Beech Green Primary School

Child Protection and Safeguarding Policy including Early Help April 2017

INTRODUCTION

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and is in line with government publication "Guidance for safer working practice for those working with children and young people in education settings" October 2015.

The School Statement declares our intent to create a secure, caring environment for our children. This document plays a crucial role in ensuring that we achieve that aim. It is a statement of the principles and procedures to be followed to ensure the early detection of abuse of children in the school's care.

Definition:

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

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

AIMS

The chief aims of this document are:

- To raise awareness in teaching and non-teaching staff of the need for child protection and of their responsibility to identify and report possible cases to the DSL or directly to the Children's helpdesk (tel. 01452 426565 or email childrenshelpdesk@gloucestershire.gov.uk)
- To develop a structured internal procedure in cases of suspected child abuse;
- To promote interagency communication;
- To support children and provide them with the learning opportunities, such as through the PSHE curriculum, to develop the skills needed to keep themselves safe;
- To identify potential areas of conflict

PRINCIPLES

In all dealings with children, the following principles are of central importance:

- To respect the children as individuals and to protect their welfare in every way;
- To establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to, as well as ensuring children know that there are adults in school whom they can approach if they are worried;
- To take seriously any allegation of abuse, including bullying, whether from an adult or a child, and to act accordingly;
- To collaborate fully with the statutory agencies concerned with the child;
- To ensure safe recruitment practices are followed in checking suitability of staff and volunteers to work with children.

Everyone who comes into contact with children and their families at Beech Green has a role to play in safeguarding children, including:

- Providing a safe environment in which children can learn.
- Identifying children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm.
- Taking appropriate action, working with other services as needed. It should be noted that anyone can make a referral *(see DfE guidance 'Keeping Children Safe in Education Sept 2016')*

All staff members need to be aware of:

- Systems within school that support safeguarding.
- "Guidance for safer working practice for those working with children and young people in education settings" 2015.
- Who the Designated Safeguarding Leads are (see page 3).
- The statutory Guidance "Keeping Children Safe in Education", Sept 2016 and to have read Section 1 of this important document

In order to uphold these principles and rights, the school will follow the procedures set out by the Gloucestershire Safeguarding Board and take account of DfE guidance to:

- Ensure we have more than one designated safeguarding lead (DSL) who is a member of the school's Senior Leadership Team and has received appropriate training.

- Ensure we have a nominated governor responsible for child protection who has received appropriate training.
- Ensure every member of staff, including temporary supply staff and volunteers governing body knows who the DSLs are and they have received a safeguarding induction within the first seven working days of their appointment.
- Ensure all staff understand their responsibilities in being alert to the signs of abuse and for referring any concerns to a DSL.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in this policy and making it available to all parents and carers via the school office or website www.beechgreenprimary.co.uk
- Notify the relevant social worker if there is an unexplained absence of more than two days of a pupil with a Child Protection Plan. (See Attendance Policy)
- Develop effective links with relevant agencies and cooperate as required with their enquiries, including attendance at child protection core groups and conferences.
- Keep written records of any concerns about children, even when there is no need to refer the matter immediately.
- Support pupils who have been abused in accordance with his/her Child Protection Plan.
- Ensure all records are kept securely and in a locked location away from the main pupil files
- Develop and follow procedures where an allegation is made against a member of staff, governor or volunteer.
- Ensure safe recruitment practices are always followed (see Recruitment Policy) , including:
  - the presence of at least one member of the SLT who has completed Safer Recruitment Training (currently the HT and DHs) on all interview panels.
  - Checking suitability of staff and volunteers to work with children.
  - Ensuring inappropriate behaviour is reported and managed using the allegation procedures (see p5).

ROLE OF THE DESIGNATED SAFEGUARDING LEAD

The designated safeguarding lead (DSL) is the main contact for all staff at the school on any child protection issues. At Beech Green we currently have four Designated Safeguarding Leads and they are **the Headteacher, the Deputy Headteacher (KS1), the Deputy Headteacher (KS2) and the Inclusion Coordinator**. They are all contactable through the school office or telephone 01452 722363.

It is the duty of the Designated Safeguarding Leads to:

- ensure that Safeguarding procedures exist, are reviewed regularly and are implemented when necessary;

- act as a source of advice and support within school;

- liaise with the CYPD, Social Services and other agencies concerning individual cases of actual or suspected child abuse;

- ensure that detailed, accurate, secure written records of referrals and concerns are maintained;

- ensure appropriate training and support for themselves, the governors and teaching and non-teaching staff in being aware of abuse indicators and how to deal with disclosures.

PROCEDURES FOR CASES OF SUSPECTED CHILD ABUSE.

The main categories of abuse are:

physical injury
physical neglect and failure to thrive
emotional neglect
sexual abuse

See Appendix A for definitions of these categories.

Staff members working with children should always maintain an attitude of 'it could happen here' where safeguarding is concerned. In the event of any of the above types of abuse being suspected, including situations of abuse which may involve staff members, the procedure outlined below should be followed *(see Appendix B for summary diagram):*

1. Report concern immediately to a DSL.

2. Write, preferably using a child protection report form, which are kept in the large cupboard in the HT's office, a factual, detailed account of what you have noticed and date it - the full date is essential. Photocopy and give one copy to a DSL.

3. If considered necessary the DSL will raise a concern through the Child Protection Unit on 01452 426565 to facilitate a discussion with a social work practitioner.

4. If appropriate, the DSL will then refer the case to Social Services. Any referral must be followed up in writing by the DSL within 48 hours. It is important to note that any staff member can refer their concerns to children's social care directly.
5. If no response is forthcoming from children's social care by an agreed time, the DSL should formally follow up the enquiry - see Local Authorities Resolving Professional Difference (Escalation Policy)

6. Children who have been identified as being potentially at risk should be closely monitored, with clear records of the pupil's progress being maintained and the necessary agencies kept informed.

7. In the event of a strategy meeting being called, one of the school's DSLs will attend.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

If a child discloses details of abuse, the adult involved should:

- Reassure the child BUT do not make promises - especially not to tell anyone.
- Find somewhere quiet and ask the child what happened BUT do not ask leading questions.
- Listen BUT do not push too hard for information.
- Make notes about what has been said as soon as possible after the disclosure, using the child's own words – date, time and sign them.
- Report concerns immediately to a Designated Safeguarding Lead.

See Appendix C for how the school will seek to support children suffering from abuse within school.

PROCEDURES FOR ALLEGATIONS OF CHILD ABUSE AGAINST A MEMBER OF STAFF (Allegations Management)

Teachers who are informed of an allegation of abuse against another member of staff should immediately report the matter to the Headteacher.

The Headteacher should urgently assess whether there is sufficient substance in the allegation to warrant an investigation. This initial consideration should include consultation with the Local Authority Designated Officer (LADO) within one working day.

If a child is deemed to be at risk of significant harm the case should be referred immediately to local child protection agencies. It is not for the Headteacher to investigate the allegation itself, but to consider whether it requires further investigation and, if so, by whom.

Where the allegation relates to the use of reasonable force to restrain a pupil, it will be appropriate for the Head to deal with this at a school level. An allegation of assault beyond the use of reasonable force would however need to be referred as a Child Protection matter. Also if a child receives an injury following a restraint and alleges an assault, this must be seen as a Child Protection matter (see 'Use of Physical Restraint Policy' for further information).
The following action should also be considered and, if necessary, initiated:

- obtain details of the allegation in writing, signed and dated by the person receiving the allegation, and countersigned by the Headteacher;

- record any details about times, dates, locations and names of potential witnesses;

- make a referral to one or more of the agencies with statutory powers to investigate, such as the police, social services or the NSPCC.

In the event of the Headteacher being accused of abuse, the Chair of Governors should urgently assess whether there is sufficient substance in the allegation to warrant an investigation. This initial consideration should include consultation with the Local Authority Designated Officer (LADO) within one working day.
If a child is deemed to be at risk of significant harm the case should be referred immediately to local child protection agencies. It is not for the Chair of Governors to investigate the allegation itself, but to consider whether it requires further investigation and, if so, by whom.

All allegations against members of staff, whether substantiated or otherwise, will be reported to the Chair of Governors as a matter of course.

LINKS WITH OTHER SCHOOL POLICIES AND PRACTICES

This Policy links with a number of other school policies, practices and action plans including:

- Anti-Bullying including Cyber-Bullying
- Attendance
- AUP
- Behaviour
- Complaints
- Health and Safety
- Physical Intervention
- Racial Equality
- Racist Incidents
- SEAL curriculum/assemblies
- SEND
- SRE
- Educational Visits
- Offer of Early Help (see Appendix E)
- Whistleblowing (see LA Policy and Procedures)

CONCLUSION

It is intended that through the implementation of the principles contained in this policy the school will provide a positive, supportive and secure environment in which each child will feel valued, and in which any cases of individual abuse (either within or beyond the school) will be quickly identified and effectively responded to. This policy will be available for parents to view both prior to their child starting at the school and during their time in our care. Further information, including indicators of abuse and useful telephone numbers, can be obtained from www.gscb.org.uk

Specific safeguarding issues

We recognise the fact that expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools and colleges on the TES website and also on its own website www.nspcc.org.uk Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- child sexual exploitation (see staff training records) - see Appendix D for further details
- bullying including cyber-bullying
- domestic violence
- drugs and medication
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see Appendix D
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- honour based violence
- mental health
- private fostering
- radicalisation (see staff training records)
- sexting

- teenage relationship abuse
- trafficking
- MAPPA (Multi Agency Public Protection Arrangements)
- MARAC (Multi Agency Risk Assessment re: domestic violence)

APPENDIX A

Types of abuse and neglect (from 'Keeping Children Safe in Education' DfE guidance Sept 2016)

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which 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: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

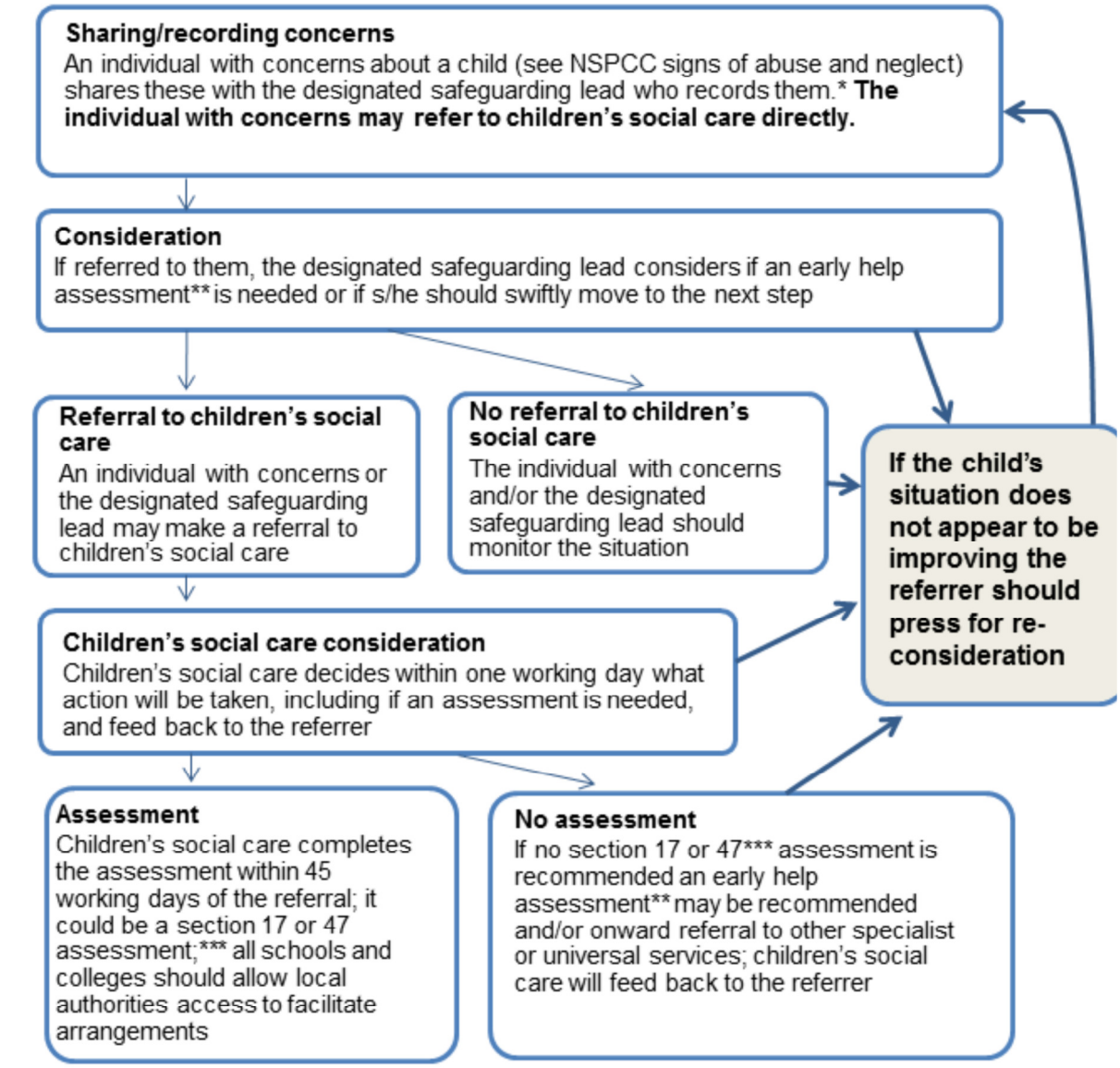
Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example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

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

APPENDIX B

Action when a child has suffered or is likely to suffer harm (from 'Keeping Children Safe in Education' DfE guidance September 2016)

This diagram illustrates what action should be taken and who should take it when there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral.



APPENDIX C

Ongoing support within school for children identified as suffering from abuse.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum, including opportunities in PSHE for children to develop the skills they need to recognise and stay safe from abuse.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
- Provide additional support within school to manage emotional and behavioural issues, and to offer an open channel for sharing of information and feelings.
- Liaison with other agencies that support the pupil such as social care, Child and Adult Mental Health Service, education welfare service and educational psychology service.
- Ensuring that, where a pupil who has a child protection plan leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

APPENDIX D

Further information on Child Sexual Exploitation and Female Genital Mutilation (from 'Keeping Children Safe in Education' DfE guidance September 2016)

Child sexual exploitation(CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to previously. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Beech Green Primary School

Offer of Early Help

Reviewed Autumn 2016

What does an Offer of Early Help mean?

"Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years."

Working Together (2013)

Beech Green school values the contribution that every child can make and welcomes the diversity of culture, religion and intellectual style. The school seeks to raise the achievement, remove barriers to learning and increase physical and curricular access for all. All children are valued, respected and equal members of the school. Provision for pupils is a matter for the school as a whole. All teachers are teachers of pupils who may require an Offer of Early Help. The Governing Body, Head Teacher, and all other members of the staff have important responsibilities to recognise the pupils who require Early Help.

What outcomes do we want for our children following an early offer of help?

Beech Green aims to identify children who require early help in order to ensure that

- There is improved educational attainment
- Vulnerable children are protected
- Life chances are improved
- Children are healthy and positive

Who identifies young people in school who need an Offer of Early Help?

All staff who work at Beech Green Primary school are responsible for identifying children who are in need of Early Help. Staff are aware of the signs of different types of abuse or neglect and therefore are able to recognise a child in need. If a member of staff suspects that a child is suffering from abuse or neglect they will inform one of the designated safeguarding leaders. At Beech Green School this is either the Inclusion Coordinator, the Head teacher or one of the Deputy Head teachers, all of whom have completed the safeguarding training. There is also a nominated School Governor for safeguarding issues.

Staff at Beech Green Primary School receive training from the Local Authority in order for them to identify any children who they feel are in need of help. Staff meetings are also used to highlight any specific areas of need. Learning Mentors are in place to work with any

outside agencies for a child's specific needs. All relevant staff are informed of any support required for students and also invited to many multi - agency meetings.

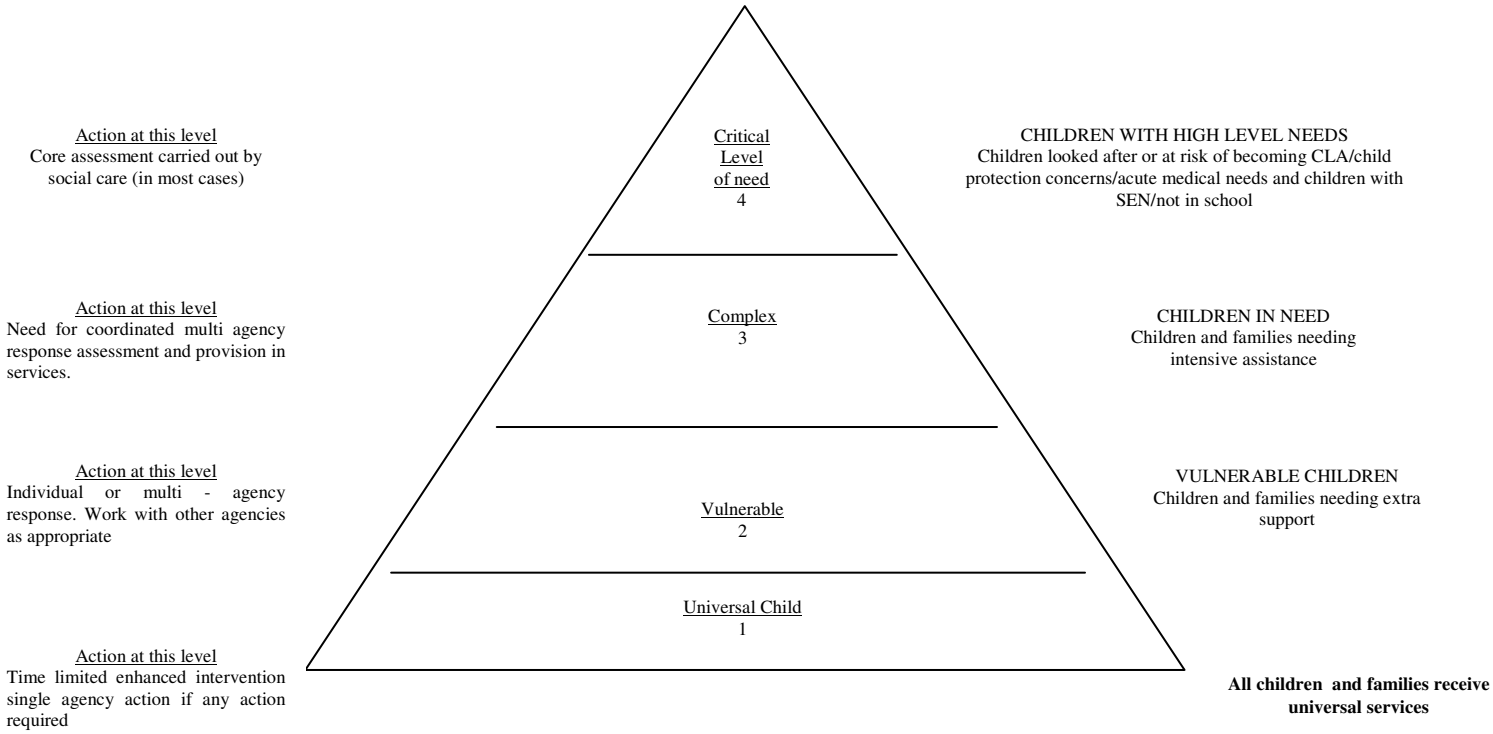
Who may need to access early support?

Early support may be required in a variety of different situations such as:

- Children and young people who are disabled and have additional needs
- Children and young people with Special Educational Needs
- Young carers
- Children and young people showing signs of engaging in anti-social or criminal behaviour

A child or young person in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence and/or is showing early signs of abuse and/or neglect and/or sexual exploitation (Staff have access to the Child Sexual Exploitation Screening Tool)

Pyramid of Children's Needs



See Appendix 1 for further clarification of how children are identified according to their needs.

How to access help

To ensure that the best possible support is provided to children and families there needs to be an early assessment of need considering child's developmental needs, family and environmental factors and parenting capacity.

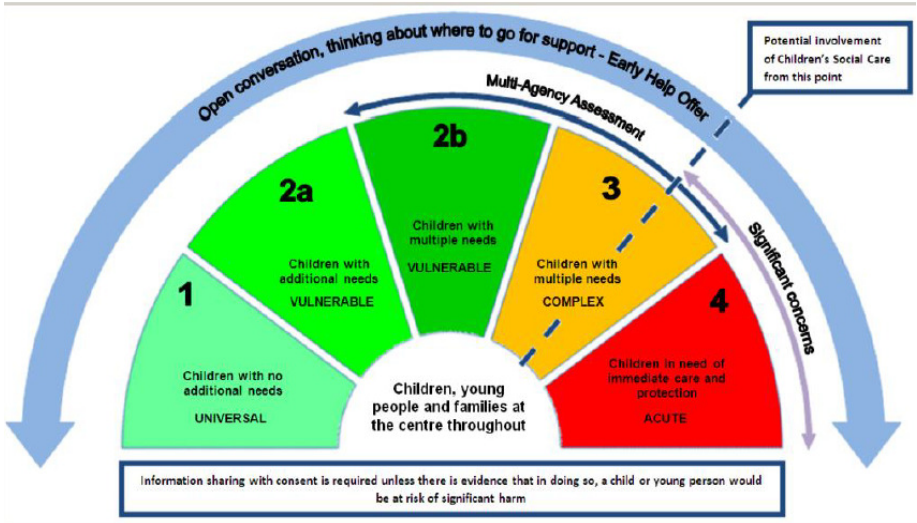
This assessment is undertaken through usage of the **Early Help Assessment** (formerly CAF – Common Assessment Framework). In some cases a specific need will be identified and the relevant agencies will be involved. If support cannot be met by a single agency then local agencies will work together using the Team Around the Child (TAC) model to support the young person and their family. At Beech Green School the Early Help Assessment and TAC meetings are coordinated by the Learning Mentors who act as the key point of contact for the families and professionals/services.

Working Together states that in order for an early assessment to be effective:

- The assessment should be undertaken with the agreement of the child and their parents/carers. It should involve the child and family as well as all the professionals who are working with them
- If parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral in to local authority children's social care may be necessary

Early support is based on a continuum of help and support which responds to the different levels of need of individual children and families. A child or young person's needs are reviewed regularly and levels of support adapted according to their changing needs.

Continuum of Needs (commonly known as the 'Windscreen)



What agencies may be involved with an early offer of help?

Agencies that may become involved with a child or young person who require early help could be:

- Educational Psychologists
- Children's Centre Staff
- Behaviour Support Staff
- Community Midwives
- Advisory Team for Inclusion
- Children's Physiotherapy/Occupational Therapists
- School and College Staff Extended Schools Coordinators
- Youth Services
- GP
- CAMHS
- Health Visitors
- School Nurses
- Early Years SEN Inclusion Team
- Special Educational Needs Support Services
- Named Social Work Staff
- Speech and Language Therapists
- Nominated Police

Further Information

For further information on Gloucestershire County Council's offer of Early Help please click on the link below:

http://www.gloucestershire.gov.uk/early-help-for-families

Appendix 1

Identifying Children's Needs (Refer to Children's Pyramid of Needs)

Universal – Level 1 Strengths.
These are children who make good overall progress in all areas of development. At times children within this level may need small, time enhanced interventions.

<table>
<tr><th>1. Child's Developmental Needs</th><th></th></tr>
<tr><td>

Health
- Physically well
- Adequate diet / hygiene / clothing
- Developmental checks / immunisations up to date
- Regular dental and optical care
- Health appointments are kept
- Developmental milestones met
- Speech and language development met

Education
- Attends school regularly
- Acquired a range of skills/interests
- Experiencing success/achievement
- No concern around cognitive development
- Access to books/toys, play

Emotional & Behavioural Development, e.g.
- Feelings and actions demonstrate appropriate responses
- Good quality early attachments
- Able to adapt to change
- Able to express and demonstrate empathy.
- Child with disability care package/support meets child's needs

</td><td>

Identity
- Positive sense of self and abilities
- Demonstrates feelings of belonging and acceptance
- A sense of self
- An ability to express needs

Family and Social Relationships
- Stable and affectionate relationships with caregivers
- Good relationships with siblings
- Positive relationships with peers

Social Presentation
- Appropriate dress for different settings
- Good level of personal hygiene

Self-Care Skills
- Growing level of competencies in practical and
- emotional skills, such as feeding, dressing and independent living skills.

</td></tr>
<tr><th>2. Parenting Capacity</th><th>Family and Environmental Factors</th></tr>
<tr><td>

Basic Care
- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care

Ensuring Safety
- Protect from danger or significant harm, in the home and elsewhere

Emotional Warmth
- Show warm regard, praise and encouragement

Stimulation
- Facilitates cognitive development through interaction and play
- Enable child to experience success
- Consistent parenting providing appropriate guidance and boundaries

Guidance and Boundaries
- Provide guidance so that child can develop an appropriate internal model of values and conscience.

Stability
- Ensure that secure attachments are not disrupted
- Provide consistency of emotional warmth over time

</td><td>

Family History and Functioning
- Good relationships within family, including when parents are separated
- Few significant changes in family composition

Wider Family
- Sense of larger familial network and good friendships outside of the family unit

Housing
- Accommodation has basic amenities and appropriate facilities

Employment
- Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful

Income
- Reasonable income over time, with resources used appropriately to meet individual needs

Family's Social Integration
- Family feels integrated into the community
- Good social and friendship networks exist

Community Resources
- Good universal services in neighbourhood

</td></tr>
</table>

Vulnerable – Level 2 Needs: Children with additional Needs

These children and young people require some additional support from a specific service without which they would be at risk of not achieving their full potential. Life chance may be impaired without services.

1. Child's Developmental Needs

Health

- Emotional and behavioural difficulties but they are not significantly impairing health or development
- Slow in reaching developmental milestones
- Starting to default on health appointments/immunisations/checks
- Minor concerns re dirt / hygiene / clothing
- Susceptible to minor health problems
- Low level substance misuse
- Not registered with GP/Dentist
- A E attendance giving some cause for concern
- Early sexual activity

Education

- Identified as requiring SEN provision in accordance with the SEN Code of Practice
- Poor punctuality
- Occasional school absences
- Sudden or sustained drop in achievement
- Not always engaged in learning e.g. poor concentration and low motivation and interest
- Not thought to be reaching his / her educational potential
- Reduced access to toys and books
- Truants with peers

Emotional & Behavioural Development

- Some difficulties with peer group relationships and with adults
- Some evidence of inappropriate responses and action
- Signs of disruptive or challenging behaviour
- Can find managing change difficult
- Starting to show difficulties expressing empathy
- Victim of crime
- Disabled child requires additional care/support package or
- review of care package to meet child's needs

Identity

- Some insecurities around identity expressed e.g. low self-esteem
- May experience bullying discrimination or harassment due to ethnicity sexual orientation or disability
- Previously happy child becomes sad/withdrawn/quiet/ argumentative/aggressive

Family and Social Relationships

- Some support from family friends
- Has some difficulties sustaining relationships
- Child has caring responsibilities which impact on education or development

Social Presentation.

- Can be over friendly or withdrawn with strangers
- Can be provocative in appearance and behaviour
- Personal hygiene starting to be a problem

Self-Care Skills

- Not always adequate self-care e.g. poor hygiene
- How to develop age and appropriate self-care skills

2. Parenting Capacity

Basic Care

- Parent has:
- Mental or physical health needs or other health problems but they do not appear to significantly affect the care the child
- Substance misuse that does not appear to significantly affect the care of the child
- Poor maternal health / not accessing post/ antenatal care
- Inability to recognise health care needs for self or child
- Inappropriate anxiety regarding child health
- Parental engagement with services is poor
- Parent requires advice or parenting issues
- Professionals are beginning to have some concerns around child's physical needs being met
- Condoned absence from school

Ensuring Safety

- Some exposure to dangerous situations in the home or community

3. Family and Environmental Factors

Family History and Functioning

- Parents have some conflicts or difficulties that can involve the children
- Child has experienced loss of significant adult through separation or bereavement
- Child has caring responsibilities
- Parent has physical/mental health difficulties
- Parent or sibling has received custodial sentence
- Sibling with disability or significant health problem
- Refugee/asylum seeking family

Wider Family

- Limited support from friends and family

Housing

- Adequate/poor housing

Employment

- Parents have limited formal education affecting ability to find employment
- Periods of unemployment of the wage earning parents

Income

• Parental stresses starting to affect ability to ensure child's safety **Emotional Warmth** • Poor parent/child relationships • Inconsistent responses to child by parent(s) • Child able to develop other positive relationships **Stimulation** • Child spends considerable time alone e.g. watching television. • Child is not often exposed to new experience or activities **Guidance and Boundaries** • Inconsistent parenting – difficulties setting boundaries • Child behaves in anti-social way in the neighbourhood e.g. petty crime **Stability** • Key relationships with family members not always kept up • May have different carers • Starting to demonstrate difficulties with attachments	• Low income **Family's Social Integration** • Some social exclusion experiences • Family may be new to the area • Family experiencing harassment or discrimination or are victims of crime **Community Resources** • Adequate universal resources but family may have access issues

Complex – Level 3 Needs

These are children and young people whose needs are more complex and require support from more than one agency. This refers to the range and depth or significance of their needs. They are at risk of social or educational exclusion. Their health, welfare, social or educational development is being impaired. Life chances will be impaired without services.

1. Child's Developmental Needs

Health

- Moderate mental / emotional health or behavioural difficulties
- Concerns re diet, hygiene, clothing
- Missing routine and non-routine health appointments
- Overweight / underweight / enuresis
- Substance misuse potentially damaging to health and development
- Developmental milestones delayed

Education

- Identified as requiring additional SEN provision in accordance with the SEN Code of Practice
- Some fixed term exclusions
- Not achieving key stage benchmarks
- Poor school attendance and punctuality e.g. less than 80%
- No interest / skills displayed
- Serious disaffection with learning and underachievement and significant truancy less than 80% attendance and ESW involvement

Emotional & Behavioural Development

- Finds it difficult to cope with anger, frustration and upset
- Disruptive challenging / offending / anti-social behaviour at school or in neighbourhood and at home, involvement of agencies, police, Behaviour Support Service, Youth Offending Team
- Finds change difficult to manage
- Unable to demonstrate empathy
- Behaviour impacting on health and development
- Child young person with permanent & substantial disabilities requires support/care package or care package needs to be reviewed to meet child's needs

Identity

- Subject to discrimination e.g. racial, sexual or due to disabilities
- Demonstrates significantly low self-esteem in a range of situations

Family and Social Relationships

- Lack of positive role models
- Misses school or leisure activities
- Peers also involved in challenging behaviour
- Involved in conflicts with peers / siblings
- Regularly needed to care for another family member
- impacted on education / development
- Young person living independently and not coping

Social Presentation

- Is provocative in behaviour / appearance
- Clothing is regularly unwashed and at times inadequate / inappropriate
- Hygiene problems

Self-Care Skills

- Child precociously able to care for self
- Poor self-care for age including hygiene

2. Parenting Capacity

Basic Care

- Mental or physical health needs, substance misuse or often health problems such that the majority of parenting responsibilities cannot be undertaken and child's health and development is likely to be significantly impaired
- Inability to put child's need before own needs
- Inability to recognise health needs for self or child such that child's health and development likely to be significantly impaired
- Difficult to engage parents with services
- Parent is struggling to provide adequate care
- Child previously looked after by L.A
- Professionals have serious concerns
- Inadequate care not meeting physical needs

Ensuring Safety

- Child perceived to be a problem by parents
- Child may be subject to neglect e.g. exposed to dangerous situations in the home or community. Experiencing unsafe situations

3. Family and Environmental Factors

Family History and Functioning

- Incidents of domestic violence between parents
- Acrimonious divorce / separation
- Family have serious physical and mental health
- problems
- Parent or sibling is in custody

Wider Family

- Family has poor relationships with extended family or little communication
- Family is socially isolated and limited support from extended family

Housing

- Poor state of repair, inadequate temporary or overcrowded

Employment

- Parents experience stress due to unemployment or overworking
- Parents find it difficult to obtain employment due to poor basic skills

Income

• Child regularly left alone or unsupervised • Parental stresses affecting ability to ensure child's safety **Emotional Warmth** • Receives erratic or inconsistent care • Child / parent relationship at risk of breakdown • Has episodes of poor quality care • Parental instability affects capacity to nurture • Has no other positive relationships **Stimulation** • Not receiving positive stimulation; lack of new experience or activities **Guidance and Boundaries** • Erratic or inadequate guidance provided • Parent does not offer a good role model e.g. by behaving in anti-social way **Stability** • Child has multiple carers • Child has been looked after by L.A	• Serious debts / poverty impact on ability to have basic needs met **Family's Social Integration** • Parents socially excluded • **Parents experience stress without support network** • **Community Resources** • Poor quality universal resources and access problems to these and targeted services

Critical – Level 4 Needs

These children and young people have needs that are complex and enduring across many domains. They are at risk of significant harm or removal from home.

1. Child's Developmental Needs

Health

- Critical level of health needs
- Referral to Social & Health Care may be appropriate if other concerns are present e.g. Child Has severe mental or emotional health problems or behavioural difficulties which affect development
- Severe and / or multiple disabilities or serious health problems affecting development
- Substance misuse or self-harming damaging health and development
- Developmental milestones unlikely to be met
- Early teenage pregnancy where there are concerns about young person's ability to parent
- Multiple A&E attendances causing concern
- Failure to thrive

Education

- Is receiving school Action Plus provision or has a statement of special educational needs
- Critical level of Educational Needs.
- Referral to Social & Health Care may be appropriate if other concerns are present.
- Permanently excluded from school
- Not attending school
- Parental prosecution pending

Emotional & Behavioural Development

- Regularly in anti-social / criminal activities / which places self or others at risk of significant harm
- Offending behaviours likely to lead to custody / remand
- Puts self or others in danger e.g. regularly going missing, violence towards others
- Self-harming or suicide attempts linked to periods of depression
- Disabled child or young person with permanent & substantial disabilities substantially in excess of that normally required by a child or young person of the same age requires support package or review of package to meet needs

Identity

- Experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability. This discrimination places the child / young person at risk or is adversely affecting the child's health in development
- Is socially isolated and lacks appropriate role models. This places child / young person at risk or is adversely affecting the child's health or development

Family and Social Relationships

- Concerns about a child who is or was previously looked after
- Family breakdown related in some way to child's behavioural difficulties
- Suspected non-accidental injury
- Child has suffered or may have suffered physical, sexual emotional abuse or neglect
- Child has caring responsibilities that impact significantly on child's education / health / development

Social Presentation.

- Regularly seen in inappropriate / inadequate clothing
- Hygiene problems causing isolation affecting child's self-esteem and development
- Child repeatedly presenting as being hungry

Self-Care Skills

- Neglects to use self-care skills due to alternative priorities e.g. substance misuse

2. Parenting Capacity

Basic Care

- Severe mental or physical health needs, substance misuse or other health problems such that vital parenting roles cannot be undertaken and child at risk of significant harm
- Failure to access adequate health care resulting in serious risk to child's health (includes unborn child)
- Concerns about a child in a family where parents were unable to care for previous child and child has been removed
- Concerns about parenting of a child who is / or has been looked after or is at risk of becoming looked after
- Concerns about parenting of child. Currently or previously on Child Protection Register
- Child refusing to return home

Ensuring Safety

- Allegation or reasonable suspicion of serious injury / abuse or neglect
- Persistent serious domestic violence such that child is at risk of significant harm
- Parents involved in crime which is affecting parents capacity to provide care or is significantly impacted

3. Family and Environmental Factors

Family History and Functioning

- Incidents of domestic violence between parents
- Imminent family breakdown and risk of child becoming looked after
- Significant parental discard
- Violent towards Siblings / Parents
- **Schedule One offender is living in the family**

Wider Family

- Destructive/unhelpful involvement from extended family
- No effective support from extended family

Housing

- Physical accommodation places child in danger
- Homelessness is not eligible for temporary housing

Employment

- Chronic unemployment that has severely affected parents own identities and has seriously impacted on their ability to parent (see parenting domain)
- Family unable to gain unemployment due to significant lack of basic skills or long term difficulties e.g. substance misuse which affects their ability to provide basic care and parent (see parenting domain)

on child's development • Parents unable to keep child safe • Victim of crime with no support system • Young child left alone or unsupervised **Emotional Warmth** • Parents inconsistent, highly critical or apathetic towards child leading to concerns of emotional abuse. 'low warmth high criticism' **Stimulation** • No constructive leisure time or guided play which significantly impacted on child's development **Guidance and Boundaries** • No effective boundaries set by parents leading to child being beyond parental contact • Regularly behaves in an anti-social way in the neighbourhood leading to risk of criminal prosecution **Stability** • Child is beyond parental control • Child has no parent or carer / abandoned child or unaccompanied minor • Parent / carer has rejected child from home or is threatening to reject child from home	**Income** • Extreme poverty / debt impacting on ability to care for child and have basic needs met; food, warmth, essentials, clothing • Family / young person not entitled to benefits with no means of support **Family's Social Integration** • Family chronically socially excluded • No supportive network (see wider family) **Community Resources** • Poor quality services with long term difficulties with accessing target populations.

This policy will be reviewed and updated on a regular basis.