Targeted Family Support Service

Safeguarding our Children

A child protection guide for all early years and childcare providers

London Borough of Barking & Dagenham

Introduction

This guidance has been produced by Targeted Family Support Service to support all early years and childcare providers and children's centres to fulfil their statutory duty to safeguard children. This document is a guide to help you as a childcare or service provider develop your own safeguarding children policy. Each setting or centre must have a designated safeguarding co-ordinator. If you are a childminder you will be responsible for safeguarding and child protection.

This booklet will help you if you have a concern about any child you are caring for. However this guidance is not a substitute for regular training.

Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage. Early years providers should ensure 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 services agencies as appropriate. This lead should also complete child protection training above the basic safeguarding training designated for other staff.

Targeted Family Support Service recommends that child protection coordinators attend refresher training every two years and other staff every three years. Safeguarding and child protection training is offered regularly free of charge to all early years and childcare providers registered with Ofsted operating within the London Borough of Barking and Dagenham. All frontline staff working in children's centres should attend the three core LSCB modules. Details of these courses can be found on the LSCB website.
(www.bardag-lscb.co.uk)
This guidance must be available to and understood by all staff within the centre or setting.
OFSTED Inspectors will expect that this guidance is available and understood by all early years and childcare practitioners.

Useful contact numbers:

• Targeted Family Support Service Safeguarding Officer	020 8227 5533 07870278335
• Family Information Service	020 8227 5395
• Children's Services Duty and Assessment Team	020 8227 3852
• Emergency Duty Team (out of hours)	020 8594 8356
• Police Child Abuse Investigation Team	020 8345 2957
• Local Authority Designated Officer (LADO)	020 8227 2466 or 020 8227 2318
• NSPCC Child Protection Helpline	0800 800 500
• PACEY Childminding Association Helpline	020 8290 2410
• Pre-School Learning Alliance National Office	020 7697 2500
• OFSTED General Enquiries	0300 123 1231

What is significant harm?

Some children are in need because they are suffering, or likely to suffer, significant harm. The *Children Act 1989* introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

Definitions of child abuse and neglect

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 fabricates the symptoms of, or deliberately induces, illness in a child. Fabricated or induced illness is a condition whereby a child is at risk of, or suffers, harm through the deliberate action of their parent and which is attributed by the parent to another cause.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- seeing or hearing the ill-treatment of another;

- serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children;
- exploiting and corrupting 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, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.

Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under section 5 of the *Sexual Offences Act 2003*.

Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

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 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.

Recognition of abuse and neglect

The factors described below are frequently found in cases of child abuse or:

- must be regarded as indicators of the possibility of significant harm;
- indicates a need for careful assessment and discussion with the agency's nominated child protection person;
- may require consultation with and/or referral to the LA children's social care and / or the police.

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- appear frightened of the parent;
- act in a way that is inappropriate to their age and development.

The parent may:

- persistently avoid routine child health services and/or treatment when the child is ill;
- have unrealistic expectations of the child;
- frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment);
- be absent or leave the child with inappropriate carers;
- have mental health problems which they do not appear to be managing;
- be misusing substances;
- persistently refuse to allow access on home visits;
- persistently avoid contact with services or delay the start or continuation of treatment;
- be involved in domestic violence;
- fail to ensure the child receives an appropriate education.

Recognising physical abuse

The following are often regarded as indicators of concern;

- an explanation which is inconsistent with an injury;
- several different explanations provided for an injury;
- unexplained delay in seeking treatment;
- parent/s are uninterested or undisturbed by an accident or injury;
- parents are absent without good reason when their child is presented for treatment;
- repeated presentation of minor injuries (which may represent a ‘cry for help’ and if ignored could lead to a more serious injury);
- frequent use of different doctors and accident and emergency departments;
- reluctance to give information or mention previous injuries.

Bruising

Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- any bruising to a pre-crawling or pre-walking baby;
- bruising in or around the mouth, particularly in small babies which may indicate force feeding;

- two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
- variation in colour possibly indicating injuries caused at different times;
- the outline of an object used (e.g. belt marks, hand prints or a hair brush);
- bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- bruising around the face;
- grasp marks on small children;
- bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and scalds

It can be difficult to distinguish between accidental and non- accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g.:

- circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
- linear burns from hot metal rods or electrical fire elements;
- burns of uniform depth over a large area;
- scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
- old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type;
- there are associated old fractures;
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- there is an unexplained fracture in the first year of life.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising emotional abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. It has now been recognised that children witnessing domestic violence are being emotionally abused and is recognised as 'significant harm' in legislation (Section 120 of the Children and Adoption Act 2002, which came into effect on 31 January 2005). If a parent discloses domestic violence, you will need to establish information about how the domestic violence has impacted on the child/ren, either through witnessing or being physically harmed. If the child is present then the threshold for significant harm is met and a MARF (Multi-agency Referral Form) should be completed.
The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

The following may be indicators of emotional abuse:

- developmental delay;
- abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
- indiscriminate attachment or failure to attach;
- aggressive behaviour towards others;
- appeasing behaviour towards others;
- scapegoated within the family;
- frozen watchfulness, particularly in pre-school children;
- low self esteem and lack of confidence;
- withdrawn or seen as a 'loner' – difficulty relating to others.

Recognising sexual abuse

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore, both identification and disclosure rates are deceptively low.

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. According to a recent study nearly three quarters (72%) of sexually abused children did not tell anyone about the abuse at the time.

Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood.
If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

Behavioural indicators which may help professionals identify child sexual abuse include:

- inappropriate sexualised conduct;
- sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- contact or non-contact sexually harmful behaviour;
- continual and inappropriate or excessive masturbation;
- self-harm (including eating disorder), self mutilation and suicide attempts;
- involvement in sexual exploitation or indiscriminate choice of sexual partners;
- an anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

Physical indicators associated with child sexual abuse include:

- pain or itching of genital area;
- blood on underclothes;
- pregnancy in a child;
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.

Recognising neglect

It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);

- a child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- failure of child to grow within normal expected pattern, with accompanying weight loss;
- child thrives away from home environment;
- child frequently absent from school;
- child left with inappropriate carers (e.g. too young, complete strangers);
- child left with adults who are intoxicated or violent;
- child abandoned or left alone for excessive periods.

Disabled children and young people can be particularly vulnerable to neglect (see next section) due to the increased level of care they may require.

Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence, mental health issues (learning disabilities, substance misuse, or social isolation / exclusion, this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

The needs of disabled children

Any child with a disability is by definition a 'child in need' under 17 of the Children Act 1989. The Disability Discrimination Act 1995 makes it unlawful to discriminate against a disabled person in relation to the provision of services.
This includes making a service more difficult for a disabled person to access or providing them with a different standard of service.
Disabled children are generally more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than other children, because of factors relating to the child's disability.
Significant harm is defined as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
A disabled child is as vulnerable to physical, emotional or sexual abuse or neglect as any other child, though the level of risk may be raised by:

- a need for practical assistance in daily living, including intimate care from what may be a number of carers;
- carers and staff lacking the ability to communicate adequately with the child;
- a lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed;
- physical dependency with consequent reduction in ability to be able to resist abuse;
- an increased likelihood that the child is socially isolated;
- lack of access to 'keep safe' strategies available to others;
- communication or learning difficulties preventing disclosure;
- parents' or carers' own needs and ways of coping conflicting with the needs of the child.

It is worth noting that research suggests that children with a disability may be at greater risk than children who do not have a disability, either from their direct caregivers or from professionals in institutions which offer care (e.g. respite establishments or day care facilities).
In addition to the universal indicators of abuse / neglect listed previously, the following abusive behaviours must be considered:

- force feeding;
- unjustified or excessive physical restraint;
- rough handling;
- extreme behaviour modification, including the deprivation of liquid, medication, food or clothing;
- misuse of medication, sedation, heavy tranquillisation;
- invasive procedures against the child's will;
- deliberate failure to follow medically recommended regimes;
- misapplication of programmes or regimes;
- ill fitting equipment (e.g. callipers, sleep board that may cause injury or pain, inappropriate splinting);
- undignified age or culturally inappropriate intimate care practices.

Where a child is unable to tell someone of her / his abuse, they may convey anxiety or distress in some other way (e.g. behaviour or symptoms), and carers and staff must be alert to this.

Consideration should also be given to how non-verbal communication is interpreted, and who by. The child's parents should not be placed in a position to interpret for the child.

Record keeping

When a child registers with you it is important to give a copy of your child protection procedure and policy to the parent/carer. Some settings ask the parent/carer to sign that they have received this document. Also explain to the parent/carer that you have a duty to report any concerns you have about their child to the appropriate professionals, if necessary. You should also refer to the Statutory Welfare requirements in EYFS 2012 for further information.

- You must have an accident/injury book and any accident that occurs while the child is with you should be recorded in that book. Serious accidents must be reported to Ofsted, e.g. as an ambulance being called to the setting because of injury to a child caused on the setting premises.

- Parents/carers must always be informed if their child has sustained an injury while in your care.

- If the child arrives at your setting with an injury make sure you record this as well, use body maps to identify the specific injury.

- If you are not satisfied with the parent/carers explanation of the injury you should record this separately.

- Any observations that you make about a child that may relate to child protection should be recorded separately and kept apart from the child's other records, e.g. records of achievement etc.

- Advice and support with record keeping is available from Targeted Family Support Services Safeguarding Officer. (020 8227 553) or your link advisory teacher.

- Use the recording sheet (or something similar) found at the back of this guidance (appendix A).

- Only write down what you saw, or what the child told you. Always date, time and sign this record. Do not write down what you think has happened. Use body maps to record unexplained bruises etc.

- Do not put words into the child's mouth, record exactly what the child says.

You should always discuss what you have written with the child's parent/carer unless by doing so you consider that you are putting the child into more harm or danger.

- Keep these records in individual confidential files which are locked away.

- Keep a regular check on your records.

- By keeping detailed records you may begin to see a pattern emerge.

- You may decide that it is now time to complete a Common Assessment (CAF).

- However if you have ongoing serious concerns you may decide to make a referral to Children's Services Duty Assessment Team using the Multi Agency Referral Form (MARF)

Making a referral to Children's Services Duty and Assessment Team

Practitioners in early years and childcare settings have a responsibility to refer a child to Barking and Dagenham's Children's Services Duty and Assessment Team when it is believed or suspected that the child:

- has suffered significant harm;
- is likely to suffer significant harm;
- has developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent).

In cases where it is immediately clear that a child is, or is likely to be, at risk of significant harm, practitioners should make a referral using the Multi Agency Referral Form (MARF). You can download the MARF from;
www.bardag-lscb.co.uk .There is a paper copy at the back of this booklet.

When making a referral, try and include as much of the following information:

- full names (including aliases and spelling variations), date of birth and gender of child/ren;
- family address and (where relevant) school / nursery attended;
- identity of those with parental responsibility;
- ethnicity, first language and religion of children and parents;
- any special needs of children or parents;
- any significant / important recent or historical events / incidents in child or family's life;
- cause for concern including details of any allegations, their sources, timing and location;
- child's current location and emotional and physical condition;
- whether the child needs immediate protection;
- details of alleged perpetrator, if relevant;
- referrer's relationship and knowledge of child and parents;
- known involvement of other agencies / professionals (e.g. GP);
- information regarding parental knowledge of, and agreement to, the referral.

All telephone referrals from practitioners should be confirmed in writing, by the referrer, within 48 hours.

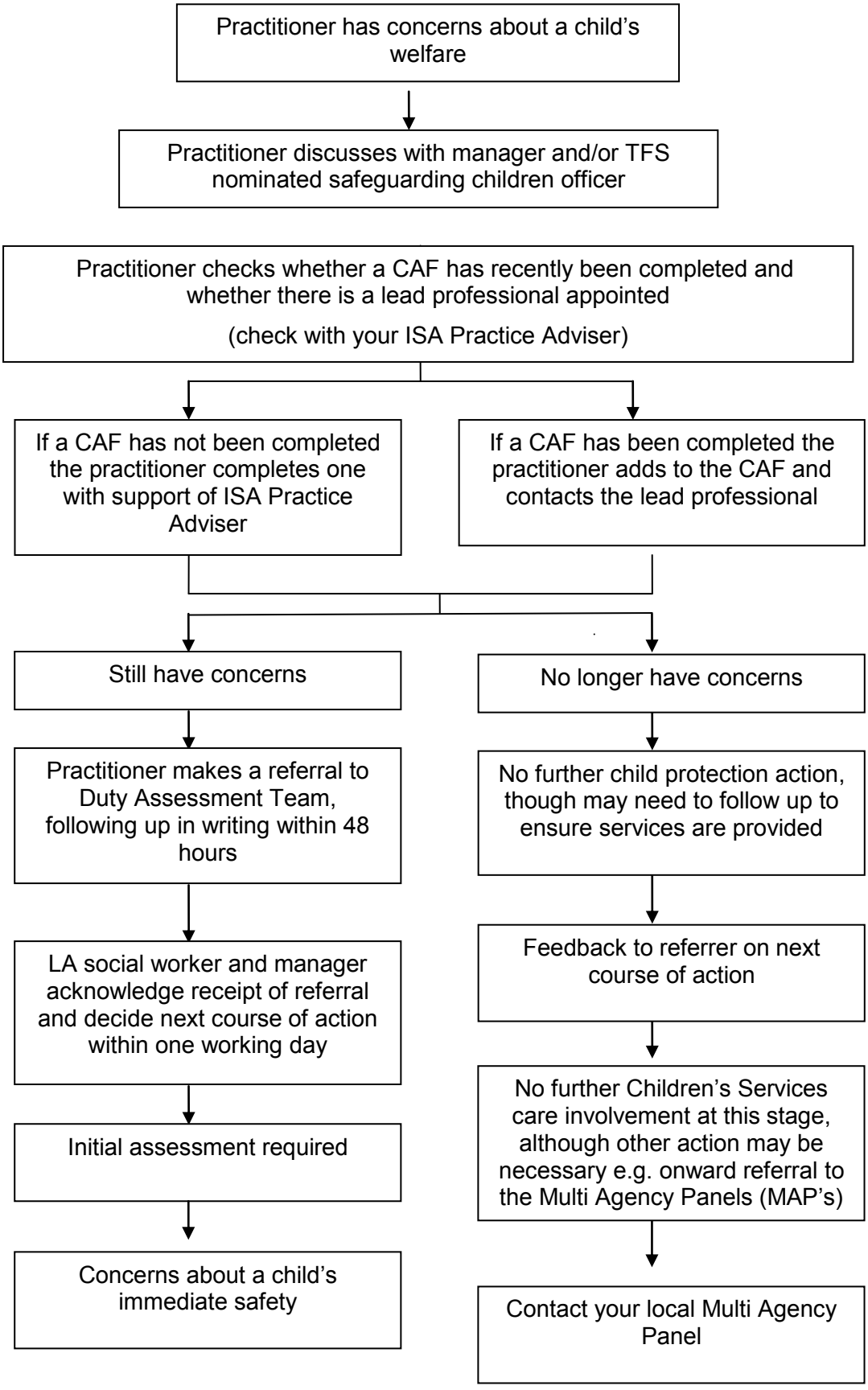
If you as the referrer have not received an acknowledgement within three working days, you should contact the Duty and Assessment Team.

The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm.

Childcare providers must also inform Ofsted that you have made a referral to the Duty and Assessment Team. You need only include date and reason for referral.
Please see on the following page for a quick and easy flow chart which will help you understand what happens at each stage of a referral. Remember, the outcome may well be No Further Action (NFA) you will be notified of this.

You will have further responsibilities within this process if the child referred then becomes subject to a child protection plan

- You must share relevant information as required.
- Attend and participate in any strategy meetings, child protection conferences or any core group meetings.
- Complete any reports in the time scales requested.


Practitioner has concerns about a child's welfare
Practitioner discusses with manager and/or TFS nominated safeguarding children officer
Practitioner checks whether a CAF has recently been completed and whether there is a lead professional appointed
(check with your ISA Practice Adviser)
If a CAF has not been completed the practitioner completes one with support of ISA Practice Adviser
If a CAF has been completed the practitioner adds to the CAF and contacts the lead professional
Still have concerns
No longer have concerns
Practitioner makes a referral to Duty Assessment Team, following up in writing within 48 hours
No further child protection action, though may need to follow up to ensure services are provided
LA social worker and manager acknowledge receipt of referral and decide next course of action within one working day
Feedback to referrer on next course of action
Initial assessment required
No further Children's Services care involvement at this stage, although other action may be necessary e.g. onward referral to the Multi Agency Panels (MAP's)
Concerns about a child's immediate safety
Contact your local Multi Agency Panel

Allegations against staff

Despite all efforts to recruit safely there will be occasions when allegations of abuse against children are raised. Our Local Safeguarding Children Board (LSCB) has arrangements in place for monitoring and evaluating the effectiveness of safer recruitment.

Childcare settings need to develop procedures that should be applied when there is an allegation or concern that any person who works with children, in connection with their employment or voluntary activity, 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;
- behaved towards a child or children in a way that indicates they are unsuitable to work with children.

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual;
- 'grooming', i.e. meeting a child under 16 with intent to commit a relevant offence;
- other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socializing etc);
- possession of indecent photographs / pseudo-photographs of children.

All early years and childcare settings need to designate a senior practitioner to whom allegations and concerns should be reported. If the setting is large there should also be a deputy for this role too.

If an allegation is made against a member of staff in an early years or childcare setting or a children's centre, the employer/manager must inform the Local Authority Designated Officer (LADO). Number is at the front of this document. Ofsted must also be informed. You can also inform the Group Manager for Early Years and Childcare (07870278335).

You will be advised whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, the employer/manager should inform the parent/s. In some circumstances, however, the parent/s may need to be told straight away (e.g. if a child is injured and requires medical treatment).

The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.

The employer/manager should seek advice from the Group Manager, the police and / or Children's Services about how much information should be disclosed to the accused person.

Subject to restrictions on the information that can be shared, the employer should, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the barring lists or regulatory body).

The accused member of staff should:

- be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
- be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
- if suspended, be kept up to date about events in the workplace.

Ofsted should be informed of any allegation or concern made against a member of staff in any day care establishment for children under 8 or against a registered childminder. They should also be invited to take part in any subsequent strategy meeting / discussion**.**

It is essential that all private and voluntary settings produce their own guidelines and procedures for such instances. You will find additional support in section 15 of the new London Child Protection Procedures which you can download from www.londonscb.gov.uk.

Please see flow chart on the next page in relation to handling allegations against staff.

Childminders are possibly more vulnerable to allegations of abuse than other childcare workers as they usually work on their own. Childminders should keep a daily register and a record of all activities. You should always report suspicious injuries or your concerns promptly, keep detailed records of accidents and make sure parents/carers are informed about them. Contact your Childminding Development Officer for further information or support, or the Group Manager for Early Years and Childcare (07870278335).

How to handle allegations against members of staff in an early years or childcare setting

If an allegation is made by a parent, child or other practitioner against a member of staff you MUST adhere to the following procedure:

- Immediately contact Child Protection Advisor (CPA) on

  020 8227 2466 or 07875 993 863 or
  Avraamis Avraam – Local Authority Designated Office (LADO) on
  0208 227 2318 or 0777 222 9117

  The referral must be made within 24 hours.
- The Child Protection Advisor will then have a discussion with you and base on the conclusion of your discussion you will be advised whether you will need to complete a Multi Agency Referral Form (MARF).
- A strategy meeting may then be arranged.
- The Child Protection Advisor will discuss the options available, including advice on the position of the member of staff and whether suspension or other steps should be considered to safeguard the child and staff member as well as what to tell the parents.
- You must not discuss any of the details of the allegation with the member of staff concerned – the Child Protection Advisor will advise you if you can tell them that an allegation has been made and what Child Protection procedures must be followed – in some circumstances you may be advised that you cannot tell them anything at this stage.
- You will need to e mail the MARF to the referral officers at:
  childrenss@lbbd.gov.uk
  Telephone number 0208 227 3811
- You must inform Ofsted
- You must inform Joy Barter (Group Manager Early Years Foundation Stage and Childcare) on 020 8227 5533 or 07870278335
- You may be invited to a strategy meeting which you must attend. Joy Barter will accompany you.
- You may be asked to conduct your own internal investigation once a decision has been made about a criminal investigation or other single agency investigation.

It is essential that you follow the steps above and that regardless of how trivial or serious you think the allegation you do not delay in contacting Child Protection Advisor.

Safer Recruitment

All settings which employ staff or volunteers to work with children should adopt a consistent and thorough process of safe recruitment in order to ensure that those recruited are suitable. Organisations should demonstrate their commitment to safeguarding and protecting children by ensuring that all recruitment advertising material contains a policy statement to this effect.

All information given to the interested applicant should highlight the importance placed by the organisation on rigorous selection processes.

The information should stress that the identity of the candidate, if successful, will need to be checked thoroughly, and that where a Disclosure and Barring Service (DBS) check is appropriate the person will be required to complete an application for a DBS disclosure straight away. **It is essential that managers keep a central list of all DBS numbers relating to all staff employed in the setting or centre. Records of child protection and safeguarding training should also be kept centrally.**

The job description should clearly set out the extent of the relationship with, and the degree of responsibility for, children with whom the person will have contact.

The person specification should explain:

- the qualifications and experience needed for the role;
- the competences and qualities that the applicant should be able to demonstrate;
- how these will be tested and assessed during the selection process.

The application form should ask for:

- full personal information, including any former names by which the person has been known in the past; and
- a full history of employment, both paid and voluntary, since leaving school, including any periods of further education or training;
- details of any relevant academic and / or vocational qualifications;
- a declaration that the person has no convictions, cautions, or bind-overs (Posts involving work with children are exempt from the *Rehabilitation of Offenders Act 1974*)

References

The application form should request both professional and character references, one of which should be from the applicant's current or most recent employer. Additional references may be asked for where appropriate. For example, where the applicant is not currently working with children, but has done so in the past, a reference from that employer should be asked for in addition to that from the current or most recent employer if this is different.

Wherever possible references should be obtained prior to the interview so that any issues of concern raised by the reference can be explored further with the referee and taken up with the candidate during interview.

References should contain objective verifiable information and in order to achieve this, a reference pro-forma with questions relating to the candidate's suitability to work with children should be provided.

The referee should be asked to confirm whether the applicant has been the subject of any disciplinary sanctions and whether the applicant has had any allegations made against him / her or concerns raised which relate to either the safety or welfare of children and young people or about the applicant's behaviour towards children or young people. Details about the outcome of any concerns or allegations should be sought.

Other checks before interview

If the applicant claims to have specific qualifications or experience relevant to working with children which may not be verified by a reference, the facts should be verified by making contact with the relevant body or previous employer and any discrepancy explored during the interview.

Selection of candidates – short listing

There are standard procedures for short listing to ensure that the best candidates are selected fairly. All applicants should be assessed equally against the criteria contained in the person specification without exception or variation.

Safer recruitment means that all applications should additionally be:

- checked to ensure that they are fully and properly completed. Incomplete applications should not be accepted and should be returned to the candidate for completion;
- scrutinised for any anomalies or discrepancies in the information provided;
- considered with regard to any history of gaps, or repeated changes in employment, or moves to supply work, without clear and verifiable reasons.

All candidates should bring with them to interview documentary evidence of their identity, either a full birth certificate, passport or photocard driving licence and additionally a document such as a utility bill that verifies the candidates name and address. Where appropriate, change of name documentation must also be brought to the interview.

Candidates should also be asked to bring original or certified copies of documents confirming any necessary or relevant educational and professional qualifications.

If the successful candidate cannot produce original documents or certified copies written confirmation of his / her relevant qualifications must be obtained from the awarding body.

Interviewing short-listed candidates

Questions should be set which test the candidate's specific skills and abilities to carry out the job applied for.

The candidate's attitude toward children and young people in general should be tested and also their commitment to safeguarding and promoting the welfare of children in particular. At least one member of the interview panel should be trained in how best this can be done. All recruiting managers should have completed the LSCB's Safer Recruitment course.

Any gaps and changes in employment history should be fully explored during the interview, as should any discrepancies arising from information supplied by the candidate or by the referee.

Offer of appointment to successful candidate

An offer of appointment should be conditional upon pre-employment checks being satisfactorily completed, including:

- a DBS check appropriate to the role;
- a check on List 99 and / or the Protection of Children Act (POCA) List
- verification of the candidate's medical fitness;
- verification of any relevant professional status and whether any restrictions have been imposed by a regulatory body such as the General Teaching Council (GTC) the General Council Social Care (GCSC) and the General Medical Council (GMC);
- those candidates from overseas are legally able to work in the UK, and equivalent checks are sought from their country of origin.

All checks should be confirmed in writing and retained on the candidate's personnel file, together with photocopies of and documents used to verify his / her identity and qualifications. Under DBS regulations, DBSdisclosures can usually only be kept for 6 months, but a record should be kept of the date the disclosure was obtained and who by, the level of the disclosure and the unique reference number.

A record should be kept of evidence to show that such checks have been carried out in respect of supply staff and volunteers whether recruited directly or through an agency.

Satisfactory references must be kept on the candidates personnel file or, in the case of supply staff or volunteers not recruited through an agency, on a central record within the organisation.

Where information gained by the employer from either references or other checks calls into question the candidate's suitability to work with children, or where the candidate has provided false information in support of the application the facts should be reported to the police and/or the relevant department within the Department of Education. You will be able to obtain the relevant contact details from the Targeted Family Services office.

Recording Sheet

Name of child	**First name**	**Family name**
Also Known as	**First name**	**Family name**
Date of Birth		

Date, time and place of incident causing you concern
Record of what the child said or did, what you observed and said to the child
Discussion with parent/carers and/or discussion with another professional
Action taken

Date of writing	DD MM YY	**time of writing**	
Print name			
Signature			
Print name of Manager/ Child Protection Co-ordinator			
Signature			
Setting			

Please confirm you have spoken to the parent about your recording (unless doing so places the child at further risk). YES/NO

Local Safeguarding Children Board
Barking & Dagenham

THE LONDON BOROUGH OF HAVERING

London Borough of Redbridge

E mail to childrenss@lbbd.gov.uk Post: Assessment Team Roycraft House Linton Road Barking Essex, IG11 8HE PH: 020 8227 3852	Fax to: 01708 433375 Post: Duty & Referral Team 16 Marks Rd, Romford Essex PH: 01708 433222	Fax to: 020 8708 5352 Post: Redbridge Direct 497-499 Ley St, Ilford Essex, IG2 7QX PH: 020 8554 5000

Multi – Agency Referral Form

This form is to be used by all agencies referring a child/young person to Children's Services for assessment as a child in need, including in need of protection.

All urgent referrals should be initiated by phone/fax and followed up in writing within 24 hours by completion of as much of this form as possible. (Please PRINT clearly and ensure that the family name is on the top of each sheet.)

A. CHILD/YOUNG PERSON

Child / Young Person's Ethnicity							
The categories below are defined by the Department for Education and Skills. In addition to helping us to consider the particular needs of the child / young person being referred, this information will allow better planning of our services.							
White British	☐	Caribbean	☐	Indian	☐	White and Black Caribbean	☐
White Irish	☐	African	☐	Pakistani	☐	White and Black African	☐
Any other white background (please specify)	☐	Any other Black background (please specify)	☐	Bangladeshi	☐	White and Asian	☐
		Chinese	☐	Any other Asian background (please specify)	☐	Any other mixed background (please specify)	☐
Not stated	☐	Any other ethnic group (please specify)					
Religion							

Family Name			Forenames		
Also **K**nown **A**s					
D.O.B.		M	☐		
		F	☐		
		Unborn	☐	Expected D.O.B.	
Child's First Language			Is an Interpreter or Signer Required?		Y ☐ N ☐
Responsible Local Authority			Child/Young Person known to be in care of another Local Authority?		Y ☐ N ☐
Address					

Postcode		Telephone	
Current address if different from above			
Postcode		Telephone	

SURNAME	

B. CHILD / YOUNG PERSON'S PRINCIPAL CARERS

Full Name	D.O.B	Relationship to child	Ethnicity	Parental Responsibility
				Y ☐ N ☐
				Y ☐ N ☐
				Y ☐ N ☐
				Is an interpreter or signer required?
First Language of Carers				Y ☐ N ☐

C. OTHER HOUSEHOLD MEMBERS (*NOTE: If an entire family is being referred, in the first instance the referral will be logged on the youngest sibling.)

Full Name	D.O.B.	Relationship to child	Ethnicity	Also being referred?
				Y ☐ N ☐
				Y ☐ N ☐
				Y ☐ N ☐
				Y ☐ N ☐
				Y ☐ N ☐
				Y ☐ N ☐

D. OTHER SIGNIFICANT PEOPLE IN THE CHILD/YOUNG PERSON'S LIFE, INCLUDING OTHER FAMILY MEMBERS.

Full Name	Relationship to child	Address	Telephone

REFERRALS WILL BE SHARED WITH THE FAMILY AND SHOULD NOT BE MADE WITHOUT THEIR KNOWLEDGE / AGREEMENT UNLESS THIS WOULD JEOPARDISE THE SAFETY OF THE CHILD / YOUNG PERSON.

		If No, State reason
The child / young person knows about the referral	Y ☐ N ☐	
The Parent / carer knows about the referral	Y ☐ N ☐	
The Parent / carer agrees with the referral	Y ☐ N ☐	

E. REASON FOR REFERRAL / REQUEST FOR SERVICES

If an allegation of possible physical abuse, please give specific details of any injury including dates and explanations given.

SURNAME	

F. INFORMATION ON STATUTORY STATUS

		Please give details of name of child/young person, dates, category (if known).
Any child in family is/has been on the child protection register (CPR)?	Y ☐ N ☐	
Any child or other family member is/has been looked after by a local authority?	Y ☐ N ☐	
Any child in the family had/has a statement of educational needs (SEN)?	Y ☐ N ☐	
Any child in the family has a disability?	Y ☐ N ☐	

G. KEY AGENCIES INVOLVED

Insert name of professional if involved		Telephone No.	Insert name of professional if involved		Telephone No.
Health Visitor			General Practitioner		
Nursery			Police		
School			Midwife		
Youth Offending Officer			Education Welfare Officer, Access & Attendance Officer		
Community Mental Health					
School Nurse			Probation		
Community Pediatrician			Other		

H. INFORMATION SUPPORTING THE REFERRAL

Please ensure you distinguish between fact and opinion when completing the section below. The purpose of this section is to assist the inter-agency assessment. Where you have no information about a particular area, please N/K. Record strengths as well as areas of need or risk so that resources can be directed appropriately.

Child/young person's development needs and identified risk factors:

Consider health, emotional and behavioural development, education, identity, family and social relationships, social presentation and self care.

SURNAME	

Risk Indicators:

Drug and/or alcohol misuse	☐	Mental Health Issues	☐
Domestic Violence	☐	Other	☐

Parents/Carers capabilities to respond to child/young person.

Consider basic care, ensure safety, emotional warmth, stimulation, provision of guidance, boundaries and stability.
Issues affecting parent/carer's capability to respond appropriately to child/young person's needs.

Family and environmental factors which impact on the child.

Consider family history and functioning, the wider family, housing, employment, income, the family's social integration and the availability of community resources to provide support.
Risk / Hazards – Please record any issues which may present a risk to others i.e. violence, aggressive dogs etc.

SURNAME	

Name or worker completing this referral (Please Print)			
Position / Title			
Agency			
Address			
Telephone Number		Fax	
Email			
Signature		Date	

Signature of manager *if applicable		Date	

Name of Social Worker taking referral			
Team		Date	

Local Safeguarding Children Board
Barking & Dagenham

THE LONDON BOROUGH OF HAVERING

London Borough of Redbridge

E mail to childrenss@lbbd.gov.uk Post: Assessment Team Roycraft House Linton Road Barking Essex, IG11 8HE PH: 020 8227 3852	Fax to: 01708 433375 Post: Duty & Referral Team 16 Marks Rd, Romford Essex PH: 01708 433222	Fax to: 020 8708 5352 Post: Redbridge Direct 497-499 Ley St, Ilford Essex, IG2 7QX PH: 020 8554 5000

Multi – Agency Referral Form Confirmation

Responsible Authority _____

Referrer Details

To _____
Title/Position _____
Address _____
_____
_____
_____
Fax No _____
Email _____
Date Received _____
Date _____

This is to notify you that your referral has been received on the child / young person / family below.

Name of child / young person / family referred	

Decision of Referral

Section 47 investigation ☐

Initial Assessment ☐

Core Assessment ☐

Or

Reason for No Further Action (NFA) on referral:

Referral Status

Awaiting Allocation ☐

Allocated to Social Worker ☐

Held on Duty ☐

Signed _____
Name _____
Position / Title _____
Team _____
Date _____

…….Pre School/Day Nursery
Early Years Foundation Stage Report

1. Child's details

Child's name	
Date of Birth	
Address	

2. Family Composition

Names	D.O.B.	Relationships	Address

3. Background information

- **Start date at pre school/nursery**
- **Number of sessions attended per week**
- **Key worker**
- **Social worker**
- **Other professionals involved:**

-Speech and Language

-Educational Psychologist……..

-Portage……

-Inclusion worker……

-Any other……..

- **Child's development (based on the EYFS 2012)**

Child's Age in Months

Prime Areas of Learning and Development		Developmental Stage
Personal Social and Emotional Development	Self–confidence and self-awareness	
	Making relationships	
	Managing feelings and behaviour	
Communication and Language	Listening and attention	
	Understanding	
	Speaking	
Physical Development	Moving and handling	
	Heath and self-care	

- **Current risk or Concerns**

- **Historic or Complicating Factors**

- **Safety/Protective Factors**

- **Strengths/Positives**

- **Grey Areas**

What do you believe to be the likely outcome for the child, if their current situation continues?

What changes would you need to see in the family to assure you that the risk of harm to the chid is sufficiently reduced?

What areas of risk or concern can your agency resolve?

This form needs to be signed by child's key worker pre school/nursery manager

Signature	Name	Designation	Date