim.booth@lancashire.gov.uk

The LADO's role extends across allegations within all agencies and organisations and includes:

- The management and oversight of individual cases.
- Providing advice and guidance to employers and voluntary organisations.
- Liaising with the Police and other agencies.
- Monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Finally, it is imperative that OFSTED are notified of any allegation made against an individual operating either alone or within a setting. Notifications should be made by contacting OFSTED 0300 123 1231.

It is important to remember that the LADO must be notified of any allegations before contacting OFSTED.

Local Authority Designated Officer (LADO)

Blackburn with Darwen

Megan Dumpleton

Megan.dumpleton@blackburn.gov.uk

01254 585184

Blackpool

Amanda Quirke

Amanda.quirke@blackpool.gov.uk

01253 477541

Lancashire

Tim Booth

Tim.booth@lancashire.gov.uk

01772 536694

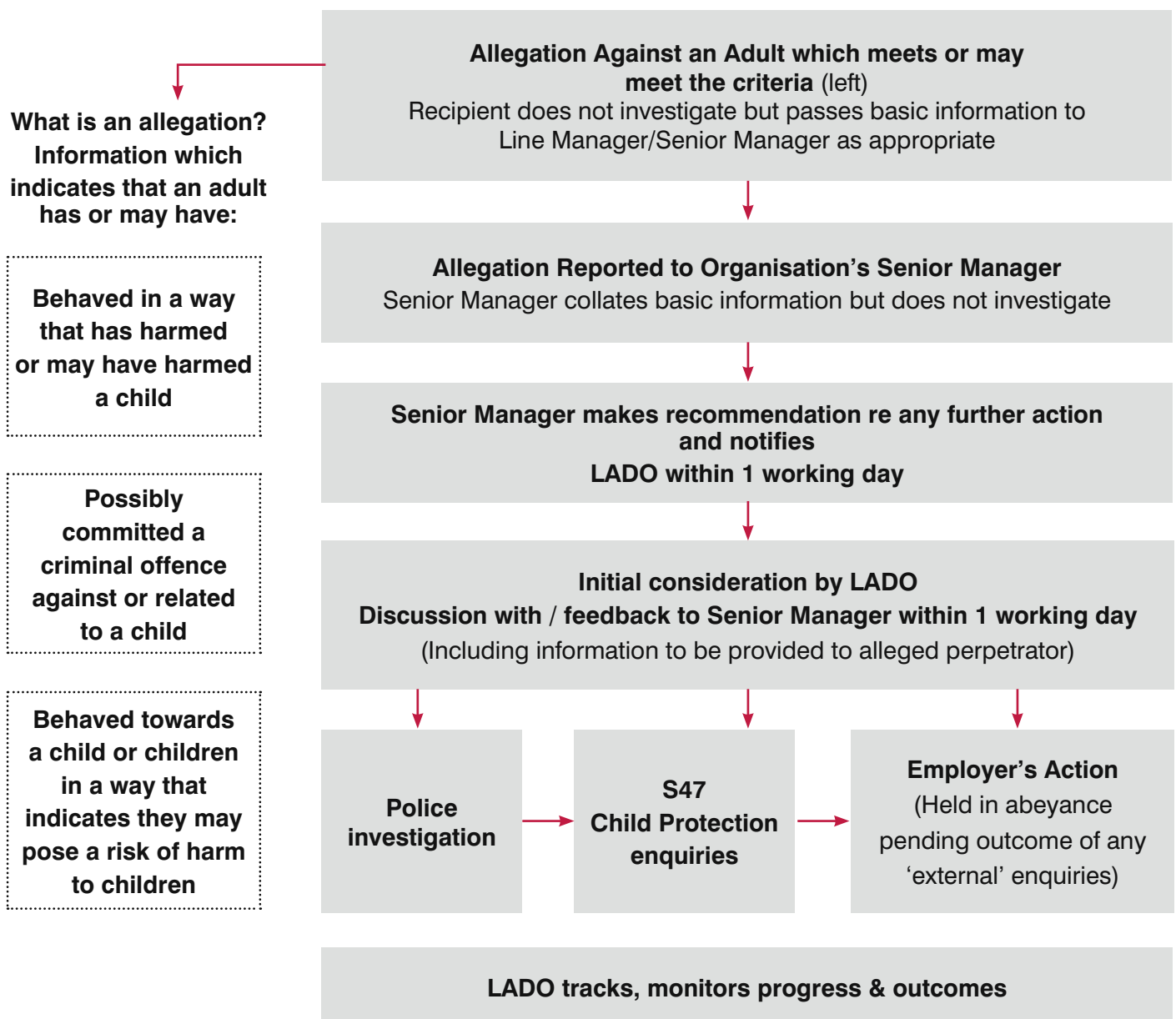
As outlined in “Working Together to Safeguard Children” (2013), the LADO will be informed of all allegations against adults working with children and provides advice and guidance to Senior Managers on the progress of cases to ensure they are resolved as quickly as possible. Information relating to allegations is collated and presented to Safeguarding Children Boards to inform training, research, safer recruitment and awareness raising.

The LADO is located within Children’s Services and should be alerted to all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

The LADO role applies to the children’s workforce (paid, self-employed and volunteers). The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO will provide advice and guidance and help determine that the allegation sits within the scope of the procedures. Within the role the LADO helps co-ordinate information sharing. The LADO will also monitor and track any investigation with the expectation that it is resolved as quickly as possible. These procedures may also be used where concerns arise about: The person’s behaviour with regard to his/her own children; The behaviour in the private or community life of a partner, member of the family or other household member; A person’s behaviour in their personal life, which may impact upon the safety of children to whom they owe a duty of care.

Flowchart: Procedure for Managing Allegations



Remember: The LADO must be contacted when you have received any allegation or concern about any person who works with children who may have:-

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

PART

5

FORMS AND TEMPLATES

2016

Guidance to Referring to Children's Social Care Services

CHILDRENS SOCIAL CARE REFERRAL FORM GUIDANCE

If you are aware the child already has a Social Worker there is no need to use the referral form; go directly to the Social Worker/District.

PLEASE TYPE OR PRINT THE FORM in the past many forms have been illegible and had insufficient information in order for Children's Social Care to be able to make decisions of what action is required. Please complete the form as clearly and fully as possible. However, do not delay the referral if you do not have all the information required in a situation where a delay may place the child at further risk.

Date of Referral: It is essential that the date a referral is made is clearly stated on the form.

Time of Referral It is essential that the time a referral is made is clearly stated on the form. This ensures that the referral is compliant with Laming Recommendation 12.

Child or Children's Names State clearly the correct spelling of the child/ren's full name and any other name that the child is known by.

DOB & Age and Expected Date of Delivery State the full date of birth of the child/ren and the age at the time of the referral. State if the child is unborn and the expected date of delivery.

Disability Please tick yes or no if the child is disabled – give more details of the disability including any Statement of Special Educational Needs in the assessment section (child's developmental needs)

Ethnicity State clearly, to the best of your knowledge, the ethnicity of the child. This information may assist the person/agency you are referring to, by identifying services that meet the child's ethnic background.

Language It is essential to identify the child's first language. This information will ensure that the person/agency you are referring to is aware of any language needs when engaging and communicating with the child/ren. It would be helpful to include any other communication needs in this section.

Is an Interpreter needed?

Laming Recommendation 12 states that when communication with a child is necessary for the purpose of safeguarding and promoting the child's welfare and the first language of that child is not English, an interpreter must be used. If the child's first language is not English and an interpreter is not needed, please state clearly the reason why.

Address, postcode tel. State clearly the full home address of the child including the postcode and phone number. If the child is residing at more than one address or is residing away from their home address please include all the details under the section current address (if different from above).

Name of Child's Main Carer & Relationship to the Child: State the name of the person/s who is the main carer for the child/ren and if known state whether the carer has parental responsibility. Record the nature of the relationship to the child i.e. mother, father, grandparent, aunt etc. If the parent is not the main carer and resides at a different address, please give information about the parents here but make it clear if they are not the main carer.

Nursery/ School /College Please complete if known

GP & Telephone Number If the child's General Practitioner is known please state clearly, the full name and phone number any other details about the GP, if known.

Family Composition/ significant others
Please give details of all other children in the household and state if these children are also subject to referral. Please state all other adults in the household e.g. relatives, lodgers or family friends and also include details of any partners (to main carer) who may have contact with the family.

Reason for Referral Briefly outline the reason for the referral, being specific about **what is needed** for the child/ren and family and why, and about the nature of any concern for the child's welfare, including the need for protection and why you think they are **at risk of significant harm or require a statutory assessment**.

2016

Action Taken Please give details of any support your service has already provided to address the concerns or needs of the child. Please indicate whether a CAF or other assessment has been completed and whether an agreed plan is in place and lead professional identified. It may also be useful to identify the outcome of the plan, specifically noting what has worked/ not worked. Completed CAFs/case plans can be attached to the referral to support the information provided in this section. Include any other relevant assessments that have been undertaken by your agency such as, Asset, Statement of Special Educational Needs etc. It is expected that unless in an emergency requiring a section 47 enquiry, then the referring agency will have worked with the family developing a support plan via the CAF process.

Action Requested The information provided here and above will help determine the urgency and nature of any action required, particularly the need for statutory intervention. Please consider whether the child's primary need is for protection and requires urgent statutory intervention.

1.NEED for IMMEDIATE PROECTION If you feel that there is a need for immediate and urgent protection, contact the Police. If there is a risk to the life of a child or the likelihood of immediate serious harm, please telephone the referral to the Children's Team Care Connect and follow up with a completed referral form.

2.STATUTORY ASSESSMENT If you feel that an assessment by children's social care is required, please state this clearly in this section. An assessment will be considered for each child/ young person referred to children's social care to determine whether

- The child is in need
- There is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm
- Any services are required, and of what types

The assessment period may be very brief if the criteria for initiating Section 47 enquiries are met, i.e. it is suspected that the child is suffering or likely to suffer significant harm (Working Together to Safeguard Children, 2013).

3.PRIVATE FOSTERING ASSESSMENT If the referral is a notification of a private fostering arrangement ensure this is clearly recorded on the referral and that a referral to assess a private fostering arrangement is required.

Are the Parents/Carers Aware of the Referral? Simply tick in the box 'Yes' or 'No'.

You should inform the parent/s or carer that you intend to make a referral (unless to do so would place a child/ren at risk). It is critical to develop a co-operative working relationship from the outset (wherever possible), so that parents and caregivers feel respected and informed, that professionals are being open and honest with them and they in turn are confident about providing vital information about their child, themselves and their circumstances.

HOWEVER do NOT inform the parents if you have any reason to believe this would put the child at further risk of harm (i.e. the parent may be the perpetrator of abuse or harm).

Have They Given Permission for the Referral? Simply tick in the box 'Yes' or 'No'. It is good practice to seek permission from the parent/carer to make a referral. Unless there are exceptional circumstances as outlined in Lancashire County Council's safeguarding procedures, it is expected that parent/cares will have given permission. Working in partnership with the parent/ carer by explaining the purpose and reason for the referral is likely to encourage a better working relationship with parent/carers. If you have ticked no, give reasons why e.g. it is an emergency and parent/carers are not able to be contacted. If in doubt, please seek advice from your lead advisor.

HOWEVER do NOT seek permission from the parents if you have any reason to believe this would put the child at further risk of harm (i.e. The parent may be the perpetrator of abuse or harm).

Child/Family view of the referral Where possible, it is important that the child understands why the referral is being made and it is good practice for Professionals to seek their views regarding this. Children may have strong opinions about their needs and ways in which they can be met. Professionals should take into account the child's age, developmental level, language, disability, gender, culture and age when communicating with children and ensure they feel they have been listened to and their concerns have been heard. Unless it would place the child at risk of harm, parents should be informed about the referral and encouraged to express their views about this and the needs of their child and what support they require in order to support their child's needs.

2016

Assessment Section The information you share in this section is essential for the recipient of the referral/request for support. It will provide a valuable picture of the child/ren's current and future development needs and will assist with identifying an appropriate response. If you have completed a common assessment (CAF), you can attach it to the referral/request for support and state, please see common assessment in the following headings. Please also include evidence of any previous case planning undertaken. Please include any other assessments where appropriate eg. Asset, Statement of Special Educational Needs etc.

Child/ren's Development Needs Please provide a brief account of the child/ren's Health issues e.g. Immunisations where appropriate and developmental checks, dental and optical care, any illnesses, disabilities or hospitalization, Education issues e.g. cognitive development, interaction with other children/adults and attendance at school, observations about the child/ren's behavior and social presentation, and any other information relevant to the child's developmental needs. This includes factors such as, missed appointments with agencies, missing education or going missing from home. It is important that you highlight what the strengths are of the child and family and what is working well for the child and family, as well as any needs/deficits.

If you are faxing the referral form, please write in clear capital letters the name of the child/ren at the top of each page of the referral form in case the sheets become separated from each other. If possible please type the form.

Feedback will be provided within one working day.

All referrals to Children's Services Social Care have to go through the Children's Team Care Connect.

Telephone number: 0300 123 6720

Email address:

cypreferrals@lancashire.gov.uk

Children's Social Care Referral Form

Please refer to the practice guidance.

Please complete this form as fully as possible.

However, do not delay the referral in a situation where this may place the child at further risk.

Please type this form or ensure it is written legibly i.e. printed.

If you are aware that the child has a Social Worker, go directly to the Social Worker/District. There is no need to use this form.

Referral to : Lancashire Children's Social Care

Date of Referral

Time of Referral

Details of Child(ren)

Child(ren) name

DOB

Age

Unborn Y/N

Gender M/F Disability [if known please specify]

Ethnicity

Language

Is an interpreter needed? Y/N

Address

Postcode

Tel No

Name of child(ren) primary carer/s

Relationship

Parental Responsibility Y/N

School/Nursery/College attended:

Child(ren) GP

Tel No

Family Composition/Significant Others

Name	DOB	Relationship	School	Parental Responsibility Y/N

Reason for referral

State the key areas of concern about risk of harm or neglect

List the actions taken or support provided so far e.g. Assessments

What are you requesting from children's services social care [See guidance notes re services available]

Child/Family View of the referral including professional discretion/reasons for refusal

Child/Young Persons Health and Developmental key points to note

Consider all aspects of child/young persons social, emotional, health and well being

Parenting capacity

Issues affecting parent/carers capacity to respond appropriately to child/young person's needs; consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries and stability.

Family and Environmental Factors

Consider the extended family, housing, employment, the family's social integration and the availability of community resources to provide support.

Is the child aware of the referral?

Yes

No

Are the parents/ carers aware of the referrals?

Yes

No (State reason why)

Have they given permission for the referral?

Yes

No

Has a CAF or any other assessment been completed on this child/young person?

Yes [By your agency]

Yes [by another agency give name of lead professional]

No [Give reasons why not]

Not known

2016

Attach CAF/CAF pre assessment checklist or any other assessment if available

Other agencies/provision involved e.g. EY&P, YOS, Adult Services if known

Name of Organisation and profession	Contact details: Address/ Telephone no/email address	Brief description of work undertaken to support child/young person

Referral from:

Name Job title Agency Address Telephone Email	
Feedback to referrer	Undertaken Y/N

Lancashire's Continuum and CAF Processes

Integrated Early Support in Lancashire

Prevention and Early Intervention refers to a way of working that ensures that the needs of children, young people and families who are vulnerable to poor outcomes are identified early. Those needs are met by agencies working together effectively and in ways that are shaped by the views and experiences of the children, young people and families themselves. It seeks to build their resilience, increasing their capacity to manage challenging circumstances and before poor outcomes develop.

There is abundant evidence to suggest that the first three years of life create the foundation for learning, how to express emotions and to understand and respond to the emotions of others. Early Intervention breaks the all too common cycle for those people who grow up with dysfunctional behaviours and lifestyles transmitting them to their children and so the cycle continues through the generations.

Early Intervention means intervening early to support and build resilience amongst children, young people and their families, particularly those that may be vulnerable, before poor outcomes develop. The Early Intervention Strategy has been developed to support this. Key objectives are:

- Identifying need at the earliest opportunity to provide swift and easy access to support
- Identifying need at the earliest opportunity to provide swift and easy access to support
- Refocusing resources from crisis intervention to prevention and early intervention
- Ensuring that the resources available are targeted more effectively in order to meet the priorities agreed through the Children's Trust
- Ensuring that families are actively involved by developing personalised, family focused, action plans for individual children, young people and families
- Creating multi agency partnerships that work together to improve outcomes for children, young people and families
- Up-skilling staff working in universal services and settings in order that they can offer preventative support before the need for targeted intervention develops.

2016

Common Assessment Framework (CAF)

- The CAF and Lead Professional (LP) are contributing elements for improved outcomes for children, young people and families and support the delivery of services that are integrated and focused around the needs of children and young people.
- The CAF is a process that has been designed specifically to help practitioners and families assess needs at an early stage and then work with families, alongside other practitioners, to help families to meet those needs.

The CAF is a process to assist in providing integrated services and should:

- Support earlier, by providing a method to help practitioners who come into day-to-day contact with children, young people and families, such as those providing ante and post-natal services, those in early years settings, youth work settings or schools and further education.
- To identify and meet identified needs at an early stage through the lead professional working with the family. This should lead to fewer children and young people in need of specialist assessments and support.
- Improve and build on multi-agency working, by enabling practitioners to maintain a single, overview record of the needs and progress of a child in contact with several agencies; embedding a common language

of assessment, need and response through action planning; and improving communications and information sharing between practitioners;

- Reduce bureaucracy for families, by providing practitioners with a fuller overview of a child's needs and responses, thereby reducing the number of inappropriate and duplicate inter-agency requests of service, separate assessments and plans and different agencies working with the child. This means, for families, that they do not have to tell and re-tell their story every time they are in contact with different agencies. This approach is governed by the rule 'Tell Us Once'.

Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need.

Working Together To Safeguard Children 2015.
www.education.gov.uk

Summary of Lancashire Common Assessment Framework (CAF)

Lancashire introduced the updated Continuum of Need (CON) and Thresholds Guidance from Oct 2013. The guidance sets out the 'Levels of Need' experienced by children, young people and families in Lancashire and offers clarity and support to practitioners working with them. The LSCB and Lancashire Children and Young People's Trust welcome the new guidance and associated processes which provide a clear and improved framework for agencies in Lancashire to work together to provide early support for families, prevent escalation issues and ensure children are kept safe.

Thresholds and Descriptors Continuum of Need Update 2016

Level 1 Needs and risks are met through Universal Services or simple specific agency response.

Level 2 Evidence of some unmet needs and low risk. Use CAF and identify Lead Professional. Targeted Service Provision via CAF/TAF.

Level 3 Higher levels of unmet needs and medium risk. Children in Need (CIN) S.17 The Children Act 1989. Referral to Children's Social Care for single assessment. Social Care will be Lead Professional.

Level 4 Significant unmet needs and high risk. Child Protection (CP) S.47 The Children Act 1989, and also Looked After Children. Referral to Children's Social Care for single assessment. Social Care will be Lead Professional. Go straight to Level 4 as soon as risk of significant harm is suspected.

The Lancashire Common Assessment Framework (CAF) is the shared assessment and planning tool for use across all children's services in Lancashire. It helps in the early identification of needs of children, young people and families. The CAF promotes a co-ordinated approach on how these needs should be met. The CAF is separated into 3 parts and looks at family strengths and needs. It aims to build resilience and reduce dependency.

2016

Part 1 includes Family Demographics and is completed once per family. It includes details of child/young person being assessed, details of professional recording the assessment details of early years provision and other services supporting the family.

Part 2 is the CAF Assessment and completed once per child or young person and will include strengths and needs in broad headings within this part of the CAF paperwork include: Health – physical development, emotional and social development and family and social relationships.

Learning – understanding, reasoning and problem solving, progress and achievement in learning.

Parents and Carers – basic care provision , ensuring safety and protection and emotional warmth and stability.

Family and environmental – family history, functioning and well being and housing, employment and financial considerations.

Part 3 Family Action Plan , completed once per family and focuses on the final overview, priority goals and actions and summing up of Family and Child/Young Person.

The CAF is not a referral form it is an assessment of need and a joint plan of action. There is a separate form to make referrals into CSCS. A CAF should be undertaken based on identified unmet need; it should be needs led not service led. The decision to undertake a CAF should be based on an assessment using the Continuum of Need (CON).The CAF should always be completed jointly with the child, young person and family.

CAF assessment and Team around the Family Plans (TAF)

CAF is a shared assessment and planning tool, by providing practitioners with a fuller overview of a child's needs it helps in the early identification of unmet need, promotes a co-ordinated approach to how these needs should be met and enables families and professionals together to plan for and measure progress and developments.

There are four possible outcomes to a CAF assessment:

- No unmet additional needs have been identified or needs can be met by universal services - signpost to universal services, no further action required.

-
- Identified unmet needs can be met solely by the early years setting (single agency response) use the TAF plan with parent/ carers to identify and plan how unmet needs will be supported and set a review date.
 - Identified unmet need has been identified and requires the support of more than one agency, arrange a multi- agency team around the family meeting (TAF) with parent/ carers to identify and plan how unmet needs will be supported by each agency, setting review date.
 - Statutory assessment is required; refer into statutory services i.e. CSCS.

TAF Plans and review

TAF plans should be reflective of the needs identified within the assessment with longer term goals and SMART actions identified.

The assessment and TAF plans are not an end in itself but a means to more effective intervention, it is important therefore, that the child's progress is monitored and the effectiveness of interventions reviewed against the identified goals and actions.

Following the CAF process regular dates, at approximately 6-8 week intervals, should be set to review the progress and outcomes of the support being provided and where necessary set new actions.

Who will complete the review will be unique to each setting as staff structures vary, however to undertake this role effectively the person should be adequately trained and/or experienced.

If not involved in visits or assessments the referrer and health visitor, with parental/ carer consent, should be informed that assessments have been undertaken and invited to any review meetings.

A CAF assessment is not required if there is a statutory assessment already in place or in the process of being completed. Where the early years setting is working with and supporting the child/family as part of a wider package of care the role of the early years setting within this care plan maybe non specific and/or vague, to ensure a clear focus to this work, it is recommended a clear action plan is developed between the family and setting detailing how the allocated piece of work will be undertaken. The front page of TAF action plan can be used for this purpose; the plan should also be shared with and agreed by the allocated Social Worker.

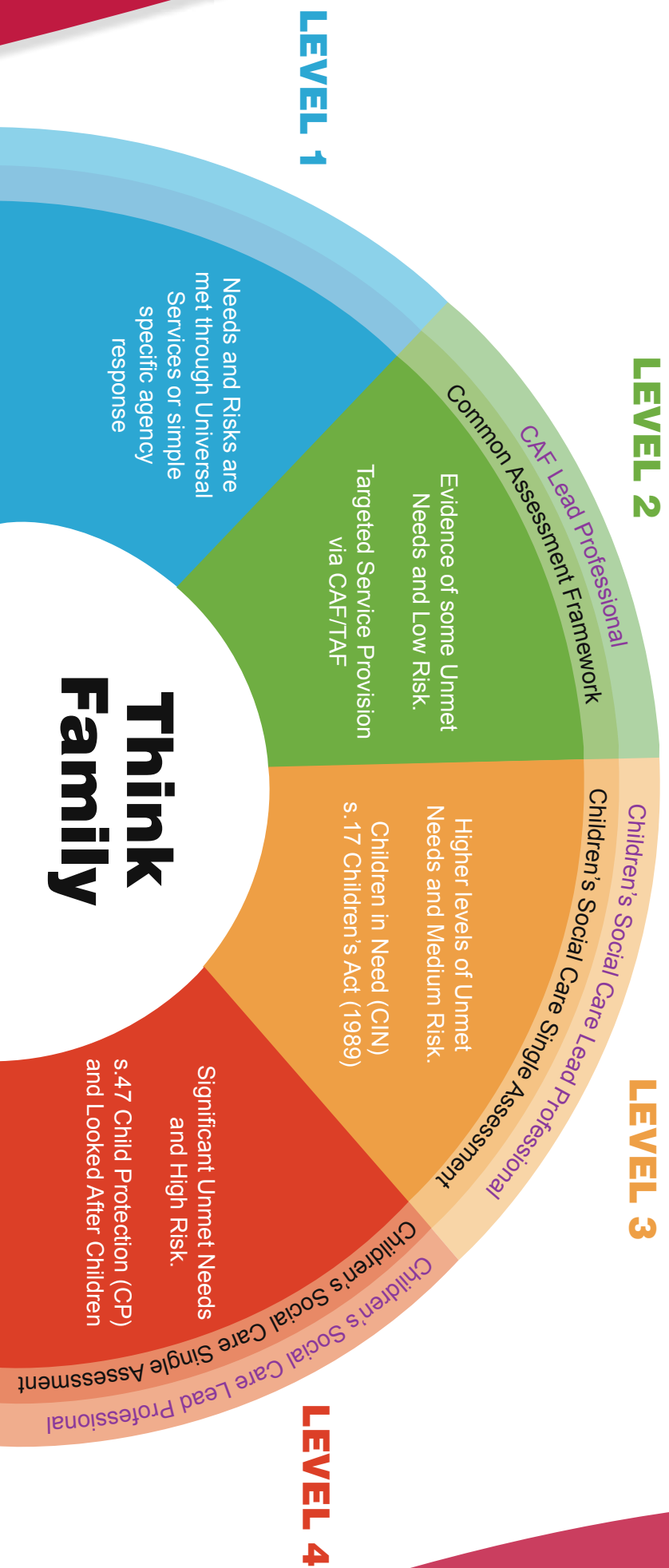
2016

CAF Support

To check if a CAF exists or to submit a CAF – caf@lancashire.gov.uk All practitioners should complete the CAF E- Learning this can be accessed at: www.lancashire.gov.uk/education/childcare or by logging into the host website at Lancashire Children’s Trust website at: www.lancashirechildrenstrust.org.uk

There is a section for professionals that includes the CON, Thresholds Guidelines , information for families re CAF, appropriate forms etc. Resources can be downloaded from the CAF website. Within some of the local children’s centres and wider agencies there are CAF champions who will be responsible for providing future CAF support to the local early years settings. These details can also be found on the CAF website.

Lancashire Continuum of Need



If in doubt, consult with agency safeguarding leads, or the Duty Social Worker on 0300 123 6720

Go straight to Level 4 as soon as risk of significant harm is suspected

Information Sharing

2016

LANCASHIRE COMMON ASSESSMENT FRAMEWORK (CAF)

This assessment and plan helps to identify strengths and needs in a way that enables others to understand them and find better ways to work with you and your family.

PART 1

Date assessment started _____

Details of children and/or young people being assessed

First Name(s)	Surname	DOB/EDD	M/F	CAF URN	Version	Ethnicity Code	Present at assessment? (tick)

Address

Postcode _____ District _____ Telephone _____

Any other household or family members including any other children or adults

First Name(s)	Surname	DOB/EDD	M/F	Ethnicity Code	Tick if lives at above address	Any previous CAF? (tick)	Relationship to child/young person being assessed

Professional recording the assessment

Name	Contact telephone _____
Address	Job Title _____
Postcode	Agency _____
	Email _____

Reasons for assessment

What has led to this unborn baby, infant, child or young person(s) being assessed?

Details of any special requirements (for child and/or their parent, specify names) e.g. signing, interpretation or access needs, registered disability

* **Ethnicity code** 1 White British 2 White Irish 3 Traveller of Irish heritage 4 Gypsy/Roma 5 Any other White background 6 Caribbean 7 African 8 y other Black background 9 Indian 10 Pakistani 9 Bangladesh i 10 Any other Asian background 11 White & Black Caribbean 12 White & Black African 13 White & Asian 13 Any other mixed background 14 Chinese 15 other ethnic group 16 Not given

Services working with this family/household

GP Details

Details of early years/education/FE training provision/employment

Which family member?	Name of establishment	
	Contact person Address	
	E-mail	Tel no.

Which family member?	Name of establishment	
	Contact person	
	Address	
	E-mail	Tel no.

Which family member?	Name of establishment	
	Contact person	
	Address	
	E-mail	Tel no.

Other services working with family or household members

Working with which Family Member?	Name	
	Job title	
	Address	
	E-mail	

Date/summary of contact and response

2016

PART 2

A full copy of Part 2 should be completed for each child that is being assessed

Name of child being assessed in part 2 _____ DOB _____
 _____ CAF URN _____

CAF Summary: strengths and needs

Key points for good assessment - consider the elements within the family and how they impact on each child. Link with other professionals with consent to provide a holistic assessment. It's important to ask the family the question to allow the family opportunity to respond. Record and assess both strengths and needs.

DEVELOPMENT OF UNBORN BABY, INFANT, CHILD OR YOUNG PERSON HEALTH

General health

Conditions and impairments; access to and use of dentist, GP, optician ; immunisations, developmental checks, hospital admissions, accidents, health advice and information

Physical development

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

Speech, language and communication

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

Emotional and social development

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy

Behavioural development

Lifestyle, self-control , reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

DEVELOPMENT OF UNBORN BABY, INFANT, CHILD OR YOUNG PERSON (continued)

Identity, self-esteem, self-image and social presentation

Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability

Family and social relationships

Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

Self-care skills and independence

Becoming independent ; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family

LEARNING

Understanding, reasoning and problem solving

Organising, making connections; being creative, exploring, experimenting ; imaginative play and interaction

Participation in learning, education and employment

Access and engagement; attendance, participation; adult support; access to appropriate resources

Progress and achievement in learning

Progress in basic and key skills; available opportunities ; support with disruption to education; level of adult interest

Aspirations

Ambition ; pupil's confidence and view of progress; motivation, perseverance

Basic care, ensuring safety and protection

Provision of food, drink, warmth , shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment

2016

Emotional warmth and stability

Stable, affectionate , stimulating family environment; praise and encouragement ; secure attachments; frequency of house, school, employment moves

Guidance, boundaries and stimulation

Encouraging self-control ; modelling positive behaviour ; effective and appropriate discipline ; avoiding over-protection; support for positive activities

Family and environmental

Family history, functioning and well-being Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour

Wider family

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities

Housing, employment and financial considerations

Water/heating/sanitation facilities, sleeping arrangements ; reason for homelessness ;work and shifts; employment; income/benefits; effects of hardship

Social and community elements and resources, including education

Day care; places of worship ; transport; shops; leisure facilities ; crime, unemployment , anti social behaviour in area; peer groups, social networks and relationships; religion

Monitoring information:

Please indicate the main reason for this assessment, if appropriate tick more than one box.

Development of unborn baby, infant, child or young person Learning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parents and carers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Family and environmental	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PART 3

Overview of Family and Child/Young Person

Try to include each family member -

--

Priority Goals and Actions

Now the assessment is completed you need to record conclusions, solutions and actions. Work with the family, and take account of their ideas and include actions for all family members (where appropriate).

Which Family Member?	Goals	Action	Who will do this?	By when?
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As agreed with child, young person and/or family

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2016

Household members' comments on the assessment and actions identified:

Name of Family Member
Comments

Consent statement for information storage and information sharing*

“We need to collect the information in this CAF form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.”

“We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share”

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- Me
- This infant, child or young person for whom I am a parent
- This infant, child or young person for whom I am a carer

I have had the reasons for information sharing and information storage explained to me and I understand those reasons. Yes No

I agree to the sharing of information , as agreed, between the services listed below Yes No

Signed _____ Name _____ Date _____

Assessor's signature

Signed _____ Name _____ Date _____

Exceptional circumstances: concerns about significant harm to infant, child or young person

If at any time during the CAF process you are concerned that an infant, child or young person has, or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) and your own organisation's safeguarding children procedures. See the guidance “Working together to safeguard children” published by the Department for Education and available to download at:

<http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. The referral process will be included in your local safeguarding children procedures. You should seek agreement of the child and family before making such a referral unless to do so would place the child at increased risk of significant harm.

Team Around the Family(TAF)

Actions from the assessment should be brought forward into the TAF

Date of TAF

Details of children and young people to be discussed at the TAF following the completion of a CAF or statutory assessment.

First Name(s)	Surname	Previous Names	Address	DOB/EDD	M/F	CAF URN	Version

Lead Professional's (LP) details

Name Agency/Relationship Email
Address Contact Number

Which Family	Goals?	Action?	Who will do this?	By When?	Progress and Comments	Date Closed

2016

Membership of the Team Around the Family

Agency	Name	Attended		Apologies received		Agency	Name	Attended		Apologies received	
		Yes	No	Yes	No			Yes	No	Yes	No
		Yes	No	Yes	No			Yes	No	Yes	No
		Yes	No	Yes	No			Yes	No	Yes	No
		Yes	No	Yes	No			Yes	No	Yes	No
		Yes	No	Yes	No			Yes	No	Yes	No
		Yes	No	Yes	No			Yes	No	Yes	No
		Yes	No	Yes	No			Yes	No	Yes	No

Minutes taken from meeting, include overview of unmet needs discussed and any work currently taking place by services with the family

Can the CAF be closed? Yes Reason for closure :

No Agreed review date:

Is there a new Lead Professional?

Yes Name _____ Agency _____

No Email _____ Contact Number _____

Parent/carers, child and young person comments

Please include any comments from all family members about the unmet needs discussed and the actions agreed.

Name of Family Member
Comments

Consent Statement for Team around the Family (TAF)

Now the information has been gathered on the CAF Form, it is important to ensure the right people are brought together to see what help can be provided. This will be undertaken in a TAF meeting. Your Lead Professional will call the meeting.

A TAF meeting will be organised and the agencies listed below and family members will be invited to see how we can best work together to meet the needs of your child/family. List of workers you agree to be invited to participate in the next TAF and whether you consent to them receiving a copy of this TAF paperwork.

Name	Agency	Contact details including Tel
Address	Email	Consent given to send a copy of these TAF minutes?

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List of family members you agree to be invited to the next TAF and whether you consent to them receiving a copy of this TAF paperwork.

Name	Relationship to Child	Contact Details including Tel
Address if different from main.	Email	Consent given to send a copy of these TAF minutes?

The only reason we will pass on information without your consent is if there is a legal requirement or duty to do this, for example, if there is a risk of significant harm to a child/young person or risk of serious harm to an adult. In most cases we will discuss this with you first.

	NAME	SIGNATURE	DATE
Parent/carer			
Parent/carer			
Child/young person (normally aged 13 or over)			
Lead Professional			

Pro-Forma and Guidance on Recording and Reporting

This form is intended to be used as an internal record for early years settings, it is included as an exemplar for all early years settings

It is a way of informing Managers (Child Protection Nominated Officers) that practitioners have concerns about a child. The form enables the practitioners to be clear about their reason for highlighting their concerns; it requests a clear and concise account of concerns and directs practitioners to state times and dates of any incidents.

After initially speaking with the Child Protection Nominated Officer within 24hrs of concerns regarding a child where a decision was made that the child was not in immediate danger, but there was cause for concern, the internal record could form a basis for following up these concerns with the parent whilst seeking their consent for further support, identified within this early years setting or from partner organisations.

It is good practice to discuss with parents concerns about a child, this, although difficult for practitioners can often begin the process for supporting the family to address any issue.

It is good practice for parents to sign the form to ensure they are clear about any suggestions that have been made and agree with the record of the conversation.

The form once complete should be kept in a confidential family file and any record of a referral to another organisation, or referral within the early years setting must be recorded.

Research and experience tell us about the importance of building pictures via effective communication and, in particular via the use of chronologies which enable us to benchmark events and develop a much clearer picture around patterns of behaviour incidents and levels of risk and concern.

Records must be Legible, Signed and Dated.

Those completing electronic records must show their name and the date when recording was completed, all electronic records must be kept securely. If possible, paper records should be handwritten in black ink and all records must be signed and dated. Any handwritten records must be produced so that readers not familiar with the handwriting of the writer can read the records quickly and easily. It must be possible to distinguish the name and post title of the person completing the record. If there is any doubt of the identity of the writer from a signature, the name should be printed.

Records must be kept up to date.

Records should be kept up to date with any new information being recorded as it becomes available or as decisions or actions are taken.

2016

Records must be accurate and adequate.

Records must be written in plain English and prejudice must be avoided.

Records must be written concisely, in plain English and must not contain any expressions that might give offence to any individual or group of people on the basis of race, culture, religion, age, disability, or sexual orientation.

Records must be accurate and distinguish clearly between fact and opinion. Opinions should have clear indication as to their foundation.

The reason for particular decisions being made need to be recorded eg referral to CSCS or initiation of a CAF.

Records must also distinguish between first hand information and information obtained from third parties. Unsubstantiated comments have no place on records unless the source and truth of comment are also recorded as far as they can be determined.

If a member of staff received information from an anonymous source, this fact must be recorded together with a record of the worker's attempt to verify the information and the extent to which it was successful or unsuccessful.

Records must be relevant and not excessive.

Only the information needed to do the job should be collected – don't ask for things because you think it would be 'nice to know'.

Records should be kept securely.

All members of staff have a responsibility to ensure that the information, contained in all children's records, is kept securely. This involves preventing unauthorised access by keeping passwords secret and protecting electronic records from corruption caused by hardware faults or a virus. Paper records should be stored in a locked cabinet, in an office which only relevant staff have access to. Other day-to-day records, such as CAF/TAF, should also be kept securely in a manner authorised by the relevant manager.

All staff should be aware of the sensitive nature of the information they hold and should adhere to the confidentiality procedures.

Chronology Sheet and Significant Events Record

Family Name: _____

Child 1 Name: _____

Child 2 Name: _____

Child 3 Name: _____

Date and time	Type of contact	With whom	Notes	Significant event	Initial

2016

Internal Diary Recording Forms

Example 1

Please note that the forms below are a pro-forma. However, it is not required that an early years setting use either as they may already have documents and systems in place which work well for them. However, even under these circumstances, it may be useful to use the headings to check that your existing documentation addresses all of the relevant areas.

<p>CHILDREN IN NEED Non Urgent</p>	<p>Please complete and submit this form to your Nominated Officer.</p>	<p>REF</p>
---	--	------------

<p>Name: Child's full name: Child's full address:</p>	<p>Job Title: DOB:</p>	<p>Date:</p>
<p>Parent/s full name/s: Parents full address if different from above:</p>		
<p>Tel No.</p>		

<p>Reason for record (give a clear concise account of concerns, stating times and dates):</p>

Parent informed of concerns: _____ Yes No

Parents signature: _____

If no, why not:

If parents informed, their response to concerns:

Parent's Signature: _____ Print name: _____

Staff Signature: _____ Date: _____

Action/outcome of initial record

Referral made to:

Notification to:

2016

Support offered

Nominated Officer's signature: _____ Date: _____

Staff Signature: _____ Date: _____

Update (if appropriate) _____

Signed/dated:

For further information see (document / file / member of staff)

Example 2

Family Name: _____ Child's Name: _____

Date _____ Time _____ Present _____

Reason for recording:

Action to be taken/by whom /timescale.

Practitioner Signature _____ Date _____

Parent\Carer _____ Date _____

Reason for recording:

Action to be taken/by whom /timescale.

Practitioner Signature _____ Date _____

Parent\Carer _____ Date _____

Reason for recording:

Action to be taken/by whom /timescale.

Practitioner Signature _____ Date _____

Parent\Carer _____ Date _____

2016

Lancashire Safeguarding Children Board

Initial Child protection Conference Report template

SECTION 1: REPORT AUTHOR

REPORT COMPILED BY:		JOB TITLE	
TEAM MANAGER		ORGANISATION	

SECTION 2: KEY INFORMATION

Child/Children Subject to Conference (* - The Service User Number will be included on your invite to conference)

CHILD SERVICE USER NUMBER*	SURNAME	FIRST NAME	D.O.B	SCHOOL/ NURSERY	CURRENT ADDRESS	LEGAL STATUS	G.P

HOME ADDRESS	
--------------	--

Adults and others in the household (including other children not subject to conference)

SURNAME	FIRST NAME	D.O.B	OCCUPATION/ SCHOOL/NURSERY	RELATIONSHIP TO CHILD SERVICE USER NUMBER	PARENTAL RESPONSIBILITY
					YES/NO
					YES/NO
					YES/NO
					YES/NO

Any other Significant Adults

SURNAME	FIRST NAME	D.O.B	ADDRESS	RELATIONSHIP TO CHILD SERVICE USER NUMBER	PARENTAL RESPONSIBILITY
					YES/NO
					YES/NO
					YES/NO

Any Children who do not live at the named address

CHILD NUMBER	SURNAME	FIRST NAME	D.O.B	ADDRESS	RELATIONSHIP TO CHILD

PLEASE STATE THE CHILDREN/ADULTS YOU ARE CURRENTLY WORKING WITH:

--

AGENCIES INVOLVED (IF KNOWN):		
HAS A CAF BEEN ? COMPLETED	YES/NO	NAME OF LEAD PROFESSIONAL (WHERE KNOWN)
HAS A TEAM AROUND THE CHILD BEEN HELD?	YES/NO	

2016

HAS THE REPORT BEEN SHARED WITH THE CHILD/YOUNG PERSON:	YES/NO
HAS THE REPORT BEEN SHARED WITH THE PARENTS/CARERS	YES/NO
IF YOU HAVE NOT SHARED THE REPORT WITH EITHER THE CHILD/YOUNG PERSON OR THE PARENTS/CARERS, PLEASE STATE THE REASONS WHY:	

SECTION 3 – MAIN REPORT (Please complete as much of the form as possible)
CHRONOLOGY OF SIGNIFICANT EVENTS/CONTACTS WITH THE SERVICE

DATE	SIGNIFICANT EVENTS/CONTACT

CHILD’S DEVELOPMENTAL NEEDS

AN ASSESSMENT OF THE HEALTH, BEHAVIOUR, EMOTIONAL, SOCIAL, IDENTITY, RELATIONSHIPS, SELF CARE, INDEPENDENCE AND LEARNING

PARENTING CAPACITY

AN ASSESSMENT OF THE PARENTING CAPACITY E.G. BASIC CARE, SAFETY AND PROTECTION, EMOTIONAL, WARMTH

FAMILY & ENVIRONMENT

AN ASSESSMENT OF FAMILY & ENVIRONMENT HISTORY, FUNCTIONING AND WELL BEING, WIDER FAMILY, HOUSING, EMPLOYMENT AND FINANCIAL CONSIDERATIONS

AGENCY ANALYSIS & CONCLUSION:

BASED ON THE INFORMATION GATHERED, INCLUDE AN ANALYSIS AND CHRONOLOGY, SUMMARISE ANY RISKS, STRENGTHS AND NEEDS IDENTIFIED AND HOW THESE MAY IMPACT ON THE CHILD'S/REN'S OUTCOME PAYING PARTICULAR ATTENTION TO THEIR SAFETY. HEALTH AND DEVELOPMENT.

2016

SECTION 4: YOUNG PERSON & PARENTS VIEWS

CHILD'S/YOUNG PERSON'S VIEWS:

PARENT'S/CARER'S VIEWS:

SIGNED _____ DATE: _____

_____ (name) _____ (role) believes the facts stated within this report prepared for the child protection conference/core group/pre proceedings meeting held on _____ in relation to _____ are true and I understand they may be placed before the court at a future date.

If you are unsure what to include in which section, please refer to the individual agency guidance for completing Initial/Review Conference reports which is available on the Lancashire Safeguarding Children's Board website www.lancashire.gov.uk/corporate/web/view.asp?siteid=3829&pageid=20739&e=e

Please share this report with the child and parents prior to the Conference and sent it electronically using secure email within 48 hours of the Conference to the appropriate office:

Office	Email Address
ACS administration Accrington	ACSAdministration.Accrington@lancashire.gov.uk
ACS administration Burnley (childcare)	Administration.Burnleychildcare@lancashire.gov.uk
ACS administration Calder House	Administration.CalderHouse@lancashire.gov.uk
ACS administration Clitheroe	Administration.Clitheroe@lancashire.gov.uk
ACS administration Colne	Administration.Colne@lancashire.gov.uk
ACS administration Leyland Civic Centre	Administration.LeylandCivicCentre@lancashire.gov.uk
ACS administration Kirkham	Administration.kirkham@lancashire.gov.uk
ACS administration Lancaster child care	ACSAdministration.LancasterChildren@lancashire.gov.uk
ACS administration Rossendale	Administration.Rossendale@lancashire.gov.uk
ACS administration Skelmersdale	administration.ormskirk@lancashire.gov.uk

Advice on sending mail securely is available at: <http://userawareness.zixcorp.com/lancashire/>. Support for any technical problems can be accessed via the Lancashire County Council ICT Customer Service Desk on 01772 532626.



APPENDICES

2016

Appendix 1

Working Together to Safeguard Children 2015

Effective safeguarding arrangements in every local area should be underpinned by two key principles as highlighted in Working Together to Safeguard Children 2015:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- A child – centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Safeguarding is everyone's responsibility
Everyone including early year's professionals has a responsibility for keeping children safe. No single agency can have a full picture of a child's needs and circumstances and everyone has a role to play in identifying concerns, sharing information and taking prompt action.

In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals.

A child-centred approach

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and the views of children within them, or placing the interests of adults ahead of the needs of children.

Anyone working with children should see and speak to the child: listen to what they say; and take their views seriously.

A child centred approach is also supported by: The Children Act 1989 (as amended by Sec 53 of The Children Act 2004) This Act requires local authorities to give due regard to a child's wishes and feelings.

The Equality Act 2010 which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the identification of need and risk faced by the individual child and the process of assessment.

The United Nations Convention on the Rights of the Child ratified 1991. This is the international agreement that protects the rights of children and provides a child-centred framework for the development of services to children.

The full document can be accessed at:

www.lancashire.gov.uk/education/childcare

Appendix 2

Statutory Framework for the EYFS Requirements 2014

The Statutory Framework for the Early Years Foundation Stage Sept 2014 sets out The Safeguarding and Welfare Requirements that all early years settings must meet. Early years providers have a duty under section 39 (1) (b) of the Childcare Act 2006 to comply with the welfare requirement of the EYFS.

Ofsted have issued wide-ranging guidance frameworks for early year's settings and this makes requirements clear insofar as safeguarding arrangements and responsibilities are concerned. For example:

- The Statutory Framework for the Early Years Foundation Stage September 2014
- Inspecting safeguarding in early years, education and skills settings June 2015
- The common inspection framework: education, skills and early years August 2015
- Disclosure and Barring Service check (DBS) for providers who register with Ofsted
- Section 3 The Safeguarding and Welfare Requirements of the EYFS 2014 states:
- Children learn best when they are healthy, safe and secure, when their individual

needs are met; and they have positive relationships with the adults caring for them. The safeguarding and welfare requirements are designed to help providers create high quality settings, where children are able to enjoy learning and grow in confidence. Providers must take all necessary steps to keep children safe and well. The requirements in this section explain what early years providers must do to safeguard children; to ensure the suitability of adults who have contact with children this includes: promote good health; manage behaviour; and maintain records, policies and procedures.

- Providers must be alert to any issues for concern in the child's life at home or elsewhere. Providers must have and implement a policy, and procedures to safeguard children. These should be in line with the guidance and procedures of the relevant LSCB. The safeguarding policy and procedures must include an explanation of the action to be taken in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting.

Guidance to cover the use of mobile phones and cameras in the setting can be found at: www.lancashire.gov.uk/education/childcare

The Early Years and Childcare registration handbook July 2016

can be found at:

www.gov.uk/government/publications

2016

Appendix 3

Lancashire Safeguarding Children Board (LSCB)

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

The Lancashire Safeguarding Children Board (LSCB) has a major role to play in ensuring that children and young people in Lancashire are kept safe and that all agencies do what they can to promote their welfare.

The Board itself is made up of Senior Management representatives from agencies across the County who are involved in providing services to children and their families. There is an early year's representative who links with the Board.

Objectives of LSCB

- To co-ordinate the work done locally by agencies represented on the Board
- To safeguard and promote the welfare of children
- To ensure that the work done is effective and that it is outcome focused

Local Safeguarding Children Board Role and Function

The overall role of the LSCB is to coordinate local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together.

Specific objectives of the LSCB are to:

- Develop and agree inter-agency policies and procedures for safeguarding and promoting the welfare of children, consistent with Working Together to Safeguard Children 2015, including:

1

- (a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - (ii) training of persons who work with children or in services affecting the safety and welfare of children;
 - (iii) recruitment and supervision of persons who work with children;
 - (iv) investigation of allegations concerning persons who work with children;
 - (v) safety and welfare of children who are privately fostered;

-
- (vi) cooperation with neighbouring children's services authorities and their Board partners;
- (b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- (c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- (d) participating in the planning of services for children in the area of the authority; and
- (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
- assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of this guidance;
 - quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
 - monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

The link to the Lancashire LSCB website is:
www.lancshiresafeguarding.org.uk

In order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;

Appendix 4

The Children Act 1989

- The Children Act 1989 – first sentence is that the welfare of the child is paramount, and this duty falls to everyone who is involved with children. It over-rides most other pieces of legislation, such as the Data Protection legislation and some parts of the Human Rights Act. It has recently been updated by the Adoption Act 2002 to include seeing someone else being hurt as ‘significant harm’

The Children Act 1989 introduced the concept of significant harm section 47 - the statutory threshold for child protection i.e. the legal criteria which dictates when local authorities have to investigate and, therefore, the point at which the state has a right and a duty to intervene in private, family life. This focuses on two key things :

1. the impairment of health, and / or development
2. ill-treatment

Child In Need/Section 17 Referrals

Is this a Child In Need?

Under section 17 (s.17(10)) of the Children Act 1989, a child is in need if:

- (i) He is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority;
- (ii) His health or development is likely to be impaired, or further impaired, without the provision of such services;
- (iii) He is disabled.

As this is a request for assessment/support/ services from CSCS you **must obtain the consent** of the parent(s) (and child/young person where appropriate), this should be identified on the referral form.

Where a parent/child/young person refuses to consent, you should make clear your ongoing plans and responsibilities in respect of support, monitoring etc, and the possibility of a child protection referral at some point in future if things deteriorate or do not improve. (This is not about threats or saying that this is inevitable but about openness and transparency in dealings with parents).

Appendix 5

Summary of Serious Case Reviews Nationally and Locally

- A Serious Case Review (SCR) is: a multi agency review of a case where a child has died or been seriously injured and where abuse or neglect is suspected.
 - The LSCB are responsible for commissioning SCR's in their area.
 - SCR's are conducted to look at whether lessons can be learnt to inform future practice. This includes looking at the way individual practitioners and agencies have worked together and identify ways of doing things more effectively to improve outcomes and keep children safe.
 - A SCR is NOT: An enquiry as to how a child died or was seriously injured.
 - An enquiry about who was responsible for the injury.
 - Opportunity for agencies to blame partners.
 - Between 2008 to 2015 Lancashire LSCB have completed 20 SCR's.
 - The majority of SCR's relate to a child less than 1 year of age. This reflects national trends and highlights the vulnerability of this age group.
- The most prevalent issues are: mental ill health, alcohol abuse and drug misuse, care history of parent/carer, sexual abuse, neglect, domestic abuse and significant males.
 - In most of the SCR's in Lancashire there are more than one issue present, alcohol abuse, domestic abuse and mental illness were often found together. Some of the parents involved in SCR's had a care history of their own, and associated issues resulting from this.
 - Drug misuse does not feature as frequently as alcohol abuse, which is slightly different to the national picture where drug and alcohol abuse feature equally.
 - Neglect is an issue in many of the families that are the subject of SCR's. Many of the families live chaotic and complicated lives, which makes it difficult for professionals to obtain an accurate picture of what is happening.
 - The LSCB are responsible for tracking progress of individual agencies who have to complete following specific actions agreed to follow a SCR or any multi agency review.

The Importance of Early Years in SCR's

- Nearly half of all serious case reviews are in relation to babies under one year of age.
- The majority of SCRs in Lancashire relate to a child less than 1 year of age. This reflects national trends and highlights the vulnerability of this age group.
- Infants aged under one year are more at risk of being killed at the hands of another person than any other age group in England and Wales.
- Early years professionals are ideally placed to recognise and respond to possible abuse or neglect of the children in their care for several reasons these include:
 - Their everyday contact with children and families and relationship with them.
 - Their professional practice and knowledge of child development where they will be alert to behaviour that may give cause for concern.

Appendix 6

PanLancashire Safeguarding Children Procedures

Where there are concerns about the welfare of a child, reference should be made to the Pan Lancashire Safeguarding Children Procedures. These have been made available electronically to promote wider access, and to facilitate updates when required. Wherever possible within the electronic document, links have been made to any additional guidance referred to.

<http://panlancashirescb.proceduresonline.com/index.htm>

Key Developments

Underlying Policy, Principles and Values

Throughout the procedures safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
Preventing impairment of children's health or development.

- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes
- And undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

The Pan Lancashire Safeguarding Children Boards and all managers, employees, professionals, volunteers, carers, independent

contractors and service providers must ensure that their practice reflects an approach which is:

Child Centred

The child's welfare should be kept in focus when working with a child and their family. The child should be spoken to and listened to and their wishes and feelings ascertained and taken into account (given their age and understanding) and recorded when making decisions about the provision of services.

2016

Rooted In Child Development

Those working with children should have a detailed understanding of child development and how the quality of the care they are receiving can have an impact on their health and development. Plans and interventions to safeguard and promote the child's welfare should be based on a clear assessment of the child's developmental progress and the difficulties the child may be experiencing. This includes CAF assessments.

Focused on Outcomes for Children

The purpose of all interventions should be to achieve the best possible outcomes for each child recognising each is unique.

A child's plan should set out the planned outcomes for each child, progress against these should be regularly reviewed and the actual outcomes should be recorded.

Holistic in Approach

Having an holistic approach means having an understanding of a child within the context of the child's family parents or caregivers and the

wider family and of the educational setting, community, faith, social and culture in which he or she is growing up.

The ultimate aim is to understand the child's developmental needs and the capacity of the parents or caregivers to meet them and to provide appropriate services to the child and to the family which respond to those needs.

Ensuring equality of opportunity

Equality of opportunity means that all children have the opportunity to achieve the best possible developmental outcomes, regardless of their gender, ability, race, ethnicity, faith, social circumstances or age. Some vulnerable children may have been particularly disadvantaged in their access to important opportunities and their health and educational needs will require particular attention in order to optimise their current welfare as well as their long-term outcomes into adulthood.

Involving of Children and Families

In the process of finding out what is happening to a child it is important to listen to the child, develop a therapeutic relationship with the child and through this gain an understanding of his or her wishes and feelings. The importance of developing a co-operative working relationship is emphasised, so that parents or care givers feel respected and informed, they believe agency staff are being open and honest with them, and in turn they are confident about providing vital information about their child, themselves and their circumstances.

The consent of parents/carers where appropriate should be obtained when sharing information unless to do so would place the child at risk of suffering significant harm.

Similarly, decisions should also be made with their agreement, whenever possible, unless to do so would place the child at risk of suffering Significant Harm.

Building on Strengths as well as Identifying Difficulties

Identifying both strengths (including resilience and protective factors) and difficulties (including vulnerabilities and risk factors) within the child, his or her family and the context in which they are living is important, as is considering how these factors are having an impact on the child's health and development.

Integrated in Approach

Safeguarding is a shared responsibility. Effective measures to safeguard children are those which also promote their welfare. They should not be seen in isolation from the wider range of support and services already provided and available to meet the needs of children and families.

A Continuing Process not an Event

Understanding what is happening to a vulnerable child within the context of his or her family and the local community, and taking appropriate action are continuing and interactive processes and not single events.

Providing and Reviewing Services

Action and services should be provided according to the identified needs of the child and family in parallel with assessment where necessary.

Informed by Evidence

Effective practice with children and families requires sound professional judgements which are underpinned by a rigorous evidence base, and draw on the professional's knowledge and experience. Decisions based on these judgements should be kept under review, and take full account of any new information obtained during the course of work with the child and family.

Appendix 7

Terminology

Child Protection (at risk of Significant Harm)

Under Section 47 of The Children Act 1989 Local Authorities have a duty to make enquiries if they have reasonable cause to suspect that a child is suffering or likely to suffer significant harm.

- The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children.
- Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm.
- Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, “for example, impairment suffered from seeing or hearing the ill treatment of another”.
- Suspicions or allegations that a child is suffering or likely to suffer Significant Harm may result in a Core Assessment incorporating a Section 47 Enquiry.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode

may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child’s development.

Section 47

Children’s Social Care Services have a statutory duty to carry out a Section 47 Enquiry in any of the following circumstances:

- Where there is information to indicate that a child has suffered or is likely to suffer Significant Harm
- Where a child is subject to an Emergency Protection Order
- Where a child is subject to Police Protection
- Where a child under 10 is in breach of a Child Curfew Order

Children in Need

Section 17

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.

Assessment of Need

Working Together 2013 removes the requirement for separate Initial Assessments and Core Assessments. One assessment may be undertaken instead, which should be completed in no longer than 45 working days from the point of referral to CSCS. If the child's needs are complex or high a more comprehensive assessment may be necessary to determine the level of services that may be required, this should still be completed within the 45 day timescale.

Initial Child Protection Conference

The Initial Child Protection Conference brings together family members, the child, supporters/advocates and those professionals most involved with the child and family to share information, assess risks and to formulate an agreed plan of management and services, with the child's safety and welfare as its paramount aim.

Child Protection Plan

Where a Child Protection Conference determines that a child is at continuing risk of Significant Harm, a multi-agency Child Protection Plan is formulated to protect the child. A Core Group of professionals, including the Lead Social Worker, are responsible for keeping the Child Protection Plan up to date and co-ordinating inter-agency activities within it.

Core Group

The term Core Group is normally used in relation to children subject to a multi-agency Child Protection Plan. Core Groups are made up of professionals from differing agencies, including the Lead Social Worker, who are responsible for implementing and monitoring the Child Protection Plan.

More information on terminology can be found in Pan Lancashire Policy and Procedures for Safeguarding Children:

<http://panlancashirescb.proceduresonline.com/index.htm>

2016

Appendix 8

Significant Harm and Baseline Risk Assessment Checklist

There are no absolute criteria upon which to rely when judging what constitutes significant harm; sometimes a single traumatic event may constitute significant harm. More often, however, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage a child's physical and psychological development.

(a) Children Act Guidance and Definitions

Within the Children Act 1989, the following guidance is offered:

Significance is not defined within the Children Act although it is to be 'measured' in terms of:

- a child's health and development; and
- that which could reasonably be expected of a similar child.
- 'Harm' means ill treatment or the impairment of health or development;
- 'Development' means physical, intellectual, social, emotional or behavioural development;
- 'Health' means physical or mental health; and
- 'Ill treatment' includes sexual abuse and

forms of treatment that are not physical, including for example, impairment suffered from seeing or hearing the ill treatment of another.

(b) To begin with, in order to understand and establish significant harm, it is necessary to consider:

- The child's development within the context of their family and wider social environment;
- Any special needs and how they impact at all levels (child and family);
- The nature of any harm and its likely impact upon the child's health and development;
- The adequacy of parental care.

(c) More specifically, how does the following contextual information shape your professional judgement about this situation?

- Age of child (developmental stage/needs, vulnerability, abilities)?
- The 'act(s)' described or referred to – what is being described? Possible criminal act/investigation required? (10 is the age of criminal responsibility – e.g. if the concern relates to the actions of one child against another)
- Severity of ill-treatment?
- Degree and extent of physical harm?
- Duration and frequency?
- Extent and degree of premeditation?
- Degree of threat or coercion?
- Immediate risk?

- Nature of risk and evidence of risk – when and how is the child at risk?
- Impact upon the child's health and development?
- What am I being asked to do and what am I required to do in response to this information?

(d) Risk Assessment 'Checklist'

- Does/could the suspected harm meet the LSCB definitions of abuse?
- Are there cultural, linguistic or disability issues?
- Am I wrongly attributing something to impairment?
- Does the chronology indicate any possible patterns which could/do impact upon the level of risk?
- Are any injuries or incidents acute, cumulative, and episodic?
- Did any injuries result from spontaneous action, neglect, or intent?
- Explanations consistent with injuries/behaviour?
- Severity and duration of any harm?
- Effects upon the child's health/development?
- Immediate/longer term effects?
- Likelihood of recurrence?
- Child's reaction?
- Child's perception of the harm?
- Child's needs, wishes and feelings?
- Parent's/carer's attitudes/response to concerns?
- How willing are they to cooperate?
- What does the child mean to the family?
- What role does the child play?
- Possible effects of intervention?
- Protective factors and strengths of/for child (i.e. resilience/ vulnerability);
- Familial strengths and weaknesses?
- Possibilities?
- Probabilities?
- When and how is the child at risk?
- How imminent is any likely risk?
- How grave are the possible consequences?
- How safe is this child?
- What are the risk assessment options?
- What are the risk management options?
- What is the interim plan?

Appendix 9

Possible Signs and Symptoms of Abuse

- When making difficult judgements around possible signs and symptoms of abuse and neglect it is crucial that we consider the available information and presenting injuries or behaviours in context. (We should also consider sources of other information which may be important but to which we do not have immediate access). It will be the Child Protection Nominated Officers who offer support and advice about referrals, speaking to parents and what, if any, action is to be taken in respect of concerns.
- Lists of possible signs and symptoms of abuse must never be considered to be comprehensive or definitive 'checklists' as children may behave strangely or appear unhappy or distressed for a number of reasons as they move through the stages of development, and as their family circumstances and experiences change. Neither does the presence of one or more of any of the commonly cited possible signs and symptoms 'prove' that a child has been or is being abused. (We need to be absolutely clear that our role is not to investigate or prove abuse but to observe, gather and share information where we have concerns).
- Professionals should also remember that all children, regardless of age, sex, ethnicity, disability, race or culture, are entitled to the same level of protection and, as such, racial, cultural, religious or similar factors can never be used to 'explain' or justify abuse or maltreatment.
- Very detailed information about possible signs and symptoms of the four categories of abuse and fabricated or induced illness is contained within Pan Lancashire Policy and Procedures for Safeguarding Children Board
- <http://panlancashirescb.proceduresonline.com/index.htm>

Appendix 10

Talking, Listening to Children and Dealing with Disclosure

If a child wants to confide in you, you **SHOULD**

- Be accessible and receptive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure children that they are right to tell;
- Tell the child that you must pass this information on;
- Make sure that the child is ok;
- Make a careful record of what was said (see Recording).

You should **NEVER**

- Investigate or seek to prove or disprove possible abuse;
- Make promises about confidentiality or keeping 'secrets' to children;
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror etc;

- Speculate or accuse anybody;
- Investigate, suggest or probe for information;
- Confront another person (adult or child) allegedly involved;
- Offer opinions about what is being said or the persons allegedly involved;
- Forget to record what you have been told;
- Fail to pass this information on to the correct person

Children with communication difficulties, or who use alternative/augmentative communication systems

- While extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children;
- Opinion and interpretation will be crucial (be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court).

Recordings should

- Be made as soon as possible after the disclosure;
- State who was present, time, date and place;

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- Be legible (if handwritten), written in ink and be signed by the recorder;
- Be passed to the appropriate person immediately (certainly within 24 hours);
- Use the child's words wherever possible;
- Be factual/state exactly what was said;
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.
- Never make suggestions about who, how or where someone is alleged to have touched, hit etc (e.g. Top or bottom, front or back?)
- If we must, use only 'minimal prompts' such as 'go on ... tell me more about that' ... 'tell me everything that you remember about that'
- Timescales are very important: 'When was the last time this happened?' is an important question.

What information do you need to obtain?

- You have no investigative role in child protection (Police and Children's Social Care Services will investigate possible abuse very thoroughly and in great detail, they will gather evidence and test hypotheses – leave this to them!);
- Never prompt or probe for information, your job is to listen, record and pass on;
- Ideally, you should be clear about what is being said in terms of who, what, where and when;
- The question which you should be able to answer at the end of the listening process is 'might this be a child protection matter?';
- If the answer is yes, or if you're not sure, record and pass on immediately to the CP Nominated Officer/your line manager.
- If you do need to ask questions, what is and isn't OK?
- Never ask closed questions i.e. ones which children can answer yes or no to (e.g. Did he touch you?)

What else should we think about in relation to disclosure?

- We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal;
- Be prepared to answer the 'what happens next' question;
- We should never make face-value judgements or assumptions about individual children. For example, we 'know that [child] tells lies';
- Think about how you might react if a child DID approach you. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity;
- What support could you access under these circumstances?

Appendix 11

Children in Specific Circumstances

Inspecting safeguarding in early years, education and skills settings June 2015, lists a range of specific safeguarding issues, these are encompassed in Chapter 5 Children in Specific Circumstances of Pan Lancashire Policy and Procedures for Safeguarding Children at: <http://panlancashirescb.proceduresonline.com/index.htm>

This chapter outlines the circumstances of children who may be particularly vulnerable, and is considerably detailed and includes reference to the following:

- Domestic Violence and Abuse
- Children of Alcohol Misusing Parents
- Children of Drug Misusing Parents
- Mental Illness of a Parent or Carer
- Parental Learning Difficulties and Disabilities
- Working with Children who Self Harm or have the potential for Suicide
- Safeguarding Children with Disabilities
- Bullying
- Safeguarding and the use of Communication Technologies and Social Media
- Diversity
- Forced Marriages
- Honour Based Abuse
- Children and Families who go Missing
- Child Abduction
- Children Moving Across Boundaries within the UK
- Complex (Organised or Multiple) Abuse
- Fabricated or Induced Illness
- Mandatory reporting to the Police of Female Genital Mutilation
- Female Genital Mutilation
- Children from Abroad - including Unaccompanied and Separated Children and the International Trading and Messaging Service
- Children and Young People who may have been Trafficked
- Child Sexual Exploitation – Pan Lancashire Standard Operating Protocol
- Working with Sexually Active Young People under the age of 18.
- Children who Abuse other Children
- Children living away from Home (including Children and families living in temporary accommodation)
- Children living away from Home (Private Fostering)

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- Children in Hospital where there are welfare concerns
- Safeguarding Children and Young People in the Youth Justice System
- Abuse linked to Spiritual and Religious Beliefs
- Historical Abuse Allegations
- Children who may be affected by Gang Activity
- Children who may be vulnerable to Terrorism or Violent Extremism
- Protection of Children from Harm on Licensed premises
- Protection of Children from Harm in Relation to Gambling
- Safeguarding in the Community, Voluntary and Faith Sector
- Children with a parent in prison
- Uncooperative Families
- International cross-border Child protection cases under the 1996 Hague Convention

Bruising to Non-Mobile Children (LSCB Procedures 1.3 points 24 – 26)

All non-mobile children who are observed with injuries / bruises must be considered as possible subjects of non-accidental injury and referred for immediate paediatric assessment (non-mobile children include very young children or children of any age with motor development delays or physical disabilities that restrict mobility);

In addition:

When there is no explanation or there is cause for concern about the explanation that is offered for the injury the child must be referred to children's social care to consider the need for a S.47 enquiry, as per current procedures; Even if the explanation appears satisfactory children's social care (CSC) should still be informed of the referral for paediatric assessment (as per current procedures). In these circumstances CSC will review its records and any relevant information will be shared with the examining paediatrician. CSC will also assist with further information gathering at the request of the examining paediatrician should this be required.

Bruising to non-mobile children

Decide if child requires urgent medical help and if needed phone 999

Discuss bruising/injury with parent(s)/carer(s) and record accurately the explanation provided. Record position, presentation and size of bruising/injury – discuss with parent(s)/carer(s) the need for a paediatric assessment, contact with CSC and provide the parent leaflet from section 1.3.

Bruising/Injury on a non-mobile child observed by a practitioner – refer to paragraphs 24 to 26 in section 1.3 of Pan-Lancashire LSCB policies

Refer immediately to on-call paediatrician (for non-health professionals this can be done through the hospital switchboard) for assessment providing the explanation from parent(s)/carer(s) and inform CSC. Paediatrics

Bruising/Injury to Non-Mobile Children – Lancashire and Blackburn with

The flowchart below has been developed to assist health, education, early years and social care practitioners in following the agreed multi-agency policy where a non-mobile child is observed with bruising and injuries.

Bruising/Injury on a non-mobile child observed by a practitioner – refer to paragraphs 24 to 26 in section 1.3 of Pan-Lancashire policies

Decide if child requires urgent medical help and if needed call 999 If not urgent:

Discuss bruising/injury with parents/carers and record accurately the explanation provided. Record position, presentation and size of bruising/injury – discuss with parents/carers the need for a paediatric assessment, that contact has to be made with CSC and provide the parent leaflet from section 1.3

Explanation provided by parent/carer is potentially suitable

Refer immediately to on-call paediatrician (for non-health professionals this can be done through the hospital switchboard) for an appointment on the same day/next day for a paediatric medical opinion, providing the explanation from parents/carers and inform CSC of the reasons for, and details of, the paediatric appointment.

The referrer to monitor child is brought to the paediatric appointment when the appointment is in normal working hours. Where the child is not brought to the appointment, the referrer to contact CSC to determine next steps. Out of normal working hours, Paediatrics to monitor child is brought in for the appointment and contact CSC on next steps where the child is not brought in.

Paediatrics to liaise with CSC throughout process of assessment to share information on the child's background.

Accidental injury

Provide parent(s)/carer(s) with information about local services that can provide assistance on accident prevention

Suspected NAI

Refer immediately to CSC as a s.47 enquiry. Paediatrics and referrer liaise with CSC throughout process of assessment.

Explanation from parent/carer is unsuitable and causes concern or no explanation is provided

Refer immediately to on-call paediatrician (for non-health professionals this can be done through the hospital switchboard) for immediate paediatric assessment providing the explanation from parents/carers and refer immediately as a s.47 enquiry to CSC.

Paediatrics to ensure an immediate/same day appointment is provided.

Where the referrer identifies that requesting parents/carers to take the child to Paediatrics may place the child at risk of harm, or where they refuse to take the child, immediate CSC (and police) assistance to be sought to determine who is best placed to ensure child attends the appointment.

Where a parent/carer has agreed to take the child for the paediatric assessment, the referrer will ensure the child attends when the appointment is in normal working hours. CSC (and police) to be immediately informed by the referrer if the parent/carer fails to take the child for the appointment. Out of normal working hours, Paediatrics to ensure child is brought to Paediatrics and to contact CSC (and police) where there is a failure to bring the child.

Paediatrics and referrer liaise with CSC throughout process of paediatric assessment and s.47 enquiry.

In all cases, the referrer must be clear with CSC and Paediatrics about the following actions: (a) the child is seen promptly by Paediatrics (immediately/same day for s.47 level cases); (b) who will take the child for the paediatric assessment appointment; and (c) who will ensure that the child attends the paediatric assessment appointment. ALL AGENCIES TO ENSURE CLARITY ABOUT ACTIONS ARE RECORDED & MANAGERS HAVE OVERSIGHT

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to liaise with CSC throughout process of assessment.

Suspected NAI

Accidental injury

Refer parent(s)/carer(s) for services advising on accident prevention

Initiate s.47 enquiry

Radicalisation

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups; there is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame; Safeguarding in this context is the process of protecting vulnerable children and young people, whether from crime, other forms of abuse or being drawn into terrorism or extremism.

Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

Staff will be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff will use their professional judgement in identifying children and their families who might be at risk of radicalisation and act proportionately following section 5.32 of the LSCB procedures. <http://panlancashirescb.proceduresonline.com/index.htm>. This will include making referrals to the Channel programme as appropriate.

Prevent Duty Guidance:

www.gov.uk/government/publications/prevent-duty-guidance

If you are concerned for the safety or welfare of a child contact CSC 0300 123 6720 and they will advise as appropriate.

Female Genital Mutilation:

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Indicators:

FGM: multi agency practice guidelines:

www.gov.uk/government/publications/female-genital-mutilation-guidelines

Pages 16 -17 - indicators

Also sec 5.18 and 5.19 at:

<http://panlancashirescb.proceduresonline.com/index.htm>

From, October 2015, all social workers, medical professionals and teachers who discover (either by disclosure by the victim or visual evidence) that FGM appears to have been carried out on a child under the age of 18 will immediately report this themselves to the police.

E learning available on FGM and Forced Marriage at:

www.lancashiresafeguarding.org.uk

What to do if you are worried a child is being abused 2015

www.gov.uk/government/uploads/system/uploads/attachment_data/file/417685/Archived-DFES-04320-2006-ChildAbuse.pdf

Working Together to Safeguard Children 2015

www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Inspecting Safeguarding in Early Years Education and Skills Settings 2015

www3.lancashire.gov.uk/corporate/web/viewdoc.aspx?id=124318

Fundamental British Values and the Prevent Duty 2015

www3.lancashire.gov.uk/corporate/web/viewdoc.aspx?id=125168

Information Sharing 2015

www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

Common Assessment Framework (CAF)

www.lancashirechildrenstrust.org.uk/resources/?siteid=6274&pageid=45056

Disclosure and Barring Service

www.gov.uk/government/organisations/disclosure-and-barring-service

Lancashire Children's Trust

www.lancashirechildrenstrust.org.uk/resources/?siteid=6274&pageid=41782

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Appendix 12

Further Information and Useful Contacts

Website	Content
www.lancashire.gov.uk/education/childcare	Safeguarding resources to support early years practitioners
www.lancshiresafeguarding.org.uk	Lancashire LSCB and Safeguarding Children Procedures, LSCB newsletters outlining learning from Serious Case Reviews in Lancashire, access to LSCB / multi-agency training
www.standards.dcsf.uk/eyfs	Early Years Foundation Stage
www.ncma.org.uk	National Childminding Association (NCMA), lots of useful information, templates etc for childminders
www.ofsted.gov.uk	Frequently asked questions, information about inspections, Serious Case Reviews
www.teachernet.gov.uk/publications	DCSF-00273-2008: Parental Learning Disability & Children's Needs – Family Experiences & Effective Practice DCSF-00274-2008: Child Protection, Domestic Violence & Parental Substance Misuse – Family Experiences & Effective Practice DCSF -00277-2008: Safeguarding Children in whom illness is Fabricated or Induced: Supplementary guidance to Working Together to Safeguard Children 2015
www.education.gov.uk	Central Govt. website, good for keeping up to date Working Together to Safeguard Children 2015
www.lancsngfl.ac.uk/projects/sen	SEN Code of Practice
www.lancashire.gov.uk/cyp/csd	Children's Services Directory – what services are there in your area?
www.nspcc.org.uk	lots of useful research information and resources for all organisations and professionals

Appendix 12

Further Information and Useful Contacts

Contacts	TELEPHONE
Children's Social Care Referrals (office hours) cypreferrals@lancashire.gov.uk	0300 123 6720
Children's Social Care Referrals (out of hours / Emergency Duty Team)	0300 123 6722
Lancashire Safeguarding Vulnerable adults (Referrals)	0300 123 6721
Early Education Safeguarding Officer – Day to day safeguarding advice	07909 001430
Local Authority Designated Officer LADO - Advice re: management of allegations	Lancashire 01772 536694 Blackburn with Darwen 01254 585184 Blackpool 01253 477541
School Improvement Service	01772 531555
Ofsted	0300 123 1231
Police	01772 203 203 Emergencies 999
LCC Confidential Helpline - whistle-blowing	01772 532500
Action Handbook- Drugs and Alcohol Guidance for recognising and responding to Domestic Abuse	www.lancashire.gov.uk/education/childcare

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**Lancashire
Early Years**

**Child Protection
Policies and
Procedures**