



Policy for the Safeguarding of Children and Young People (and Vulnerable Adults)

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CONTENTS

Section A **Safeguarding and Assessment**

1. Introduction
2. Legal Framework
3. Roles and Responsibilities
4. Criteria of Policy
5. Definitions of Abuse
6. Confidentiality, Consent and Information Sharing
7. Support for Staff
8. Training
9. Monitoring and Evaluation

Section B **Procedures for handling disclosure of abuse and suspicions of significant harm to children and vulnerable adults**

1. Introduction
2. Designated People
3. Procedure for Disclosure of Abuse by Client
 - (C1) In Education
 - (C2) In a Connexions Centre
 - (C3) In a Youth Centre/Training Provider Centre
 - (C4) Outreach Centres
4. Procedure to be followed where you have concerns about a child
5. Procedure for Concerns raised by someone other than the individual themselves

6. Procedure to be followed if you receive an allegation against a member of staff

7. What Ifs

Appendix

1. Recording and sharing information
2. Dealing with disclosure
3. Children's Social Care Department Procedures
4. Useful Contacts
5. Concern Form
6. Referral Form
7. Case Conference Report – guidelines
8. Case Conference Report - form

1. Introduction

- The aim of this policy is to clarify Connexions role in the safeguarding and protection of children and young people and vulnerable adults and to promote their welfare. The purpose is to bring about better outcomes for children and young people by facilitating open communication channels and clear accountability in interagency working arrangements.
- This policy is based upon the guidance and principles contained within the 'Inter-Agency Guidance on the Assessment of Children in Need' produced by both Nottingham City and Nottinghamshire County Safeguarding Childrens Board (LSCBs) and replace those formerly issued by the ACPCs in 2001 and the revisions in 2003.
- This policy applies to the entire Connexions cohort including all young people aged 13-18 and the vulnerable adults aged 19-25 who form part of our statutory responsibilities, specifically those young people who have a physical, sensory or learning disability. Throughout this document the generic phrase "young people" will be used where possible. Where the phrase "Child" or "Child Protection Procedure" applies these will also apply to vulnerable adults.
- The revised interagency guidance is based on:
 - Working together 2006
 - Education Act 2002
 - Every Child Matters 2004
 - Children Act 2004
 - National Service Framework

The supplementary guidance to Working Together 1999 entitled 'Safeguarding Children Involved in Prostitution' (DOH 2000) and 'Safeguarding Children in whom illness is fabricated or induced' (2002) remain in force and now become supplements to working together 2006.

- It provides statutory and voluntary organisations working with young people with a common framework to understand and analyse the needs of children.
- All staff working with young people must be able to identify when a young person may be likely to suffer significant harm through abuse or neglect and how to act upon concerns by referring them to Children's Social Care.

- All agencies and their staff should be aware of internal arrangements consistent with the child and vulnerable adults protection procedures (Section B), and the roles of key staff within the organisation.
- This policy links to other Connexions Nottinghamshire Policies such as Personal Safety, Disciplinary Procedures, Confidentiality and Data Protection.

2. Legal Framework

This policy is underpinned by the following:

The Children Act 1989 and 2004

The 1989 act places a statutory duty on one agency, within an administrative area – the local Children’s Social Care authority, to enquire and act in relation to vulnerable children. Powers are given to that agency to require the co-operation and assistance from other agencies in carrying out these duties. The act makes it clear that safeguarding and promoting the welfare of children are two sides of the same coin.

Section 47 – This section requires Children’s Social Care to carry out enquiries, or arrange for them to be carried out on their behalf, if a child in their area:

1. is subject to an emergency protection order.
2. is in police protection
3. is in breach of a curfew notice
4. whom they have reasonable cause to suspect is suffering, or likely to suffer, significant harm

Section 17 – Places a duty on local authorities to safeguard and promote the welfare of children in need or services within their area. A child is in need if:

1. they are unlikely to achieve or maintain or have the opportunity of achieving maintaining a reasonable standard of health or development without the provision of local authority services
2. their health or development is likely to be significantly impaired or further impaired without the provision of services
3. they are disabled

Section 3 – This introduced the concept of Parental Responsibility, and includes all the rights, duties, powers, responsibilities and authority, which by law a parent of a child has in relation to the child and his/her property.

The Children Act 2004 provides the legislative framework for the required reform of children’s services.

The Act outlines the responsibility of the Local Authority to establish a statutory Local Safeguarding Children Board, and encourages much closer co operation between partner agencies and more coherent services focused around the needs of the child or young person and their family.

Local Authority Children's Social Care Act 1970 Section 7

The Secretary of State for Health and Children's Social Care has the power under this act to issue guidance to local authorities on how they shall exercise their social service function. The latest guidance on this is 'Working Together to Safeguard Children 1999', and the 'Framework for the Assessment of Children in Need and their Families 2000', and this Policy is based on these.

Human Rights Act 1998

This act makes it unlawful for public authorities to carry out their functions incompatibly with the European Convention of Human Rights and Fundamental Freedoms. In particular, Article 8 focuses on the respect for private and family life, but recent case law has emphasised that although family and private lives should be respected, the welfare and safety of the child comes first.

Every Child Matters

Every Child Matters sets out the vision for Children's and Young Peoples services putting Children, young people and families at the heart of design and delivery of services.

3. Roles, Responsibilities and Structure

All staff delivering services in children and young people have a responsibility under the Children Act 2004 to safeguard and promote the welfare of children.

Young Persons Adviser/Personal Adviser

- Connexions staff have a legal responsibility for the identification and reporting of child abuse and for safeguarding the welfare of children and young people
- Advice and support should be sought from the Team Manager, especially with regard to consent and referral issues. If the Team Manager is not available or is unable to provide the required information, staff should contact the relevant Operations Manager or the designated person for support (JB – County, TG – City).
- There are clear procedures for the recording of information which need to be followed (see Section 6 and Appendix 1).

Team Manager

- The Team Manager will be the first point of reference for staff in the team.
- Team Managers need to be aware of procedures, and to ensure their staff are aware of procedures.

- Team Managers must ensure ALL staff have completed the compulsory Child Protection Training in their first 6 months.
- Team Managers must attend LSCB training to ensure their knowledge and skills are current.
- Team Managers have the responsibility to ensure that the procedures are being followed in individual cases, cases are clearly and thoroughly recorded and staff are supported through out the process
- Team Managers should offer the external counselling service to staff who have had a particularly disturbing disclosure (for information contact Personnel)
- If the Team Manager feels the procedures have not covered a particular case, or feel that other changes need to be made then this should be passed on to the Operations Directors who have overall responsibility
- The Team Manager is responsible for keeping the confidential file containing written statements and copies of forms. You must ensure that this is only accessed by staff who “need to know” about a particular case.
- Copies of statements and forms should be sent to the Operations Directors for inclusion in a central file

Operations Managers

- Deputising for the Operations Directors as required.
- Supporting Team Managers through information giving, guidance and support in applying our policies and procedures.

Operations Directors

- Overall responsibility for Child Protection issues in Connexions Nottinghamshire, making sure they are maintained, monitored and evaluated.
- Responsible for keeping central confidential files
- Contactable out of hours in exceptional circumstances
- Responsible for ensuring Safeguarding and Child Protection procedures and policies are kept up to date
- Attendance at the Safeguarding Children Boards which are held every three months
- Responsible for contributing to Serious Case Reviews and implementing any resulting action plans

Designated Officer

- The Designated Officer for Connexions Nottinghamshire in relation to allegations made against staff if the Personnel Manager, Eileen O’Reilly.

4. Criteria of Policy

These procedures apply to:

- All children under 18
- Unborn children who may be at risk of harm at birth

- Children living in permanently in Nottingham and Nottinghamshire
- Children living temporarily in Nottingham and Nottinghamshire
- Vulnerable adults who fall within the Connexions remit

Children may be abused or placed at risk or harm:

- Within a family.
- With in an institution.
- With in the community.
- By someone they know.
- By a stranger.
- By anyone over 18

These procedures also apply to parents/carers:

- Acts of omission (failing to report)
- Acts of commission (abusing or neglecting the child by inflicting harm)
- Factitious disorder by proxy, where a parent or carer deliberately fabricates the history of an illness.

These procedures apply when staff become aware of suspected abuse or significant harm:

- By observation of injuries
- Reports from a third party, e.g. another child, neighbour, relative
- Direct disclosure of abuse by a child/young person
- Suspicion resulting from 'indirect evidence' or indicators where there are no observable injuries.

5. Key Definitions

The following definitions are taken from Working Together 2006.

- **Safeguarding and Promoting Welfare** is defined as:
 - protecting children from maltreatment
 - preventing impairment of children's health or development
 - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
 - undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully

- **Child Protection** is part of safeguarding and promoting welfare. The term is used to refer to the activity that is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.

Physical Abuse – may involve hitting, shaking, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Factitious Disorder is also classed as physical abuse. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. The situation is commonly described using terms such as factitious illness by proxy or Munchausen’s by proxy.

Indicators:

- Torn fraenum.
- Blood in whites of eyes, small bruises on head, bruising on rib cage, maybe associated with shaking.
- Burns and scolds on hands, feet, buttocks, groin.
- Cigarette burns.
- Linear marks, weal marks.
- Bruised eyes or ears.
- Multiple bruising.
- Grip/slap marks.
- Bite Marks.
- Injuries found to be at different stages.
- Unconscious Child.
- Injuries/fractures in children who are not mobile.
- Alleged unnoticed fractures in young children.

NB This is not an exhaustive list

Emotional Abuse – is the persistent emotional ill treatment of a child which causes severe and persistent side effects on the child’s emotional development. It may involve conveying to the children that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s development 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 causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is present in all types of ill treatment of a child, though it can still occur alone.

Indicators:

- Lack of self-esteem.
- Withdrawn, aggressive behaviour, self harm, mutilation, substance abuse and suicide attempts.

- Eating disorders.
- Degrading or humiliating punishments.
- Children who appear unused to praise or encouragement.
- Children who are rejected by parent/carer/sibling.
- Bullying at school.
- Recent research shows a link between children who are very small and emotional 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 or buggery) or non-penetrative acts. They may involve non-contact activities such as involving children in looking at, or in the production of sexual online images, pornographic material, or watching sexual activities, or encouraging children to act in sexually inappropriate ways.

Indicators:

- Inappropriate sexual knowledge or behaviour.
- Excessive sexual play and masturbation.
- Sexually transmitted diseases.
- Pregnancy – especially concealed.
- Children who witness intimate sex acts.
- Self-harm/suicide attempts/substance abuse.
- Eating disorders.
- Nightmares/disturbed sleep patterns.
- Wetting, soiling/smearing excreta.
- Significant changes in behaviour/personality.
- Persistent offending, non-school attendance.

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 misuse. Once a child is born it may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect the child from physical harm or danger, or failure to ensure access to medical care or treatment. It may also be neglect of or unresponsiveness to the child's emotional needs.

Indicators:

- Slow growth and development.
- Chronic nappy rash.
- Cold and puffy hands and feet.
- Child's basic needs consistently not met – food, warmth, clothing, hygiene and safety.
- Situations where young children are left alone without a carer.
- Children deliberately exposed to grave risks.

- Parents or carers who refuse to seek medical advice.

Protection of Children in Specific Circumstances

Children have a right to be protected including in the following circumstances -

- Sexual activity of young people under the age of 18.
- Female genital mutilation.
- Protecting children from forced marriages.
(See 4.6, 4.7 & 4.9 in Interagency Guidelines)

Recognising Abuse – General Considerations

- All staff should be alert to signs that a child may be at risk of significant harm, regardless of age, sex, culture, religion, and social class, as child abuse occurs regardless of these factors.
- Identification of child abuse may be difficult; it normally requires both medical and social assessment.
- Different types of child abuse could be present at the same time, e.g. a child who is being sexually abused may be physically abused. Staff need to be alert to signs of other types of abuse.
- Always listen carefully to the child – pay particular attention to any spontaneous statement. In the case of a child with limited language, pay attention to their signing or behaviour or play. Be aware of body language and scribbling/doodling.
- Any delay in seeking medical assistance, or none being sought at all for an ill child could be an indicator of abuse.
- Beware if the explanation of an accident is vague, lacking in details, is inconsistent to the injury or varies with each telling.
- Take note of the appropriateness of the response of parents/carers.
- Observe the child's interaction with parent particularly wariness or fear or watchfulness.
- Any history or unexplained illness/injuries requires the most careful scrutiny.

- Beware if there are indicators of a history of domestic violence. Violence towards adults may also indicate violence towards children, and can itself be emotionally abusive.
- Children who are being abused often do not disclose, for a variety of reasons, so in our professional capacity we have to be vigilant to possible signals.
- Be aware at all time that Connexions Nottinghamshire is responsible for reporting incidents of suspected abuse and not investigating them.

Significant Harm

- The term ‘significant harm’ is important as it is the point at which Children’s Social Care have a statutory duty to put in motion Section 47 enquiries under the 1989 Children Act. **It is the duty of CHILDREN’S SOCIAL CARE to determine whether the child is at risk of significant harm, not Connexions.** However we need to have an understanding of what it means to inform our referral procedures.
- There are no absolute criteria for deciding what constitutes significant harm. It requires judgement based on the nature of the abuse, and the effects of that abuse on the individual child. This judgement will be based on experience and applying the dimensions of the Framework of Assessment. This is a model of assessment, which will be used by social workers to determine if the child is at risk of, or has suffered significant harm. It is a child centred and holistic assessment model, which emphasises the need for inter-agency co-operation. It has been developed on evidence-based practice. It concentrates on three domains child development, parenting and family and home environment. A more detailed explanation is in the appendix.
- In order to help us decide how severe the harm is the following factors should be considered:
 1. the degree and extent of the abuse and neglect.
 2. the duration and frequency of the abuse and neglect
 3. the extent of pre-meditation
 4. the degree of threat or coercion

6. Recording, Sharing of Information and Consent Issues

Recording Information

- In the climate of ‘working together’ with other agencies, young people and families, information will have to be shared, so it is important that our records are kept up to date at all times.

- It is important that Insight is updated as and when information is received, and with any action taken in following these procedures. As with other information recorded on Insight, we need to bear in mind that a young person can request their records, so until official 'consent' has been sought we need to be sensitive as to what we record.
- The history screen needs to be updated, using the Target Group/Support Required boxes. Further details should be recorded in history and should be marked as sensitive. This information will only be accessible by the designated Personal Adviser, the relevant Team Manager and the Operations Managers and Operations Directors.
- It is also necessary to keep written records for yourself, with a copy for your line manager. You may need to refer to these at a later stage, or keep them as evidence. These should be locked away in a secure designated location.
- The Team Manager should keep a 'confidential' file containing all Child Protection matters for their team.

Sharing Information

- Important statutory duties in relation to vulnerable and children in need cannot be met without **effective** and **appropriate** sharing of information. For agencies to work together to the benefit of children, they must be able to share relevant information.
- This includes a referral to Children's Social Care, but could simply be sharing information between supporting agencies regarding a young person, for example, before a referral is made.
- However, sharing of information should take place according to the principles of good practice and on a need to know basis. When a request for information is made we need to be clear about **why** the information is needed and the **way** it is going to be used.

Seeking Consent for Making a Referral or Sharing Information

- Prior to information being shared with other agencies, or a referral being made, consent should normally be sought from the young person and/or from one parent/carer with agreed parental responsibility.
- However, there are certain important circumstances where consent should not be sought. These are:
 1. If this would put the child or young person at greater risk of significant harm.
 2. Interfere with criminal enquiries.
 3. Raise concern about the safety of staff.

- Reasons not to seek consent have to be recorded on Insight and written on the referral form.
- As a primarily 13-19 service we will come across the situation where a young person is sufficiently mature enough to understand choices and their consequences, and will not give consent for referral, especially if they believe it will make their situation worse. This is a particularly difficult situation. You will have to use your judgement as to whether it is appropriate and lawful to refer without consent. Advice must be sought from your team manager and Children's Social Care. You must inform the young person if you decide to refer.
- A parent's or young person's lack of agreement should not prevent you from making a referral. If they do not agree, and you decide you need to refer, then you must inform them accordingly.

Practical Advice on Seeking Referral

- There will be no two situations the same so it is difficult to give precise guidelines, but follow procedures given.
- It can be a very difficult situation when you need to seek consent from anyone, especially a parent. Make sure you do your research, gather all information together and **get advice from your Team Manager and Children's Social Care.**
- Make sure you discuss your strategy with your line manager so you are clear before talking to the young person and parents/carers.
- Think about having someone with you at the time for support.
- If they don't give their consent but your judgement is still to refer, then **INFORM** them that you are going to refer and why.
- Get support afterwards, and de-brief with your manager if particularly traumatic.

7. Support for Staff

Although staff should be aware of their responsibilities and procedures for child protection issues, appropriate support should be sought to help throughout that process.

- The Team Manager should be included in the decision to obtain consent and refer to Children's Social Care, and will support staff through any further action which will be taken.
- The senior designated person will help in more complex or serious cases.
- Children's Social Care, or other designated 'contacts' can be contacted for advice as appropriate (see contact name and addresses)
- Counselling can be accessed and is encouraged, and the system for this will follow the Connexions Nottinghamshire Reflective Practice Procedures.
- Counsellors would not be expected to be 'experts' in child protection, but will provide personal support for those individuals who have had to face particularly disturbing cases.

8. Training

Effective training is the key to carrying out our responsibilities of promoting and safeguarding children and young people. Staff need to be trained on how to identify a child in need, and what subsequent action to take.

Training takes place on a variety of levels, and will depend upon the needs of the staff concerned.

All staff will have a basic induction into Child Protection and Children in Need.

All new and existing staff will need basic training on the new procedures. This will either be delivered by Connexions, the LSCB trainers, or other qualified trainers from the LSCB pool. There are also consultants who can be used.

Operations Directors, Operations Managers and Team Managers will be required to undergo further inter-agency training, delivered by the LSCB training pool advisors.

Specific training will be delivered to address specific training needs, which will change over time. These could be covered in the main training as appropriate.

Examples include:

1. Seeking consent (as this is a new area for us)
2. Minimising Opportunities of Allegations and the use of 'physical restraint'.
3. Personal Safety/Professional Boundaries.
4. Handling Allegations against staff (for Senior Designated Person).
5. Support/Supervision of staff (for team managers).

9. Monitoring and Evaluation

The designated persons will conduct an annual review of our Safeguarding and Child Protection systems and policies. This will include consideration of specific cases dealt with by staff in the last year. The resulting information – including feedback from staff, will be used by the designated person to inform any improvements necessary in consultation with the LSCB's and Children's Social Care.

Attendance at the District and Area Child Protection Committees are an additional way of monitoring our systems and procedures, and keeping up to date with developments.

The Connexions designated persons will ensure Action Plans resulting from serious case reviews and any other areas highlighted as in need of improvement during a serious case review are addressed and implemented.

Although the primary responsibility for the protection of children rests with parents or carers, Connexions Staff, along with other agencies working with children, have a **professional and personal** responsibility for the identification and reporting of child abuse and for safeguarding the welfare of children.

The Children's Social Care Department (CHILDREN'S SOCIAL CARE) have statutory duties to enquire into alleged or suspected child abuse (Section 47 of the Children Act 1989) and to provide appropriate support and childcare services (Section 17 Children Act 1989). Other agencies have a duty to co-operate in this work.

SECTION B

PROCEDURES FOR HANDLING DISCLOSURE OF ABUSE AND SUSPICIONS OF SIGNIFICANT HARM TO CHILDREN & VULNERABLE ADULTS

GUIDANCE NOTES FOR STAFF

Contents List

- A Introduction
- B Designated People
- C Procedure for Disclosure of Abuse by Client
 - (C1) In Education
 - (C2) In a Connexions Centre
 - (C3) In a Youth Centre/Training Provider Centre
 - (C4) Outreach Centres
- D Procedure to be followed where you have concerns about a child
- E Procedure for Concerns raised by someone other than the individual themselves
- F Procedure to be followed if you receive an allegation against a member of staff
- E What If's
 - 1. Appendices:
 - 1) Recording and sharing Information
 - 2) Dealing with disclosure
 - 3) Children's Social Care Department Procedures
 - 4) Useful Contacts
 - 5) Concern form
 - 6) Referral Form
 - 7) Case Conference Report – guidelines
 - 8) Case Conference Report - form

A: INTRODUCTION

1. Any member of staff who has knowledge of, or suspicion that, a young person is suffering significant harm, or is at risk of significant harm, must follow these procedures.
2. These procedures are a summary of more detailed documents, which may need to be referred to for further guidance in certain circumstances:
 - The 'Inter-Agency Guidance on the Assessment of Children in Need – June 2001' and the Safeguarding Childrens Board Child Protection Procedures, which are produced by the Safeguarding Childrens Board. At least one copy is available in each team.
 - 'Connexions Nottinghamshire Policy on the Safeguarding and Assessment of Children & Vulnerable Adults In Need'. This is our own policy reflecting the Inter-Agency Guidance but specific to Connexions Nottinghamshire (Section A of this document and this is available on the Intranet).
3. It is impossible to provide detailed guidelines for each possible scenario that may arise. This document gives guidance but advice can be sought from your Team Manager or Children's Social Care if necessary.
4. Throughout these procedures the term 'child' includes 'young person' up to and including the age of 18. In accordance with the requirements of the "No Secrets" guidance published by the Department of Health these procedures must also be applied to those "vulnerable adults" who form part of our statutory responsibilities. Specifically this includes those young people aged 18-25 who have physical, sensory or learning difficulties and disabilities.

See Connexions Policy 'Introduction' and 'Inter-agency Guidance on the Assessment of Children in Need'

B: DESIGNATED PEOPLE

The designated person at team level is your Team Manager, but in their absence the Operations Managers may be contacted for advice. Operations Directors have designated overall responsibility for Child Protection and can be contacted at any time for advice and guidance. The Operational Directors City and County, will have responsibility to investigate allegations made against staff, and will attend the Safeguarding Childrens Board and keep the central confidential files. There is also a Training Adviser leading for Child Protection Training

See Connexions Policy 'Roles and Responsibilities'

C: PROCEDURE FOR DISCLOSURE OF ABUSE BY CLIENT

ALL SITUATIONS

- (1) The guidance process should normally be kept confidential, and the privacy of our clients respected. However, there are limitations to this confidentiality and clients need to be made aware of this. If a client reveals something which leads you to believe they were at risk of, or have already suffered significant harm, then you cannot keep this confidential, and the client needs to be aware of this.
- (2) If during any contact with a client it appears they may be about to disclose an issue in relation to Child Protection, ensure you remind clients of the limits of confidentiality.
- (3) If the client continues to disclose to you, use your training/experience to listen and note all significant detail of the discussion.
- (4) Enquire, sensitively, if there are other siblings in the household, as the living situation needs to be included when referring to Children's Social Care .
- (5) Confirm with the client that you will have to record this information, manually and on Insight and that you may have to share this with other colleagues and agencies, and will involve a referral to Children's Social Care.

Quality Standards for Interviewing
Confidentiality Policy
See Connexions Policy on Definitions

Appendix Two on "Dealing with Disclosure"

See Appendix One on Recording Information

(C1) IN EDUCATION

- (1.1) Discuss the disclosure with the Designated Teacher in school/college as soon as possible.
- (1.2) The designated teacher will then take this forward following their procedures. It would be helpful to obtain a copy of their referral form for our file.

(C1) IN EDUCATION (Contd)

- (1.3) If there is a difference of opinion, and you feel a referral needs to be made, then you must do so, following our procedures (for Connexions Centre), talking to the Team Manager in the first instance. You must however, inform the designated teacher of what action you have taken and why, giving them a copy of your referral form.
- (1.4) If school makes the referral then you must inform your Team Manager as soon as possible and obtain their support if necessary. External counselling is available if it was a particularly distressing disclosure.
- (1.5) You should update Insight as detailed, and prepare a written statement. This should be kept in a confidential file, along with a copy of the referral form. Copies of the statement and referral form should be sent to the Operations Directors to be kept in the central file.
- (1.6) You need to familiarise yourself with follow up procedures if a referral is made, and the part you may play in this.

Connexions Policy
'Support for Staff'

Appendix One
Recording and
Storing Information

Appendix Three
Children's Social
Care Department
Follow Up Procedures

(C2) IN A CONNEXIONS CENTRE/ONE STOP SHOP

- (2.1) Discuss disclosure with Team Manager, or Operations Manager.
- (2.2) Consider whether it is appropriate to make enquiry into the Child Protection Register (by Team Manager) by telephone.
- (2.3) Consider whether it is appropriate to obtain consent from a parent. Whilst professionals should seek, in general, to discuss any concerns with the family, and where possible, seek their agreement to making referrals to CHILDREN'S SOCIAL CARE, this should only be done where such discussions and agreement seeking will not place a child at increased risk of significant harm. Consent would not be appropriate in the case of sexual abuse by the parent/carer.
Or if :
by telling the parent criminal evidence may be impaired thus jeopardising an enquiry,
Or if:
a member of staff has justified concerns that telling a parent would put themselves or another staff member at risk.
- (2.4) If you decide not to seek consent, then you must write your reasons on the written statement. It will also need to be documented on the referral form.

Appendix Four
'Contact Details'
Connexions Policy on
Confidentiality,
Consent and
Information Sharing

(C2) IN A CONNEXIONS CENTRE/ONE STOP SHOP (Contd)

- (2.5) If you seek consent and it is not given, then you should still refer but inform the parent you're doing so and why.
- (2.6) Advice on seeking consent and referring should be obtained from Team Managers and Children's Social Care if necessary.
- (2.7) Complete the referral form, and either telephone or post to CHILDREN'S SOCIAL CARE. If a telephone referral is made, then follow up in writing (referral form) within 24 hours. Make sure you know what the next steps are.
- (2.8) Update Insight as in procedures and make a written statement. Set up a confidential file including this and a copy of the referral form. This will be kept by the TM and copied to the relevant Operations Director.
- (2.9) Obtain support from the TM and access external counselling if necessary.
- (2.10) Familiarise yourself with the possible follow up and with Children's Social Care about what is going to happen next, and your involvement in this.

(C3) IN YOUTH CENTRES/TRAINING PROVIDERS (i.e. where the agency concerned will have their own procedures)

- (3.1) Discuss with the Designated Person for that agency.
- (3.2) The designated person should then take this forward, and use their own procedures as regards referral and consent. Obtain copies of referral forms as for education.
- (3.3) If there isn't a designated person available, then you will need to decide whether to wait until they return, or refer using our procedures. This will depend upon timescales involved.
- (3.4) Inform the designated person as soon as possible if you make the referral.
- (3.5) Inform your Team Manager of any referral or action taken.

Appendix One
Recording and
Sharing Information

Connexions Policy
and 'Support for Staff'

(C4) OUTREACH CENTRES, OUT OF HOURS

- (4.1) Discuss the disclosure with your team Manager, or another Team Manager.
- (4.2) If the disclosure happens outside office hours, in the first instance contact the Children's Social Care Emergency Duty Team for advice prior to formal referral. In exceptional circumstances you may feel the need to discuss the disclosure with the appropriate Operations Director.
- (4.3) Then follow our procedures as for Connexions Centre, updating Insight as soon as possible.

See Contact details in Appendix Four

D: PROCEDURE WHERE YOU HAVE CONCERNS ABOUT A CLIENT

- (1) Take an informal approach initially and seek an explanation for concerns with the client without raising questions of abuse.
- (2) Gather as much information as possible from Insight, other colleagues who may have had some involvement with client and other agencies. Refer to guidance on significant harm and definition of abuse.
- (3) Investigate whether there are siblings in the household.
- (4) Discuss your concerns with your Team Manager, or designated person in school if client in education.
- (5) Consider making an enquiry into the Child Protection Register, through the Team Manager.
- (6) Consider asking Children's Social Care for advice (without making formal referral).
- (7) Decide upon your next course of action, which could be no action or a referral to CHILDREN'S SOCIAL CARE.
- (8) If no referral is made then record your concerns on the Child Concern form and update Insight as instructed, and monitor the situation carefully.
- (9) If it is decided to make a referral, then consent issues need to be addressed. Clients need to be consulted if not seen recently to seek their consent to refer and a decision needs to be made about seeking consent from parent/family. If possible we need to seek their agreement to making referrals to CHILDREN'S SOCIAL CARE but this should only be done where such discussion and agreement seeking does not place a child at increased risk. Refer also to three criteria in section C2.4 (Pg 5).
- (10) Complete the referral form and if referral is by telephone, send form through within 24 hours.
- (11) Update Insight as instructed, produce a written statement and place in confidential file held by the Team Manager, with referral form and consent form. Copy to relevant Operations Director.

Connexions Policy on Definitions

Connexions Policy on Definitions

See Concern Form in Appendix Five

See Appendix One Recording Information

E: PROCEDURE FOR CONCERNS RAISED BY SOMEONE OTHER THAN INDIVIDUAL THEMSELVES AND YOU

- (1) If the person concerned is a colleague within Connexions refer them to these procedures and their Team Manager.

**E: PROCEDURE FOR CONCERNS RAISED BY SOMEONE
OTHER THAN INDIVIDUAL THEMSELVES AND YOU (Contd)**

- (2) If the person concerned is a colleague within another institution refer them to their own line manager and their Child Protection procedures.
- (3) If the person concerned is a parent/carer or member of the public refer them to CHILDREN'S SOCIAL CARE for advice.

See Contact details in
Appendix Four

- (4) If the concerns raised are about one of our clients, currently in training for example, and there is a difference of opinion as regards whether to take further action, then follow our procedures for Connexions centre.

F: PROCEDURE TO BE FOLLOWED IF YOU RECEIVE AN ALLEGATION AGAINST A MEMBER OF CONNEXIONS STAFF

- (1) From time to time children may make an allegation that they have been abused by a member of staff.
- (2) The procedure for dealing with such allegations is contained in the Company's disciplinary procedures. Such an allegation will be treated as a potential case of gross misconduct.
- (3) If you receive an allegation either by the young person or another person you must refer the matter to the appropriate Operations Director or the Personnel Manager.
- (4) The member of staff may not be automatically suspended, but we have a duty to make preliminary enquiries before a referral to CHILDREN'S SOCIAL CARE. These must not interfere with possible investigations and a referral should be made if there is any doubt.
- (5) If another agency or school receives an allegation against a member of Connexions staff, they should contact the appropriate Operations Director or Personnel Manager direct.
- (6) If a member of Connexions staff receives an allegation against a member of another agency, staff should in the first instance discuss this with your Team Manager.
- (7) If an allegation is made against the Team Manager, then refer direct to either the Personnel Manager or the appropriate Operations Director.
- (8) Follow guidelines in personal safety policy on lone working and good professional practice when working in a one-to-one situation. Apply your experience and judgement when dealing with interactions with clients, in order to minimise the possibility of allegations occurring.

Disciplinary
Procedures

See Personal Safety
Policy and Employee
Checklist

G: WHAT IF'S

- (1) Young Person does not agree to a referral
Prior to concerns being shared with another agency consent should be obtained from the young person, if they have the ability to understand choices and their consequences and inform them of the fact that you are intending to make a referral. Young people usually want the best for themselves, but if they refuse to give consent you will have to use your judgement weighing up the nature of the concern and the reasons given for refusing consent. Your Team Manager or CHILDREN'S SOCIAL CARE will be able to offer advice and guidance and bear in mind that the need to safeguard the young person is of prime importance.
- (2) Client is in education but discloses to us/we suspect significant harm during the holidays
Follow our procedures and inform designated teacher at school or college upon their return, providing a copy of the referral form. Always keep your Team Manager informed.
- (3) There are several agencies involved – who refers?
The agency who raised the concern has the duty to refer to CHILDREN'S SOCIAL CARE. If there is a difference of opinion then you can refer using our own procedures.
- (4) Client who discloses is over 18, but has younger siblings in the household
Contact CHILDREN'S SOCIAL CARE for advice. Always keep your Team Manager informed.
- (5) English is the young persons second language
Ensure an interpreter is engaged if you are unsure whether the young person fully understands what is happening. Refer to our Interpreters policy on the intranet.

See Connexions
Policy on Consent
issues

Appendix One

Recording and Sharing Information

- | | | |
|-----|---|---|
| (1) | Although important duties towards children cannot be met without sharing information, this needs to be done on the principles of good practice ie <u>on a need to know and for a clear purpose</u> . | See Connexions Policy on Consent, Confidentiality and Information Sharing |
| (2) | As a general rule, record as little as possible on Insight ie enough to alert relevant staff that there is a Child Protection issue, with clear instructions to refer to the confidential file kept by the Team Manager. Actions taken by you should be updated so that the record reflects the current situation. | |
| (3) | When there are child protection concerns, put the client in the Target Group, referring to the confidential file kept by the Team Manager. The details of the case should be left off Insight. | TBA |
| (4) | The history screen can then be used to indicate any action taken by you and any factual information (a) Concern Form Completed (b) Referral to Children's Social Care (c) Child on Child Protection Register. | See Above |
| (5) | The file that is created should contain the concern form if used, referral form and any written statements. It is kept by the Team Manager as confidential. The sharing of information should be on the need to know and for what purpose basis. A PA or YPA who is to see the client may need to see the information kept in the file. Copies of documents should be sent confidentially to the appropriate Operations Director to be kept in the central Child Protection File. | |
| (6) | Client should be taken out of the Target Group when investigations are complete and the child is no longer at risk of significant harm. It needs to be recorded that the case is closed and your Team Manager must be informed. | |

Safeguarding of children and young people (vulnerable adults)

Checklist for recording information

- Name, personal details including ethnic code, telephone in addition to the address
- Young person's Priority Group and the appropriate Individual Circumstances
- SOC codes
- For Priority Group One clients – the APIR wheel completed etc.
- Name, organisation and contact number for referrals, for example child referral form completed and sent to (details of that agency and contact within that agency)
- Change of address. There is an opportunity on Insight to record a second address if appropriate
- All contact with the young person or attempted contact
- All contact with other agencies or attempted contact including telephone number and name of contact
- All actions agreed must be recorded
- Use clear and concise bullet points
- Look for inconsistencies for example for school codes/addresses
- When taking over a case read ALL notes. It is good practice for a PA leaving to provide a summary of all young people identified as 'at risk'
- **Follow processes**

Appendix Two

Dealing with Disclosure

- * Tell them it isn't their fault
- * Tell them you are sorry it has happened to them
- * Tell them you are glad they have told you
- * Tell them you are going to ensure they get help
- * Take it seriously
- * Be accessible and receptive
- * Listen very carefully, make notes of actual phrases used and keep these notes
- * Avoid sharing personal feelings of anger, resentment, disgust or undue anxiety
- * Don't make promises you can't keep
- * Don't get the child to say more than they feel comfortable with.
- * Avoid being over questioning

Appendix Three

Outcome of Referral to Children's Social Care

The Children's Social Care Team Manager should normally notify the referrer within 24 hours. There are several outcomes that may arise:

- No further action
- Provision of support or services
- Initial Assessment
- Core Assessment
- Section 47 of the Children's act applies
- Immediate Protection
- Joint Policy/CHILDREN'S SOCIAL CARE Enquiries

No Further Action

If this is the decision by CHILDREN'S SOCIAL CARE then the family/child must be informed. The person who does this will be agreed by yourselves and Children's Social Care, and would in most cases be us.

Provision of Services

If no further action is taken, the family may still be offered support as appropriate from other agencies depending upon their needs.

Initial Assessment

This represents a decision by CHILDREN'S SOCIAL CARE to gather more information to clarify the referrer's concerns. It should be done within seven working days. It is a brief assessment using the dimensions of the Assessment Framework to determine if the child is in need, the nature of support required, how they are to be provided and timescales involved. It will also determine if a more detailed Core Assessment is needed, where it is suspected that the child is suffering, or likely to suffer significant harm the member of staff who made the referral may have to provide information to CHILDREN'S SOCIAL CARE.

Core Assessment (Section 47 Enquiries)

Under Section 47, a Core Assessment will be undertaken. This could happen after an Initial Assessment, or CHILDREN'S SOCIAL CARE could go straight to this after a referral. This assessment will involve a range of other agencies. The first stage is a Strategy Discussion involving CHILDREN'S SOCIAL CARE and all other agencies involved, including the referring agency, so the member of staff making the referral will definitely be involved.

Immediate Protection

This can happen at any time from the referral throughout the process of investigation, and is where emergency action is taken to protect the child. An agency with statutory child protection powers, CHILDREN'S SOCIAL CARE, NSPCC or the police can act to safeguard the child.

Joint Police/CHILDREN'S SOCIAL CARE Enquires

The police will be involved in the following circumstances:

- Sexual abuse
- Serious physical injury
- Serious neglect
- Abandonment of children
- Enquiries concerning allegations of abuse whilst child in foster care, adoptive or child minding situation.

However, we inform Children's Social Care initially, and they decide if and when to inform the police.

OUTCOME OF SECTION 47 ENQUIRIES

The outcome of section 47 enquiries will be recorded, and parents and all professionals involved should be given a copy in writing.

The Social Worker will also inform the perpetrator

Three likely outcomes:-

Concerns Not Substantiated

In these cases no further action is necessary, however, Children's Social Care and other agencies should always consider with the family whether there is need of support and how this will be offered.

Concerns Substantiated but Child Assessed Not to be at Risk of Significant Harm

There may be substantiated concerns that a child has suffered significant harm, but where it is agreed between the agencies most involved and the child and family, that a plan for ensuring the child's future safety and welfare can be developed and implemented without the need for a Child Protection Conference.

Concerns are substantiated and child is assessed to be at Continuing Risk of Significant Harm

- An initial Child Protection Conference will be called to plan how to safeguard the child and promote his/her welfare.
- It will bring together family members, the child where appropriate and all those professionals most involved.
- PA's may be asked to attend and produce a written report at least 24 hours prior to the conference.
- The Initial Child Protection Conference is responsible for outlining a Child Protection Plan, and whether the child needs to be placed on the Child Protection Register.
- It will identify a core group of professionals who are responsible for developing the recommendations of the plan and implementing it. The first meeting will be within 10 days of the conference.
- There will be a review of the Child Protection Conference within three months to review the plan.

See Case Conference Report form and guidelines – Appendices 7 & 8.

Appendix Four

Contact Details

CHILDREN'S SOCIAL CARE

NOTTINGHAM CITY COUNCIL

All Teams (Main Switchboard)	0115 915 5500 / 915 5555
Central Duty Team	0115 915 2417
Emergency Duty Team (Out of hours)	0115 915 9299
Child Protection Register	0115 915 9300 / 915 9305

NOTTINGHAMSHIRE COUNTY COUNCIL

County Hall	0115 982 3823
Ashfield	01623 405300
Bassetlaw	01777 716161
Broxtowe	0115 917 5800
Gedling	0115 854 6000
Mansfield	01623 433433
Newark	01636 682700
Rushcliffe	0115 914 1500
Emergency Duty Team (Out of hours)	0115 956 0437
Child Protection Register	0115 977 4656

Policy reviewed and amended July 2007.JB and TG

CONFIDENTIAL
CHILD CONCERN FORM

This form should be completed where there is concern about a child’s welfare, but no referral has been made as yet.

Surname _____

Forenames _____

Address _____

DOB _____

Ethnic Origin _____

Religion _____

GP (If known) _____

Parents/Guardians/Carers _____

Is the child “Looked After” by the Local Authority? YES/NO

Does the child have any Special Needs? YES/NO

Please specify

Any known siblings _____
(DOB if known)

Other Agencies involved _____

Result of Child Protection Enquiry _____

NATURE OF CONCERN
(Please include other
people you have spoken to
eg Team Manager,
Children's Social Care,
Teachers etc)

WHY REFERRAL HAS
NOT BEEN MADE

ANY FOLLOW UP
ACTION

CHECK LIST (tick)

Confidential File checked ()

Appropriate people informed ()
Eg Team Manager, Teacher, PA

Insight updated with completion ()
of concern form (see procedures)

Form placed in confidential file ()
(create new one if necessary)

Signature _____

Date _____

CONFIDENTIAL

CHILD PROTECTION REFERRAL

This form should be completed where there is concern about a child's welfare, to make a referral to Children's Social Care.

Surname _____

Forenames _____

Address _____

DOB _____

Ethnic Origin _____

Religion _____

GP (If known) _____

Parents/Guardians/Carers _____

Is the child "Looked After" by the Local Authority?

YES/NO

Does the child have any Special Needs?

YES/NO

Please specify _____

Any known siblings _____
(DOB if known)

Other Agencies involved _____

Result of Child Protection Enquiry _____

DATE OF REFERRAL

CHILDREN'S SOCIAL CARE DUTY OFFICER

DETAILS OF REFERRAL

Has the parent/carer/guardian been informed of referral?

YES/NO

If No, state why

Was consent given by parent/carer/guardian

YES/NO

Signature _____ Date _____

CHECK LIST (tick)

Confidential File checked ()
Insight updated ()
Appropriate people informed ()
Eg Team Manager/schools

Copy given to school if appropriate ()
Written statement completed ()
and attached
Referral form and Statement ()
placed in file
Copy of referral form and statement()
to contact confidential file

Follow up Action

Agency Report to initial and Review Child Protection Conferences

Advisory notes for the completion of agency reports to initial and review child protection conferences

- Agencies are required to provide a written report to initial and review conferences regardless of whether or not they are able to attend
- During the conference the agency representative will be asked to summarise the information contained in the report
- Wherever possible this report should be shared with parents at least 24 hours prior to the conference
- A copy of the report must be faxed to the Social Care Worker at least 24 hours prior to the conference
- Information written in this report becomes part of the conference record and, following the conference will be sent to all people invited to attend the conference.
- If you have any information relevant to the child protection conference which you think it would be inappropriate to disclose or discuss in front of the parents or child/ren **or** if there are particular issues surrounding the circulation of the report you should discuss this with the chairperson of the conference at least 24 hours prior to the start of the conference
- In the event of any care proceedings the report may be disclosed to a court and to a Children's Guardian
- When completing this report reference should be made to agency/professional records and the knowledge of other colleagues where appropriate, as well of your own personal knowledge
- It is important to distinguish between fact, observation, allegation and professional judgement
- The report should be completed as fully as possible. Agencies will vary in the amount of information which they have about different family members e.g. it is possible that some agencies will have very detailed information about the child/ren but only limited information about the parent(s) and vice versa. Please take care to accurately record all data.

Case Conference Report – guidelines for completing the report form

1. Introductory Information

- The date of the conference
- The name, designation and address of the author of the report
- Details of the subject child/ren to include name, date of birth, school attended, ethnic origin, religion, any special needs, disability (where known)
- Details of other members of the household i.e. parent(s) and any other household members who are not family members e.g. lodgers to include name, date of birth, occupation, ethnic origin, religion, any special needs (where known)
- Date of referral to the agency

2. Reason for the conference

- Details of allegations/concerns
(If directly involved in the referral/follow up interview)

3. Date of the last Child Protection Conference

- (For review conferences only)

4. Information about each subject child

- Details about any previous involvement with the child
- Any information which you have about the child's health, education, emotional and behavioural development, self esteem; family and social relationships, social presentation, and self care skills
- Wishes and feelings of the child

5. Information about the parent(s) or carer(s) of the subject child/ren

- Relevant background history e.g. history of child abuse, domestic violence, neglect
- Details of any member of the family with a history of violence
- Details of any member of the family experiencing poor mental health, poor physical health, physical disability, learning disability, alcohol or substance misuse
- Relevant information about the wider family
- Information about family relationships, including the parent/child relationship and the relationship between parents
- Level of support e.g. practical or financial help, emotional support offered by the wider family and/or community
- Information about housing conditions
- Information about any financial difficulties
- Information about how well the family appears to be integrated in the local community
- Details of any previous involvement with the agency. Give details of length of involvement and reason for involvement

- Parent's reaction to the allegations/concerns

6. Current Connexions involvement

- Frequency of contact with the child/parent
- Details of current work programme
- Plan for future work to be included in the programme

7. Assessment

- What are the family strengths and weaknesses?
- What work has your agency undertaken since the last conference?
(Review child protection conferences only)
- What has been the impact of this work for the child? (Review child protection conferences only)
- Do you think that the child/ren is/are at continuing risk of significant harm and that the name of the child/ren should be placed or remain on the child protection register?
- If so under which category?
- If the child's name is placed on the child protection register what contribution could your agency make to the child protection plan?

8. Author to sign and date the report

Appendix 8



Case Conference Report

9. Introductory Information

DATE OF THE CONFERENCE _____

AUTHOR'S NAME _____

DESIGNATION _____

ADDRESS _____

SUBJECT NAME(S) _____

DATE OF BIRTH _____

SCHOOL ATTENDED _____

ETHNIC ORIGIN _____

RELIGION _____

ANY SPECIAL NEEDS _____

DISABILITY _____

OTHER HOUSEHOLD
MEMBER'S NAME(S) _____

RELATIONSHIP TO SUBJECT _____

DATE OF BIRTH _____

OCCUPATION _____

ETHNIC ORIGIN _____

RELIGION _____

ANY SPECIAL NEEDS _____

OTHER HOUSEHOLD MEMBER'S NAME(S) _____

RELATIONSHIP TO SUBJECT _____

DATE OF BIRTH _____

OCCUPATION _____

ETHNIC ORIGIN _____

RELIGION _____

ANY SPECIAL NEEDS _____

OTHER HOUSEHOLD MEMBER'S NAME(S) _____

RELATIONSHIP TO SUBJECT _____

DATE OF BIRTH _____

OCCUPATION _____

ETHNIC ORIGIN _____

RELIGION _____

ANY SPECIAL NEEDS _____

10. Reason for the conference

11. Date of the last Child Protection Conference

12. Information about each subject child

13. Information about the parent(s) or carer(s) of the subject child/ren

14. Current Connexions involvement

15. Assessment

16. Signature

Date