ICM Safeguarding Children and Young People Policy and Procedures

Contents:

SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY

1. Purpose

Safeguarding and promoting the welfare of children/young people

ICM recognises that, under the Children Act 2004, it has a duty and responsibility for making arrangements to ensure all its functions are discharged having regard to safeguarding and promoting the welfare of children/young people in their care – this includes all services directly provided and commissioned by the local authority. Children is anyone up until their 18th birthday, young people are defined anyone aged 14-17.

"Safeguarding and promoting the welfare of children/young people" is defined in Working Together 2015 as:

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

2. Persons affected

- All staff, paid and unpaid, this includes volunteers
- All service users
- All visitors and contractors

3. Safeguarding policy

ICM is committed to the importance of safeguarding and promoting the welfare of children. It has:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;

- a senior board level lead to take leadership responsibility for ICM's safeguarding arrangements;

- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;

- clear whistleblowing procedures (see policy), which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;

- arrangements which set out clearly the processes for sharing information procedures, with other professionals and with the Local Safeguarding Children Board (LSCB);

- a designated professional lead for safeguarding (see below). Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;

- safe recruitment practices for individuals whom ICM will permit to work regularly with children, including policies on when to obtain a DBS check;

- appropriate supervision and support for staff, including undertaking safeguarding training:

- ensuring that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;

- staff are given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare.

- staff are given a mandatory induction in 'Keeping Children Safe in Education 2016'

- all staff should have regular reviews of their own practice to ensure they improve over time in their work with children, young people and families.

- clear policies in line with those from the LSCB for dealing with allegations against people who work with children (p.10). Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. 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.

ICM will ensure that staff understand;

- What they need to do, and what they can expect of one another, to safeguard children.
- Core legal requirements, making it clear what individuals and ICM should do to keep children safe. In doing so, ICM seeks to emphasise that effective safeguarding systems are those where:
- The child's needs are paramount, and the needs and wishes of each child, be they 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;
- That all staff 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 children;
- The requirement to share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;
- The necessity to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
- The necessity to contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
- The necessity to update safeguarding training regularly in line with recommended guidelines.

- **Key principles will be communicated that;**
- 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.

4. Revision history

This policy and related guidance will be monitored by the Directors on a regular basis for compliance and will be reviewed at least annually.

Date approved or amended	**Signed**
14/8/15	
12/8/16	
13/4/17	
12/4/18	
7/9/18	
21/6/19	

Safeguarding Reporting Procedures

1. PURPOSE

ICM is committed to safeguarding children and young people. This procedure establishes the guidelines to be followed by staff (paid and unpaid), without exception, for the protection of service users from abuse. All children and vulnerable adults have a right to protection and their welfare is paramount.

2. Persons affected

This procedure affects all staff members, paid and unpaid (this includes volunteers).

3. Responsibilities

The responsibilities for dealing with safeguarding lie with the following:

All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding.

The Safeguarding Officer(s) will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing the Police or other appropriate external bodies.

The Directors are responsible for supervision of these activities.

4. DEFINITIONS OF ABUSE

PHYSICAL ABUSE

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

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person .It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate… It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving high levels of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

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

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

Definitions from *Working together to safeguard children, 2015*

Domestic Abuse
(Refer to Domestic Abuse policy on LSCB website for further guidance)

A referral must be made direct to Children's Social Care if it seems reasonable to suspect that:

a) a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and

b) the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

5. PROCEDURES

The following procedures must be followed and referred to as necessary**:** -
5.1 ICM Safeguarding Lead's
5.2 Referrals flowchart for reporting of actual or suspected abuse
5.3 Allegations Management: Allegations of abuse or malpractice against a member of staff: paid or unpaid
5.4 Good practice procedures for minimising risk
5.5 Common Assessment Framework (CAF)
5.6 Child In Need (CIN)
5.7 Domestic abuse

The safeguarding children and young people policy and procedures should also be read in conjunction with the accompanying safeguarding policies and procedures

Whistleblowing
Safe transportation of children and young people
Boundaries
e-safety
Photography
Behaviour
Safer recruitment and selection

5.1 SAFEGUARDING PROCEDURES

- ICM's commitment to keeping children and young people safe is regularly and consistently referenced in all our key policies, procedures, and appropriate documents and publications.

- ICM communicates its safeguarding policies and procedures to all staff. This is done as part of induction, at supervision for relevant roles and policies and procedures are available on the ICM Google Drive under policies and procedures: safeguarding

- ICM communicates its safeguarding policies and procedures to all staff and relevant stakeholders, including the children and young people we support through its website, staff and documentation. Safeguarding updates on practice or referral routes etc is a standing item on team meeting agendas.

- ICM communicates its safeguarding policies and procedures to its Board Members as part of a standing agenda item at Board meetings.

5.1 REPORTING OF SAFEGUARDING CONCERNS TO THE SAFEGUARDING LEADS

All actual/suspected abuse must be reported in confidence to the Safeguarding Lead, below. Concerns must be reported where possible on the same day the concern arises or as soon as possible and must be followed up in writing within 24 hours. If the concern is urgent and a child is at significant risk of harm do not allow a delay in your reporting if you cannot contact the Safeguarding Lead.

Safeguarding Officers
Lead Officer Bruce MacGregor – Tel 07881 958011/ 01473 852552 Email: bruce@ipswichcm.org.uk
Deputy: Alicia Durbin – Tel 01473 852551 Email: alicia@ipswichcm.org.uk

RESPONSIBILITIES OF THE SAFEGUARDING OFFICER(S)

This role will work closely with the senior Board level lead. The Lead Safeguarding Officer's role is to support other staff to recognise the needs of children, including identifying and responding to possible abuse. The role will be given sufficient time, funding, supervision and support them to fulfil their child welfare and safeguarding responsibilities effectively
They will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare.

In the case of allegations made against ICM Staff (including volunteers) the Safeguarding Lead will work with the LADO and must follow local Suffolk County Council/LSCB procedures. In cases of actual or suspected abuse by a member of ICM staff the Safeguarding Lead in consultation with the LADO will ensure the Police and/or other statutory bodies like Social Services are informed as appropriate. The victim must be protected from further abuse while the Police/ external agencies conduct their own investigation.

If not already aware any allegation must be reported to the Safeguarding Lead unless the Safeguarding Lead is the alleged perpetrator, in that situation the report will be made to the Deputy Safeguarding Lead.

Any information held either electronically or in hard copy will be held securely in a password protected document or sealed envelope in a secure, locked cabinet/drawer. Any electronic

database used for recording and reporting abuse internally will protect the identity of the child and use an identifying code rather than the name so as to ensure confidentiality.

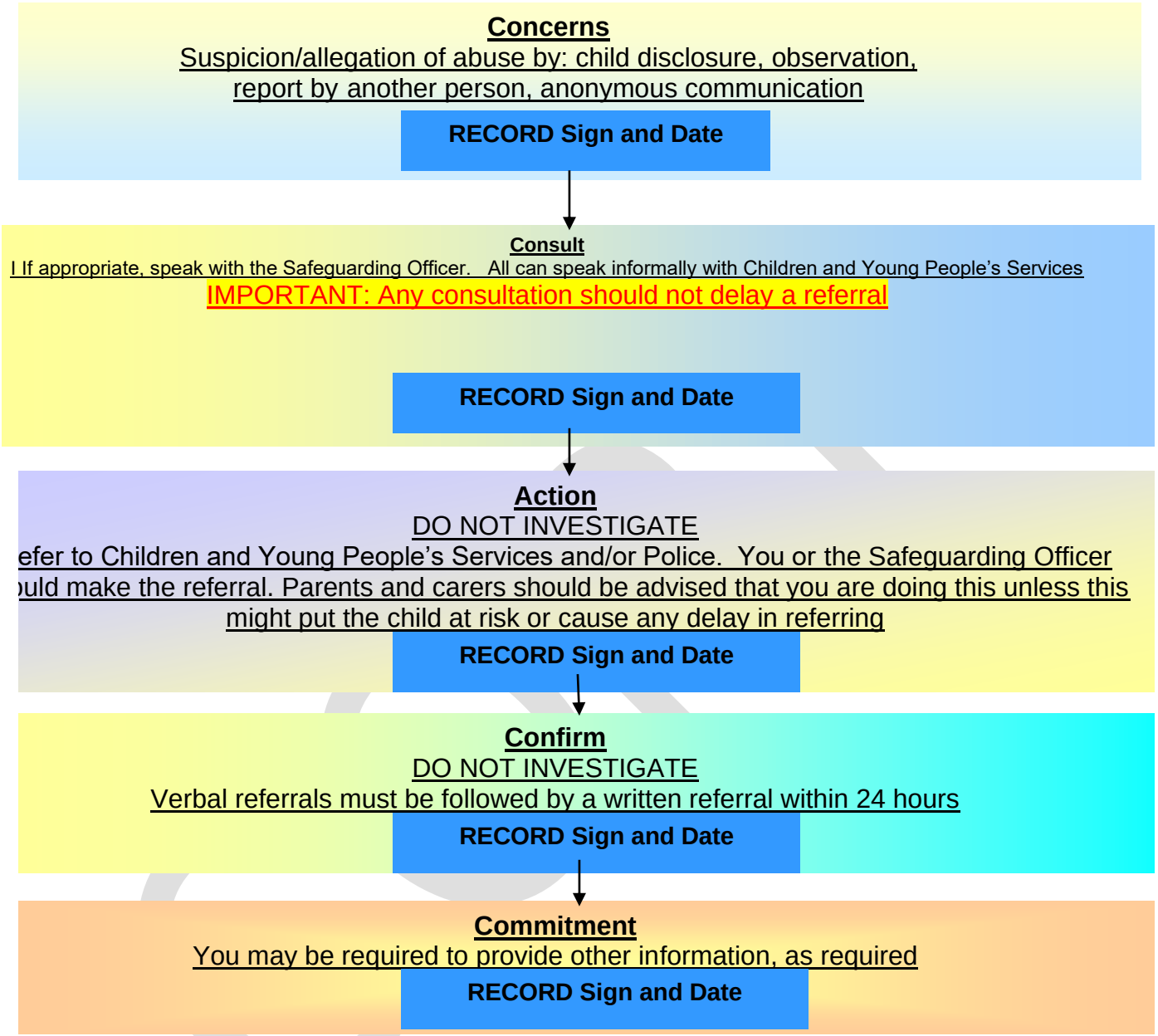
RESPONSIBILITIES OF ICM DIRECTORS

Although some Safeguarding responsibilities can be delegated over all responsibility lies with the Board of Directors of ICM.

To enable the Board not only to support the management and staff team in the organisation, including the Safeguarding Lead Officer, but also to provide an important mechanism for critically evaluating the information presented to the Board by the management team, and, where necessary, challenging and checking it out.

To ensure that ICM is taking steps to safeguard and take responsibility for the children with whom it works and is acting in their best interests, taking all reasonable steps to prevent any harm to them, assessing and managing risk, ensuring safeguarding policies and procedures are in place, undertaking ongoing monitoring and reviewing of policies and procedures including complaints and recruitment, to ensure that safeguards are being implemented and are effective, that ICM is responding appropriately to allegations of abuse, the Board of Directors will review Safeguarding issues as a standing item at Board meetings.

5.2 FLOWCHART FOR REFERRAL FOR ACTUAL OR SUSPECTED ABUSE



Contact Customer First 0808 800 4005 or police on 999 if an emergency

REFERRALS FORMS

Referral to children's social care services should be made using the Multi-Agency Referral Form.

All professionals making telephone referrals to Suffolk's children's social services (including via Customer First) MUST confirm this in writing **within 24 hours**. If you are worried about the ***immediate*** safety of a child/young person and cannot contact a Safeguarding Officer call the police on 999. You can also contact the local authority.

Your report must be accurate and where possible use the child's exact words if they disclosed the information to you, not your own.

The report must be signed and dated, including the year. Ensure the form is emailed safely following the directions on the form and ensure a copy is sent to ICM's Safeguarding Lead in the same manner marked "Confidential SG".

5.3 ALLEGATIONS MANAGEMENT : ALLEGATIONS OF ABUSE OR MALPRACTICE AGAINST A MEMBER OF STAFF (INCLUDING VOLUNTEERS).

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation. The framework for managing allegations is set out in *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2006,* and *Safeguarding Children and Safer Recruitment in Education 2007.*

The framework for managing cases set out in this procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm.
It also caters for cases of allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children. It should be used in respect of all allegations that are consistent with the guidance in Working Together i.e. 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 in a way that indicates s/he is unsuitable to work with children.

In compliance with the Local Safeguarding Board's Allegations Management guidance, the following procedures will be followed;

Reporting procedure for Allegations
If the allegation is against an ICM member of staff the allegation must be reported immediately, at least within one working day, to the ICM Safeguarding Lead. If the allegation is against the Safeguarding Lead then the allegation must be reported to the Deputy Safeguarding Lead. The Safeguarding Lead/or Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

Contact details for LADO's 0300 123 2044

Email: ladocentral@suffolk.gcsx.gov.uk

Please see embedded guidance from the Suffolk Safeguarding Board regarding Managing allegations for full details.

allegations management 2011.pc

Initial consideration

The LA Designated Officer (LADO) will discuss the matter with ICM's Safeguarding Officer and, where necessary, obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that a child or young person is suffering, or is likely to suffer, significant harm, the LA Designated Officer should immediately inform the police and convene a similar discussion to decide whether a police investigation is needed. That discussion should also involve the employer.

Action following initial consideration

Where the initial evaluation decides that the allegation does not involve a possible criminal offence, it is dealt with by the Safeguarding Officer. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

Where further investigation is required to inform consideration of disciplinary action, the Safeguarding Officer will discuss who will undertake that investigation with the LA Designated Officer. In some settings and circumstances, it may be appropriate for the disciplinary investigation to be conducted by a person who is independent of ICM or the person's line manager to ensure objectivity. In any case, the investigating officer should aim to provide a report to the employer within 10 working days.

On receipt of the report of the disciplinary investigation, the Safeguarding Officer should decide whether a disciplinary hearing is needed **within two working days**, and if a hearing is needed it should be held **within 15 working days**

Suspension

The possible risk of harm to children posed by an accused person needs to be managed and evaluated. The evaluation will be in respect of the child/ren involved in the allegation and any other children in the individuals home, work or community life. In some cases it will require consideration to be given to the use of suspension for the person involved in the allegation. This may be until the matter is resolved

The member of staff must not be automatically suspended without careful thought and consideration of the circumstances of the allegation. In making the decision, the Safeguarding Officer must consider whether the person should be suspended from contact with children for the duration of the investigation, or until resolution has been reached. In any case, alternatives to suspension should be explored and advice sought from the LA Designated Officer.

If the allegation has been referred and a strategy meeting is to be convened, it will be a task of the strategy meeting to consider the facts of the allegation, and although a senior manager of ICM cannot be directed to suspend, they will be supported in making the decision. This should be done after the views of the designated senior named officer from the police and Area Safeguarding Manager have been canvassed.

If the allegation is reported to an ICM staff member against a member of staff (including a volunteer) of another organisation or agency then the member of ICM staff should consult with the ICM Safeguarding Officer and agree who should contact the LADO. However, if any delay in this procedure is likely to put a young person at risk of significant harm then the ICM member of staff should contact the LADO directly.

GOOD PRACTICE PROCEDURES FOR MINIMISING RISK

Plan the work of the group so as to minimise situations where the abuse of children and/or young people may occur

Arrange that an adult is not left alone with a child or young person where there is little or no opportunity of the activity being observed by others. This may mean groups working within the same large room or working in an adjoining room with the door left open. This good practice can be as much benefit to the adult as to the child or young person.

Ensure that all staff, paid and unpaid, who work with children and young people do not meet one of the children or young people outside designated ICM premises without a parent or other adult being present.

Always have at least two adults present with a group, particularly when it is the only activity taking place on ICM premises. OFSTED recommends that the following number of adults should be present when working with children. If there are not enough leaders, the event should not take place.

- Age 0 - 2: 1 adult to 3 children
- Age 2 - 3: 1 adult to 4 children
- Age 4 - 8: 1 adult to 6 children
- Age 9 - 12: 1 adult to 8 children
- Age 13 - 18: 1 adult to 10 children.

However, these are just general recommendations in addition we must always ensure appropriate ratios of leadership to children and young people are observed according to age and gender and reflect the needs identified in the risk assessment for the activity and the group of children and young people involved.

Consent forms including medical details should always be used for children and young people attending the activity and should be readily available during the activity.

Never take a group off the premises with fewer than two adults. Consent forms including medical details should always be used for specific outings or activities outside ICM premises.

As it is good practice to keep a record of each activity/session these will be used. This record should include a register of children and staff and details of any significant incidents.

Always keep a register with the address and contact phone number of every child. These records are to be kept securely, in line with the Data Protection policy.

All staff working with children or young people will be subject to a DBS enhanced check. While waiting for a DBS check to arrive the person will never be left alone with children unsupervised.

Any photography or filming of children and young people at ICM activities will be subject to the Photography and filming policy.

Verification

The Safeguarding Officer will forward statistical data to the Board of Directors showing a breakdown of numbers of reported cases and where they have been referred to.

Revision history

The Board of Directors will review this procedure annually or as and when there are changes in legislation.

Date Approved	Date Amended
14/8/15	
12/8/16	12/8/16
13/4/17	13/4/17
12/4/18	12/4/18
7/9/18	7/9/18
21/6/19	21/6/19

Annex A

RECOGNISING POSSIBLE CHILD/YOUNG PERSON ABUSE

The following behavioural signs *may* be indicators of child/young person abuse, but care should be taken in interpreting them in isolation.

Physical signs

- Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
- Injuries which have not received medical attention.
- Instances where children/young people are kept away from the group inappropriately or without explanation.
- Self-mutilation or self-harming e.g. cutting, slashing, drug abuse.

Emotional signs

Changes or regression in mood and behaviour, particularly where a child/young person withdraws or becomes clinging. Also depression/aggression.

- Nervousness or inappropriate fear of particular adults.
- Changes in behaviour e.g., under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g., excessive dependence attention-seeking behaviour.
- Persistent tiredness, wetting or soiling of bed or clothes by an older child.

Signs of neglect

- Regular poor hygiene
- Persistent tiredness
- Inadequate clothing
- Excessive appetite
- Failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

Indicators of possible sexual abuse

- Any direct disclosure made by a child/young person concerning sexual abuse.
- Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of.
- Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- Preoccupation with sexual activity through words, play or drawing.
- Child/Young person who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
- Other emotional signs (see above) may be indicative of sexual or some other form of abuse.

- Annex B

HOW TO REACT WHEN A CHILD/YOUNG PERSON WANTS TO TALK ABOUT ABUSE

- **General points**
- Take seriously what the child/young person says (however unlikely the story may sound)
- Keep calm
- Look at the child/young person directly
- Be honest
- Let them know you will need to tell someone else – don't promise confidentiality
- Reassure them they are not to blame for the abuse
- Be aware that the child/young person may have been threatened
- Never push for information
- Ask questions for clarification only; avoid asking questions that suggest a particular answer.

- **Helpful things to say or show**
- Show acceptance of what the child/young person says
- "I am glad you have told me"
- "It's not your fault"
- "I will help you"

- **Avoid saying**
- "Why didn't you tell anyone before?"
- "I can't believe it"
- "Are you sure this is true?"
- Never make false promises
- Never make statements such as "I am shocked!", or "don't tell anyone else"

- **Concluding**
- Reassure the young person that they were right to tell you and that you take them seriously
- Let the young person know what you are going to do next and that you will let them know what might happen
- Immediately report the matter, as per procedures.

COMMON ASSESSMENT FRAMEWORK (CAF) PROCEDURE

The Common Assessment Framework (CAF) is a tool that any professional working with children, young people and their families can use to help them identify unmet additional needs. It is intended to be used to support the development of relationships with families and early intervention when it is needed.

CAF is used when we alone are unable to meet all the identified needs and it is necessary to refer a child with whom we are working to another agency for support. In some cases it may be difficult to establish exactly what the needs are, or how those needs will be met.

Consent from family/young person is required, CAF can only be used when the child or young person and family are happy to work alongside professionals to meet the child's needs.

If an ICM Staff member believes they have reason to complete a CAF form they should consult with their line manager prior to making that referral.

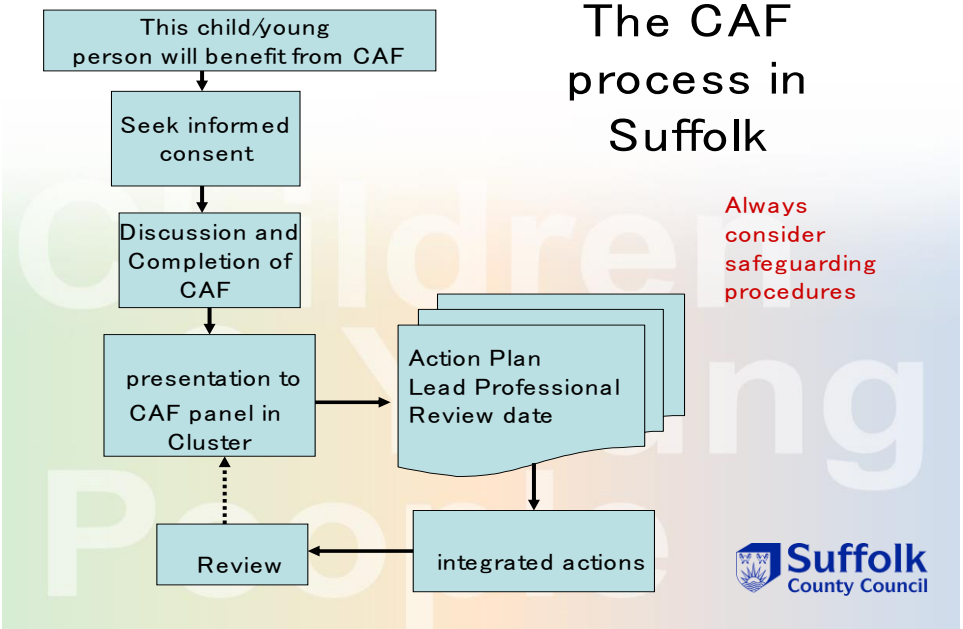
Please read "Meeting the needs of children and families in Suffolk: Social Care and Common Assessment Framework thresholds guidance".

Meeting the needs Thresholds2.pdf

Referring a child to CAF
Completed CAF paperwork will form the referral and should be passed immediately to:

CAF Administration
Suffolk County Council
c/o The Integrated Access Team
3rd Floor, Landmark House,
Ipswich IP1 5PF
Tel: 01473 263210 Fax: 01473 263280

The consent of the family for this referral and their consent to share information should be obtained unless to do so would put an individual at risk or there are compelling legal reasons.



CHILDREN IN NEED (CIN) PROCEDURES

This procedure focuses on children "in need" as defined in Section 17 of the Children Act 1989. It is recognised that many children and families have needs that do not fall within this definition. The Common Assessment Framework provides the opportunity for individual agencies and professionals to identify such needs and provide services for children and families at the appropriate level.

Section 17 Children's Act - This guidance applies to every child "in need" as defined in Section 17 of the Children Act 1989:

"A child shall be taken to be in need if:
a) he 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 of services by a local authority, **and**
b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services, or
c) he is disabled".

This is a high threshold and requires that a child be considered to be a Child "in need" only if their health or development is likely to be significantly impaired.

Definition of Child In Need

The following guidance aims to assist professionals and parents to interpret the legal definition of a child "in need" and to help achieve consistent expectations about when an Initial Assessment will be done.

These descriptions identify the sort of situations which may indicate that a child is "in need". They are simply for guidance, and are not intended for use as threshold criteria or as a means of establishing priority for attention. Threshold decisions are professional judgements to be made solely on the basis of the legal definition of a child "in need". Ultimate responsibility for decision making lies with Social Care Manager in Children's Social Care.

1. Abuse and neglect

Extra-familial abuse may, of course, mean that a child becomes "in need". It should only be dealt with under "child protection" procedures when it gives rise to "reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm" in terms of abuse or neglect.

If there is "reasonable cause to suspect actual or likely significant harm" in terms of abuse or neglect as defined in Working Together, such concerns must be dealt with under Child Protection procedures. See section 4.1

2. Family Dysfunction

Where parenting capacity is chronically inadequate, and parents do not consistently provide basic care, emotional warmth, stimulation, guidance, boundaries, or stability in relationships.

These concerns will require a response under child protection procedures if they give rise to "reasonable cause to suspect actual or likely significant harm" in terms of abuse or neglect

as defined in Working Together. If that threshold is not met, a child “in need” response will invariably be appropriate.

3. Children with Disability

Children with a disability are defined by Section 17 of the Children Act 1989 as being “in need”. They, and their families, may require services in respect of needs that are directly related to their disability. But they may also have needs that arise for other reasons.

If there is “reasonable cause to suspect “that they are suffering or likely to suffer significant harm in terms of abuse or neglect” these must be dealt with under child protection guidance. Otherwise child “in need” guidance applies to children with disability as for any other child in need.

The severity of a disabled child’s needs may impact significantly on the parent’s ability to care for other children in the family. It may therefore be appropriate to consider the siblings of disabled children as children in need under these procedures.

5. Absent Parent

Where a parent has died, or is in prison, or has effectively abandoned a child – or where the child is an unaccompanied asylum seeker. This group does not include children whose needs arise from other adverse family circumstances or poor parenting.

6. Socially Unacceptable Behaviour

Where a child’s behaviour is having a significant detrimental effect on the community or family life – including children who are offending or are at risk of offending. This group may include children who are at risk in terms of truancy, sexual activity, drug misuse, alcohol misuse, or fire-setting – though the possibility of these behaviours being associated with abuse or neglect should be considered.

7. Family in Acute Stress

Where a parent is normally able to provide adequate care and meet their child’s needs, but has difficulty in doing so because of family circumstances and environmental factors. For example: loss of employment, homelessness, separation, or bereavement.

8. Low Income

Where income is so low as to have a significant impact on a child’s health and development, for example, where a family’s circumstances are such that their income is below standard state entitlement. This may include asylum seeking families or young people moving toward independence.
Children and young people who, for whatever reason, are living apart from their immediate families in the community and being supported under Suffolk’s Family and Friend’s policy is included in this.

Consent to referral

Consent of parents, and of children and young people (according to their age and understanding), and joint working are highly desirable because honesty and openness is likely to enable effective partnership working and better outcomes.

However, the absence of consent to referral and inability or unwillingness to work jointly must not be barriers to referral for Initial Assessment, nor to intervention for children “in need”. It is important to keep a clear record of why consent is not sought, or withheld, or not available.

Consent to sharing information
Parental consent should always be sought to share information unless there is reason to believe that to do so would place a child at risk of further harm, or if their health or development are likely to be significantly impaired because consent is refused.

There is an underlying assumption that work with children "in need" and their families should be undertaken in a spirit of partnership with the objective of enabling parents to take responsibility in addressing concerns for their child.

If an ICM Staff member believes they have reason to report a Child in Need they should immediately consult with the ICM Safeguarding Lead prior to making a referral, unless they believe any delay in reporting that will result in significant harm to a child or young person.

Reporting procedures for CIN

Practitioners who have a concern about a child's welfare have a professional responsibility to determine whether their concern seems likely to meet the threshold for action by Children's Social Care under either Child In Need or Child Protection guidance, or whether it can appropriately be referred to the CAF process.

All referrals to Children's Social Care should be made through Customer First, not via the CAF process.

Send CAF pages 1-9 to Customer First to request further assessment by CYP Social Care Services (SCS)

Professionals should consult with colleagues in Children's Social Care to explore the issues about which they are concerned if they are in doubt about whether a referral is appropriate. Such consultation should not be regarded as constituting a referral. A Social Care Manager makes the decision whether to carry out an initial assessment.

Lead professional
Child In Need Meetings should always agree who is to be the Lead Professional. This may be the Social Worker, but it may be appropriate for some other professional to take this role. This applies to complex and non-complex circumstances.

The Lead Practitioner is responsible for ensuring that information is appropriately shared, and that everyone involved understands both the nature of the concerns, the outcomes required, and what is in the plan. They should also convene and run the Core Group, and be responsible for convening future Child In Need Meetings to review progress.

Refer to CAF pathway flowchart and CAF consent process flowcharts for details.


caf pathway flowchart.pdf


Caf consent process flowchart.pdf

You may need to download the free Adobe Reader programme to open these documents. Go to http://get.adobe.com/uk/reader/

DOMESTIC INCIDENTS/ABUSE PROCEDURE

(Refer to Domestic Abuse policy on LSCB website for further guidance)

A referral must be made direct to Children's Social Care if it seems reasonable to suspect that:

c) a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and

d) the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

Referrals should be made with the agreement of a parent unless the child's best interests are not served by seeking or obtaining consent. Non-consent should not be a barrier to referral if there is on the face of it reasonable cause to suspect that the child may suffer significant harm of otherwise not have significant needs met.

A disclosure or allegation by a victim is not a pre-requisite for referral of concerns regarding a child. Concern about the effects of domestic abuse on a child may be triggered in other ways – for example, by hidden or inadequately explained injuries to a parent or carer, or damage to the home or personal property, or by the behaviour of parents, or concerns expressed by the child, or concerns about the child's wellbeing.

The Government defines domestic abuse as;

"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality"

The legal definition of "significant harm" to children was extended in January 2005 to include harm suffered from seeing or knowing of the abuse of another, particularly in the home. This was reinforced by the Adoption and Children Act 2002.

Child protection referrals where the primary concern relates to a domestic abuse incident may include:

Verbal Altercation

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present
- Children present and victim of abusive behaviour

Damage to Property

- Children not present but usually in the household
- Children present but not witness to the incident
- Children present

Physical Assault

- Children not present but usually part of the household
- Children in house but not witness to the incident

- Children present and witness the incident
- Children present and a victim of assault

Sexual Assault

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present and witness to the incident
- Children present and a victim of sexual abuse