

Policy	Safeguarding
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SAFEGUARDING DURING THE COVID-19 PANDEMIC

The information below sets out Unique Kidz and Co.’s response to safeguarding during the Covid-19 pandemic. This addendum will be in place until further government guidance informs Unique Kidz and Co of further updates.

Designated Safeguard Lead (DSL) Practitioner Arrangements

It is vital that while our setting remains open a suitably trained DSL is available for consultation and advice.

The optimal scenario for our setting and one we will strive to achieve is to have a trained DSL available on site. Due to staff self-isolating, social-distancing or being physically unavailable for other reasons, it is recognised this may not always be possible, and where this is the case there are two options we will implement, the first being the preferred option.

1. A trained DSL from the setting will be available to be contacted via phone or online video i.e. Zoom, if they are working off site
2. Contact Early Education Safeguarding Officer – Catherine Isherwood 07909 001 430 for support and guidance.

Where a trained DSL is not on site, in addition to one of the above options, the setting will have a senior leader who will take responsibility for co-ordinating safeguarding on site. This person will update and manage access to child protection files, liaise with the offsite DSL and as required liaise with children’s/young adult’s social workers where they require access to young people in need and/or to carry out statutory assessments at the setting.

- We will have arrangements to ensure that all adults on site understand the settings commitment to acting immediately in response to any safeguarding concerns

Attendance of Vulnerable Children and Young Adults

Vulnerable children/young adults may not be attending the setting for other reasons including self-isolation or social-distancing. These will be monitored by the setting and contact with the child/young adult and their family will be maintained via phone calls. When phone calls are not

answered and contact cannot be established with a family, the setting will take the following measures:

- We will ensure we can identify by name which children/young adults are vulnerable or should be in the setting - including how to contact them. We will ensure we have up-to-date contact details.
- We will ensure there are arrangements to identify which children/young adults have an allocated Social Worker and how to contact them – We will agree interim safeguarding plans with the Social Worker.

The setting also has children/young adults attending about whom there are concerns, however they do not have a social worker or an Education, Health and Care (EHC) Plan so do not meet the criteria of a 'vulnerable' young person. With these young people, the setting still feels that contact should be maintained to ensure safety and welfare can be monitored as best as practically possible.

1. INTRODUCTION

Voluntary, Community and Faith Sectors have a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, that reflect the needs of the children they deal with; and to protect adults at risk from abuse or the risk of abuse. This policy details the safeguarding arrangements which must be in place to ensure this agency fulfils its statutory duties and responsibilities.

1.1 Why is safeguarding necessary?

Safeguarding is a complex area; Voluntary, Community and Faith Sectors play an important role in helping Children, Young People and Adults at Risk with care and support needs to live full lives, free from abuse and neglect.

A key area of consideration is the implementation of the Mental Capacity Act (MCA) which is supported by a Code of Practice and sets out the legal framework for adults and children aged 16 -17 years old who lack capacity; for young people aged 16-17 years there is an overlap with the Children Act 1989. The MCA identifies who can take decisions and in what situations, as well as protecting the right of the individual when refusing treatment merely because they make an unwise decision.

1.2 Principles

Unique Kidz and Co recognise that safeguarding is a shared responsibility with the need for effective joint working with other agencies. In order to protect Children, Young People and Adults at risk from harm, and achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members to seek continuous improvement with regards to safeguarding adults and children within the work of the organisation.

- Clear lines of accountability within the organisation for safeguarding.
- Service developments that take account of the need to safeguard all service users, and informed, where appropriate, by the views of service users.
- Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, children looked after and the Mental Capacity Act, and Prevent.
- Appropriate safeguarding supervision and support for staff in relation to safeguarding practice.
- Safe working practices including recruitment and vetting procedures.
- Effective interagency working, including effective information sharing.

1.3 Breaches of policy

For employees, failure to adhere to the Safeguarding Policy could lead to possible disciplinary action being taken. For others (volunteers, supporters, agency staff, and partner organisations) their individual relationship with the company may be terminated.

1.4 Key Definitions

1.4.1 Children

Children: in this policy, as in the Children Act 1989 and 2004, a **child** is anyone who has not yet reached their 18th birthday. For children aged 16 and 17 years old however the terminology used by the MCA Act 2005 will be adopted for this policy i.e. Young Person.

Safeguarding and promoting the welfare of children is defined in *Working Together to Safeguard Children (2018)* 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; and
- Taking action to enable all children to have the best outcomes.

Child protection: part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Child In Need: is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under section 17 of the Children Act 1989 by a social worker (*Working Together to Safeguard Children 2018*)

Child In Need is part of the continuum of need threshold for Lancashire, where children and young people are unlikely to meet developmental milestones without multi agency support assessed by a social worker, including a child with a disability who is in Need. There may be a variety of unmet needs and 'underlying' risk factors for a child, for example domestic abuse, substance misuse, mental health issues, CSE.

Young carers: are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental health problems, or misuse drugs or alcohol.

Looked After Children: the term 'looked after children and young people' is generally used to mean those looked after by local authority, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as 'children in care'. Unaccompanied asylum seeking children automatically receive Looked After Child status.

1.4.2 Adults

Vulnerable adult

The Pan Lancashire and Cumbria Safeguarding Adults Boards procedures have adopted the definition of a vulnerable adult from Section 42 of the Care Act 2014:

1. An adult who may be vulnerable to abuse or maltreatment is deemed to be someone aged 18 or over, who is in an area and:
2. Has needs for care and support (whether or not the authority is meeting any of those needs);
3. Is experiencing, or is at risk of, abuse or neglect; and
4. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This could include people with learning disabilities, mental health problems, older people and people with physical disabilities or impairments. This can include people who are vulnerable themselves as a consequence of their role as a carer for such a person. They may need additional support to protect themselves, for example, in situations such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems.

Support provided should be appropriate to the person's physical and mental abilities, culture, religion, gender and sexual orientation and tailored to enable people to live lives that are free from violence, harassment, humiliation and degradation.

Adults and Young People with capacity

A person's ability to make a decision in regards to adult abuse may be affected by (not an exhaustive list):

- Duress and undue influence;
- Lack of mental capacity.
- Use of threat or influence
- Power imbalance within a relationship

There may be a fine distinction between a person who lacks the mental capacity to make a particular decision and a person whose ability to make a decision is impaired, e.g. by duress of undue influence. Nonetheless, it is an important distinction to make.

Vulnerable adults who are in receipt of health or social care services and whose independence and well-being is at risk due to abuse can expect arrangements to be made that will promote their safety, independence and well-being in both the short and longer term. Unique Kidz and Co will ensure all relevant and appropriate professionals are alerted and involved to support all adults and young people wherever possible:-

- The right to be safeguarded from abuse.
- Their needs regarded as paramount.
- The right to be taken seriously.
- To be offered independent advocacy and/or support and be kept informed of safeguarding processes and outcomes, as appropriate. Unique Kidz and Co will support any adult and young person in facilitating access to advocacy services including making a referral in the absence of statutory services.
- The right to appropriate information on the safeguarding process.
- The right to privacy and confidentiality throughout the safeguarding process, except where there is a requirement to over-ride.
- The right to be involved in decisions regarding themselves, made as a result of the safeguarding process.

Any intervention to protect an adult or young person at risk must be carried out with their consent unless this will increase their risk of harm, e.g. female genital mutilation (FGM), honour based violence or domestic abuse, thus highlighting that there may be occasions where consent is not required, due to an agency's duty to protect others. This may be when there are concerns regarding wider groups of adults, young people or children at risk or when a criminal offence has taken place.

Lack of mental capacity for a specific decision

The Mental Capacity Act (MCA) 2005 provides a statutory framework that underpins issues relating to capacity and protects the rights of individuals where capacity may be in question. MCA implementation is integral to safeguarding adults at risk.

1.4.3 PREVENT

Prevent (radicalisation of vulnerable people): Prevent is one of the four key principles of the counter-terrorism strategy (CONTEST), which aims to stop people becoming terrorists or supporting terrorism. The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place.

The Prevent Strategy now sits under safeguarding and depends on an integrated approach from all organisations in its success. All terrorist groups need to radicalise and recruit people to their cause, often (but not always) from vulnerable groups. Prevent means intervening to try to stop people moving from extremist groups or extremism into terrorist-related activity.

2.0 SAFEGUARDING POLICY

2.1 Statement of Responsibilities

2.1.1 The Board of Trustees will:

- Ensure that policies, procedures and training at Unique Kidz and Co are effective and comply with the law at all times
- Ensure that safeguarding policies and procedures are followed by all staff
- Appoint a Designated Safeguarding Lead (or Leads) and ensure that they are provided with appropriate support and time to carry out their role
- Ensure the charity contributes to inter-agency working in line with statutory guidance
- Ensure that safeguarding procedures take into account local guidance
- Ensure that staff members undergo safeguarding training at induction
- Ensure that DSLs and all staff and volunteers are trained and updated regarding safeguarding regularly
- Prevent people who pose a risk of harm from working with children and vulnerable young adults
- Ensure there are procedures in place to handle allegations against staff members and volunteers
- Ensure staff at Unique Kidz and Co are aware of, and policies reflect, an understanding of specific issues such as safeguarding children and young adults with disabilities and special educational needs
- Ensure that all policies and procedures operate with the best interests of the young person at their heart.

2.1.2 Service Leads / Designated Safeguarding Leads

- To take lead responsibility for safeguarding and child protection
- To attend DSL training every 2 years

- To ensure that safeguarding is integral to all governance and audit arrangements within the service;
- Ensure that the service meets the contractual and all governance arrangements on safeguarding children and adults;
- To ensure that all staff in contact with Children, Young People or Adults at risk to be alert to the potential indicators of abuse or neglect, and know how to act on those concerns in line with local guidance;
- To ensure that the service operates safe recruitment processes in line with national and local guidance including disclosure and barring and managing allegations against staff;
- Ensure safeguarding responsibilities are reflected in all job descriptions;
- Act as a contact on safeguarding children, young people, adults at risk and Mental Capacity Act matters; this may include requests to contribute to sharing information required for safeguarding enquiries where appropriate;
- Disseminate information in relation to safeguarding adults/Mental Capacity Act to all staff members;
- Act as a point of contact for service users, family members and general public to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised;
- Share information received on safeguarding concerns promptly with Lancashire County Council Enquiry Team, or Children's Social Care, clarifying or obtaining more information about the matter as appropriate and as advised;
- Facilitate access to safeguarding supervision and support for staff working with Children, Young people and adults at risk and their families (As appropriate)
- Ensure that the staff team complete the services agreed incident forms and analysis of significant events forms; For those Agency's with individuals on the Continuing Health Care (CHC) framework incidents forms should be submitted to the commissioning support unit.
- Be fully conversant with the services safeguarding policy, the policies and procedures of the Children's Safeguarding Assurance Partnership and the Pan-Lancashire and Cumbria Safeguarding Adults Board; and the integrated processes that support safeguarding;
- Be responsible for facilitating safeguarding training opportunities for individual staff groups;

2.1.3 Individual staff members, including all employed staff and volunteers

- To be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with national guidance and the Children's Safeguarding Assurance Partnership and the Pan-Lancashire and Cumbria Safeguarding Adults Board procedures;

- To be aware of and know how to access the Children’s Safeguarding Assurance Partnership and the Pan-Lancashire and Cumbria Safeguarding Adults Board websites, updates, policies and procedures
- To take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding adults and children and implementation of the Mental Capacity Act;
- Understand the principles of confidentiality and information sharing in line with local and government guidance
- To contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect vulnerable children and adults at risk;
- Recognise the importance of sharing information, in confidence and with a lead person, regarding concerns they have about a colleague’s behaviour.
- To minimise any potential risk to vulnerable children and adults at risk;

3.0 CATEGORIES OF ABUSE

3.1 Children:

Physical abuse: including assault, hitting, slapping, 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 an illness in a child and Female Genital Mutilation.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts, on-line abuse or exploitation, child sexual exploitation (CSE), indecent exposure and sexual assault or sexual acts to which an adult has not consented or was pressured into consenting. Forced marriage can also be a form of sexual abuse and can take place abroad at a very young age (but also including 16 & 17 year olds).

Child Sexual Exploitation: Child Sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Neglect and acts of omission: – Neglect is the ongoing failure to meet a child’s basic needs including ignoring medical, emotional or physical needs or failure to provide appropriate supervision, access to appropriate health care and support or educational services. For adults this may mean the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Emotional/Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

3.2 Adults (as per children plus the following):

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence and forced marriage.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery: encompasses slavery, human trafficking and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse: including forms of harassment, slurs or similar treatment; Because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Self-neglect: The Lancashire Self Neglect framework should be referred to for the management of cases where an adult is at high risk due to severe injury and/or death due to lifestyle/self-neglect/refusal of services. There is no perpetrator in these cases and the adult at risk has mental capacity to make choices about their care and support. It is designed to ensure effective multi-agency working and decision making.

It is important to note that any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

4.0 MAKING AN ALERT TO THE LOCAL AUTHORITY SAFEGUARDING ADULTS ENQUIRY TEAM OR A REFERRAL TO CHILDREN'S SOCIAL CARE

An 'alert' is a response to a concern, where an individual believes that a vulnerable child/adult may be at risk of harm or abuse. Alerts should be raised as soon as abuse or neglect is witnessed or suspected. This should always be the case if the child/adult remains in or is about to return to the place where the suspected/alleged abuse occurred and the alleged abuser is likely to have access to the child/adult or others who might be at risk. This can be done directly to the Safeguarding team or out of hours service or via whistleblowing procedures where necessary.

The referrer is not expected to prove abuse has happened but to provide information based on the disclosure from the vulnerable adult. All staff have a duty of care in terms of challenging poor practice and escalating their concerns appropriately.

Making a safeguarding referral for a child or young person at risk of significant harm:

Information required to raise the alert / referral
Who the alleged victim is
Who the alleged perpetrator is (if known)
What has happened
When abuse has happened
Where abuse has happened
How often is it happening
Who witnessed it

NB:

A referral should still be made even if some of this information is missing

Contact Numbers	
Safeguarding Adults Team between 9am - 5pm	0300 123 6720
Safeguarding Children's Team between 9am - 5pm	0300 123 6720
Out of Hours (Child & Adult)	0300 123 6722
In an emergency if a person is at risk of serious harm or needs immediate medical attention	999
Police Public Protection Unit	101

5.0 INFORMATION SHARING

Sharing of information is vital for early intervention to ensure that children, young people and adults at risk get the services they require. It is also essential to protect people from suffering harm from abuse or neglect. It is essential that all staff understand when, why and how they should share information.

Always consider the safety and welfare of the person when making decisions on whether to share information about them.

Where there is concern that the person may be suffering or is at risk of suffering significant harm then their safety and welfare **must** be the overriding consideration and information **must** be shared.

This detailed guidance refers to *Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers* (HM Government 2018).

6.0 RECORD KEEPING

Record your decision and the reasons for it on a Cause for Concern Form and whether to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. Your records may form part of a safeguarding meeting which you may be asked to attend. Contributions to multiagency safeguarding meetings are invaluable and support best practice. Where there are concerns about a vulnerable person, all concerns, discussions and decisions made and the reasons for those decisions must be recorded in writing in the service user records. For those agencies providing direct care, any bruises, marks and/or unexplained injuries observed should be clearly documented on a body map within the records.

7.0 MANAGING ALLEGATIONS

7.1 Managing allegations against workers who have contact with vulnerable adults

Children, young people and adults at risk can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with Children's Safeguarding Assurance Partnership and the Pan-Lancashire and Cumbria Safeguarding Adults Board policies and procedures. This includes implementation of the Unique Kidz and Co disciplinary procedures and possible suspension without prejudice.

7.2 Whistleblowing

Unique Kidz and Co recognises the importance of building a culture that allows all staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour. This will also include behaviour that is not linked to safeguarding but that has pushed the boundaries beyond acceptable limits.

7.3 Complaints Procedure

Unique Kidz and Co has a clear well publicised procedure that is capable of dealing with complaints from all service users, families and employees. Please refer to the Unique Kidz and Co Complaints Policy. Consideration should always be given to whether a complaint meets the criteria for a safeguarding referral or managing allegations procedures.

8.0 LEARNING AND DEVELOPMENT OF STAFF

To protect people from harm, all staff must have the competences to recognise children, young people and adults at risk of or actual abuse and to take effective action as appropriate to their role.

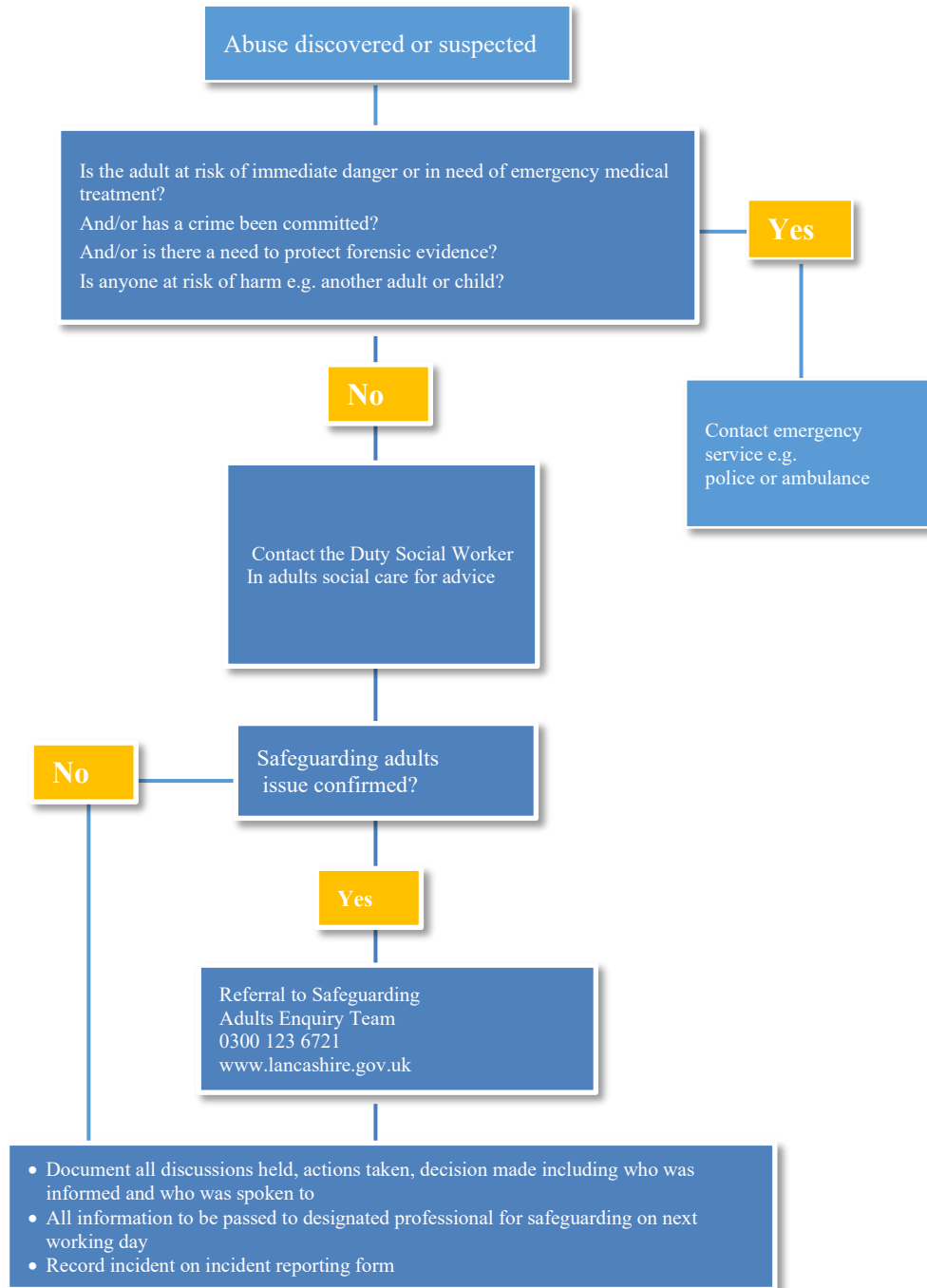
All staff and volunteers will receive Level 1 and 2 Safeguarding Training when joining Unique Kidz and Co which will be updated annually. All staff and volunteers will also complete training on Child Sexual Exploitation, Prevent and any other training as deemed necessary by Senior Management or the Designated Safeguard Leads.

9.0 SAFEGUARDING SUPERVISION

Staff working with children, young people and adults at risk need to have access to support and safeguarding supervision; this will provide an opportunity for staff to share their concerns and to enable them to manage the stresses inherent in this work. It is important to note that staff shouldn't wait until supervision to share immediate concerns which need to be alerted to the safeguarding team.

APPENDIX I

What to do if an adult is at risk of harm



APPENDIX 2

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

(Abuse may take the form of physical abuse, sexual abuse, emotional abuse or

Any member of staff who believes or suspects that a child may be suffering, or is likely to suffer significant harm should always refer their concerns to Children's Social Care. (There should always be an opportunity to discuss concerns with a manager, named professional or qualified social worker, but never delay emergency action to protect a child)

Are you concerned a child is suffering or likely to suffer harm, for example:

- You may observe an injury or signs of neglect
- You are given information or observe emotional abuse
- A child discloses abuse
- You are concerned for the safety of a child or unborn baby

Step One

Inform parents/carers that you will refer to Children's Social Care

UNLESS

The child may be put at increased risk of further harm (e.g. suspected sexual abuse, suspected fabricated or induced illness, female genital mutilation, increased risk to a child, forced marriage) or there is a risk to your own personal safety.

Step Two

Make a telephone call to Children's Social Care

Follow up the referral in writing within 24 hours

Document all discussions held, actions taken, decisions made including who was spoken to (for physical injuries document injuries observed) and who was informed

Step Three

Children's Social Care acknowledges receipt of referral and decides on next course of action. If the referrer has not received an acknowledgement within 3 working days contact Children's Social Care again.

Step Four

You may be requested to provide further reports/information or attend multi-agency meetings

Who to contact in Children's Social Care

Lancashire

Duty Social Worker (Mon – Fri 8.45am – 5pm) **Tel 0300 123 6720**

Emergency Duty Team (out of hours) **Tel 0300 123 6721**

Who to contact for local NHS advice:

Safeguarding Team LCFT, Tel: 01772 777153

Designated Nurse, Tel: 01772 214368

Designated Doctor, Tel: 01772 522079

Named GP: 01772 214376

Police Public Protection Unit Tel: **0845 125 3545** and request to speak to the PPU for the area in which the person resides. In an emergency contact the police on **999**

Staff should update their knowledge by accessing regular training and be familiar with local safeguarding policies, including those of the Local Safeguarding Children Board.

Childrens Social Care Referral Form



The purpose of this referral form is to support information sharing and decision making about children and young people in need of protection and support to ensure they receive the right help from the right agency at the right time.

Consideration needs to be given to Lancashire's Continuum of Need and Threshold Guidance.

This form must be completed as comprehensively as possible for children and families in need of help and support at **level 3 with consent of Parents or Carers and Level 4 on Lancashire's Continuum of need (CON)**. Informed consent is required of parents or carers at level 3 and desirable at level 4. At level 4 however the referral should be made whether or not consent is given.

If there are concerns about a child or young person at level 4 of the CON (child protection) **make direct contact** on 03001236720 or Police (999 in an emergency) and complete this form once the immediate concerns have been addressed.

If the child you are concerned about already has an allocated Social Worker go directly to this person by contacting 03001236720 – there is no need to use this form.

Informed consent means that the person on whose behalf the referral is being made understands that any offer of help will be based on an assessment of need and that this will require agencies to share information.

The failure to obtain consent means the referral cannot be accepted unless concerns lie at level 4 on the CON.

Making contact

Email this referral to cypreferrals@lancashire.gov.uk

The Telephone number for contact regarding level 4 referrals or to discuss this referral is 0300 123 6720

Referral to : Lancashire Children’s Social Care							
Date of Referral		Time of Referral					
Details of Child(ren)							
Child(ren) name		DOB		Age		Unborn Y/N	
Child(ren) NHS number(s) if referral from Health							

Child(ren) unique pupil number if referral from school				
Gender M/F		Disability [if known please specify]		
Ethnicity		Childs first Language		Is an interpreter needed? Y/N
Address				
Postcode		Tel No		
Name of child(ren) primary carer/s:		Relationship:	Parental responsibility Y/N	
School/Nursery/College attended:				
Child(ren) GP details:				
Tel No:				
Family Composition/Significant Others				
Name	DOB	Relationship	School	Parental Responsibility Y/N

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Reason for referral

State the key areas of concern about risk of harm or neglect, outline what these are and how it will impact on the child. Refer to the continuum of need as a guide and identify if you are referring at level 3 child in need or level 4 child in need of protection.

List the actions taken or support provided so far e.g. support via your agency, CAF and offer of Early Help, assessments completed. Please include any previous involvement of agencies with the family.

What are you requesting from children’s services social care and or other agencies?

Child/Family View of the referral

Child/Young Persons Health and Developmental needs, Parental issues and Family /Environmental factors

Consider all aspects of child/young person's social, emotional, health and well being. Provide information in relation to any unmet health needs, education, emotional and behavioural development, identity and the parental/ family environmental issues impacting on these.

Child/YP Unmet needs

this is about comparing where the child is in terms of their health, education, social, emotional and behavioural presentation at this present time compared with where they should be given their age and stage of development

Underlying risk factors within the family and the child such as; poverty, poor housing, lack of support/isolation, learning disabilities, physical health problems, poor cooperation with professionals, drug and alcohol issues, mental health difficulties impacting on the child's needs.

High risk indicators within the family and child such as; chaotic drug and alcohol misuse, personality disorder, uncontrolled mental health problems, other previous children removed, previous involvement in child neglect, physical and sexual abuse of children, history of violence, sexual offending, parental experience of own parenting abusive, denial to accept responsibility, evidence of FGM, over excessive chastisement, honour based violence, radicalisation, child is under 3 and pre mobile and these factors are present. Child involved in CSE, frequently MFH,

Strengths / resilience factors (for example, a protective parent, supportive wider family, parent wants to change / acknowledges problems, Child has some secure attachments and secure base)

Are there any current or previous concerns regarding CSE (Child Sexual Exploitation)? Please provide details.

Are there any concerns regarding the child going missing from Home? Please provide details.

Are there any concerns regarding Radicalisation and have any referrals to CHANNEL been made? Please provide details.

Are there any concerns regarding the child's Mental Health? Please provide details

Parenting capacity

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

Are there any concerns regarding Parents mental health which is impacting on the child?

Are there any concerns regarding Parents learning abilities which is impacting on the child?

Are there any concerns regarding Parental substance use which is impacting on the child?

Are there any concerns regarding Domestic abuse and violence?

Consent to Referral

Has informed consent for this referral been obtained from a person who has parental responsibility?

Yes
Name of individual providing consent & relationship

	No (State reason why referring without consent)	
Has informed consent to share information with other agencies such as health and education been obtained?	Yes/No	
Has a CAF or any other assessment been completed on this child/young person?		
Yes [By your agency]		
Yes [by another agency give name of lead professional]		
No [Give reasons why not]		
Not known		
Attach CAF and any relevant TAF minutes or any other assessment if available		

Other agencies/provision involved e.g. Health visitor, CAMHS, YOT, WPEH if known		
Name of Organisation and Profession.	Contact Details: Address/ Telephone No/ Email Address	Brief description of work undertaken to support child/young person.
Referral from:		
Name		
Job title		
Agency		
Address		
Tel		
Email		
Approval of referral by agency safeguarding lead	Yes/No	

Lancashire's Risk Sensible Framework .

All agencies should be 'risk sensible' when assessing a child's vulnerability, need and risk

Underlying Risk Factors

Those elements that are ***often present*** in risk situations but which do not, of themselves, constitute a risk

- Poverty
- Poor Housing
- Lack of support network/isolation
- Experience of poor parenting
- Low educational attainment
- Physical/learning disability (adult/child)
- Mental health difficulties (adult/child)
- Drug & alcohol misuse
- Victimisation from abuse/neglect
- Discorded/discordant relationships
- Previous history of non-violent offending
- Rejecting/antagonistic to professional support
- Behavioural/emotional difficulties in parent
- Behavioural/emotional difficulties in child
- Young, inexperienced parent
- Physical ill health (adult/child)
- Unresolved loss of grief

High Risk Indicators

Those elements which, ***by their presence***, do constitute a risk:

- Previous involvement in child physical and sexual abuse and/or neglect
- History of being significantly harmed through neglect as a child
- Seriousness of abuse (and impact on the child)
- Age of the child (particularly if less than 3 years old)
- Incidence of abuse (how much abuse over how long a period of time)
- Record of previous violent offending (against both children and adults)
- Older child being relinquished or removed
- Unexplained bruising (particularly in pre-mobile children)
- Uncontrolled mental health difficulties (including periods of hospitalisation)
- Personality disorders
- Chaotic drug/alcohol misuse
- Denial/failure to accept responsibility for abuse or neglect
- Unwillingness/inability to put the child's needs first and take protective action
- Cognitive distortions about the use of violence and appropriate sexual behaviour

- Inability to keep self-safe
- Unrealistic, age inappropriate expectation of the child.

This list is not exhaustive and is to be used as a guide only.