



Family Futures

Policies and Procedures Manual for all Staff

Revised 2018

SECTION 4

SAFEGUARDING POLICIES AND PROCEDURES

Updated by Clinical Director

An Adoption Agency for the 21st Century



A Community Interest Company that is a Not-for-Profit Social Enterprise putting children and parents before profit!

Family Futures CIC, a community interest company registered in England and Wales with registered company number 08423617, whose registered office address is Wellesley House, Duke of Wellington Avenue, Royal Arsenal, London, SE18 6SS.

www.familyfutures.co.uk

CHILD PROTECTION POLICY AND PROCEDURES FOR SAFEGUARDING CHILDREN

The agency's service users are safeguarded from all forms of abuse, exploitation and discrimination, whether deliberate or inadvertent, in accordance with written policies and procedures. This policy is also applicable to children who are not Family Futures service users, but with whom Family Futures comes into contact.

Introduction:

The following safeguarding policy and child protection procedures are in line with the 'London Child Protection Procedures'. The legal framework and associated guidance that informs and underpins the Family Futures policy and procedures on child protection and safeguarding is as follows:

- The Children Act 1989
- The Protection of Children Act 1999
- The Children and Families Act 2014
- Anti-Social Behaviour, Crime and Policing Act 2014
- The Children Act 2004
- The Safeguarding Vulnerable Groups Act 2006
- The Sexual Offences Act 2003

The most important government guidance documents are in the following:

- The London Child Protection Procedures (September 2016)
- Working Together to Safeguard Children Guidance (March 2015)
- Working Together to Safeguard Children Guidance (July 2018)
- What to do if you're worried a child is being abused. Advice for Practitioners (March 2015)
- The London Child Sexual Exploitation Operating Protocol (February 2015)
- Tackling Child Sexual Exploitation Action Plan, (DfE 2011)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)
- Keeping Children Safe in Education (July 2015)
- National action plan to tackle child abuse linked to faith or belief (2012)
- Revised Prevent Duty Guidance: for England and Wales Guidance for specified Authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism (July 2015)
- The Prevent Duty Departmental Advice for Schools and Child Care Providers June 2015
- Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (2007)
- The Common Assessment Framework (CAF)
- OFSTED's National Minimum Standards relating to Adoption.

Key Principles

- Safeguarding is everyone's responsibility;
- for services to be effective each professional and organisation should play their full part;
- and a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children

Working Together March 2015

Working Together 2015 stresses that no single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

In addition it emphasises that every professional should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- has returned home to their family from care; and/or
- is showing early signs of abuse and/or neglect

Working Together July 2018

Family Futures is aware that a new version of Working Together to Safeguard Children has been issued in July 2018 and will be updating any relevant documents where necessary to reflect any changes from the previous issue of Working Together from 2015 during the transition phase for implementation.

Our Duty to ensure safeguarding of children

Everyone at Family Futures has a duty to ensure they understand the following Child Protection Policy and Procedures.

Safeguarding and promoting the welfare of children depends upon the effective joint working with any Local Authority/Police who are making child protection enquiries in respect of the child(ren). It is essential therefore that Family Future's staff see this as a shared responsibility and liaise and co-operate with any Local Authority which is making such enquiries so that an assessment can be made of the child's needs and circumstances.

Duty of the Management Team

It is the responsibility of the Management Team of Family Futures to: -

- Create an environment that is conducive to the safeguarding of children
- Implement the Family Futures Child Protection Policy and Procedures
- Ensure that procedures are regularly kept up to date
 - The Clinical Director who takes overall responsibility for Child Protection will have regular meetings with the Independent Person, Roger Weissman, to review the policy and procedures as well as individual cases or any other concerns.
 - There will be an annual formal review of Family Futures Safeguarding and Promoting Welfare Procedures

- Ensure the development and implementation of safe recruitment practices that comply with the Protection of Children Act 1999 and the Safeguarding Vulnerable Groups Act 2006. As part of this process Family Futures will ensure that all qualifications and enhanced DBS checks are up to date and references are checked as well as other checks as appropriate.
- Ensure all staff have regular supervision, consultation and appraisals so that practice is monitored and reviewed
- Ensure that all staff receives regular training to enable them to apply the policy and procedures to safeguard children.
 - New members of staff will be inducted into the Family Futures Safeguarding Children Policy and Procedures and will attend training by a member of the Assessment and Therapy Services Management Team.
 - Current members of staff who have already been trained will participate in the once yearly top up session with the Family Futures Independent Person, Roger Weissman.
- Ensure that all staff are supported in this area of work and, as part of induction and supervision, that their training needs are identified and reviewed in relation to safeguarding children.
 - This may mean additional supplementary or specialist Child Protection training in addition to the induction programme or the annual top up session with the Family Futures Independent Person, Roger Weissman.
 - The Management Team are also aware that as the I-Adopt Team and the Therapy Team staff provide out of hours telephone, text and email support to families they need to have updated telephone details of the relevant managers to contact for support and advice should a safeguarding issue occur out of office hours.
- The Clinical Director is the Family Futures designated Safeguarding Children Officer. The Clinical Director may delegate responsibility to either another Manager or a member of the I-Adopt Team and the Therapy Team to carry out any task in pursuance of implementing the procedures. However the Clinical Director will remain overall accountable and responsible for the Agency's work in respect of safeguarding children. This principle applies throughout this document.

Duty of staff

It is the responsibility of the whole staff team that they follow the Family Futures Child Protection Policy and Procedures.

Members of staff should be alert to the presence or risk of 'significant harm' to children and should discuss any child protection concerns immediately with the Clinical Director. Staff should also report the disclosure of any historical abuse. Staff should seek the advice of the Clinical Director if there is uncertainty as to how to proceed.

Staff should inform the Clinical Director where there are either new, or significant developments regarding child protection concerns. The Clinical Director will decide if the concern falls within the remit of Family Futures Child Protection Policy.

Administration staff should inform their Line Manager in the first instance if they have any concerns of a child protection nature or in his/her absence another Manager. The Line Manager will immediately advise the Clinical Director or in his/her absence another Manager.

CHILD PROTECTION PROCEDURES

The following procedures prescribe the actions to be taken in the event of concerns about safeguarding children. When a decision is made in consultation with a member of the assessment and therapy service management team that a safeguarding referral will not be made, evidence of this defensible decision making needs to be recorded in the case file.

Consideration of 'Significant Harm'

All staff should be mindful of the signs and symptoms of 'significant harm' in all their cases. This should be an integral part of their role throughout the period of contact with a family.

Types of abuse and neglect

- 'Child abuse and neglect' is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development
- Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm
- Abuse can occur in a family or an institutional or community setting and the perpetrator may or may not be known to the child
- Working Together to Safeguard Children 2015 sets out definitions and examples of the four broad categories of abuse which are used for the purposes of registration:
 - Neglect
 - Physical abuse
 - Sexual abuse and
 - Emotional abuse (including domestic violence)

These categories overlap and an abused child does frequently suffer more than one type of abuse.

Physical Abuse

Physical abuse may take many forms e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating and bullying.

It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. This unusual and potentially dangerous form of abuse is now described as fabricated or induced illness in a child.

It should be noted that a bruise on a baby who cannot yet crawl or walk is very unusual and can be a serious cause for concern (it may be due to an underlying health condition, blood disease or an infection) but this should be immediately discussed with the Clinical Director and referral considered to the appropriate local authority safeguarding service.

Emotional Abuse

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

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Imposing developmentally inappropriate expectations
- Causing children to feel frightened or in danger
- Domestic violence - the evidence of a child(ren) witnessing or being caught in the crossfire of domestic violence
- Exploitation or corruption of children
- Bullying or intimidation – It involves the abuse and/or intimidation by a person, people or an organisation against another or others. Children may bully other children.

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening and includes penetrative (i.e. vaginal or anal rape or buggery) and non-penetrative acts.

It may also include non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexual inappropriate ways.

Sexual abuse also includes sexual exploitation – children or young people being sexually exploited in the community and female genital mutilation.

Neglect

Neglect involves the persistent failure to meet a child's basic physical, medical and/or psychological needs, likely to result in the serious impairment of the child's health and development

Neglect may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs

Neglect may include children not attending or missing from school.

Safeguarding Disabled Children

Any child with a disability is by definition a 'child in need' under Section 17 of the Children Act 1989. Disabled children are more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than children who do not have a disability. The presence of multiple disabilities increases the risk of abuse and neglect.

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm, high standards of practice, and awareness of barriers to communication that may make it difficult for the child or young person to tell others what is happening.

Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the guidance, in the same way as with any other child.

The national guidance, Safeguarding Disabled Children – Practice Guidance, provides a framework of collaborative multi-agency responses to safeguard disabled children: <https://www.education.gov.uk/publications/eOrderingDownload/00374-2009DOM-EN.pdf>

Domestic Violence

Domestic violence is defined by the Home Office as: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass psychological, physical, sexual, emotional and financial abuse.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and victims are not confined to one gender or ethnic group. It has been widely understood for some time that coercive control is a core part of domestic violence. It is important to recognise coercive control as a complex pattern of overlapping and repeated abuse, perpetrated within a context of power and control.

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship.

Children of all ages living with a parent, most often the mother, who is experiencing domestic violence, are vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect. The legal definition of significant harm includes "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home".

Situations of domestic violence may also include women or girls who perpetrate violence against men and boys, within same sex relationships and from a child. Professionals should be aware of the possibility that teenage girls or boys could be experiencing violence within an intimate partner relationship.

For supplementary guidance please refer to the London Safeguarding Children Board Safeguarding Children Abused through Domestic Violence: http://www.londoncp.co.uk/chapters/sg_ch_dom_abuse.html

Children and Young people vulnerable to Child Sexual Exploitation

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Source: Tackling Child Sexual Exploitation Action Plan, DfE 2011

There are six key points to emphasise in this definition which will affect the understanding of CSE:

- CSE as a form of abuse can apply to all children and young people, not just those under the age of consent – children aged 16 or 17 can still be sexually exploited, and children from any ethnic or religious background can be victims;
- CSE can occur in a wide range of relationships, contexts and exploitative situations, including bullying;
- There is typically a power imbalance between perpetrator and victim;
- The victim commonly has limited choice – resulting from their various vulnerabilities – though may not recognise the limitations of their ability to choose;
- Increasingly, the use of technology (particularly mobile phones and social networking) is involved in incidences of CSE.
- A victim cannot consent to their abuse: children are not responsible for being sexually exploited.

There are many characteristic warning signs that a child may be being sexually exploited. These include, but are not limited to:

- Going missing for periods of time or regularly coming home late
- Regularly missing school or education or not taking part in education
- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older 'boyfriends' or 'girlfriends'
- Suffering from sexually transmitted infections
- Mood swings or changes in emotional wellbeing
- Drug and alcohol misuse; and
- Displaying inappropriate sexualised behaviour

If there is suspicion or disclosure of child sexual exploitation this matter should in the first instance be discussed with the Clinical Director or equivalent and then to make a referral to the appropriate Local Authority safeguarding service so that they determine what further enquires and action needs to occur both immediately and longer term.

Children missing from school

A minimum standard of safety should be afforded to children not attending school. This includes children who are: registered with schools and go missing from school, children who have poor attendance, children who are not registered with a school and children educated at home where there are concerns about their welfare.

When a child is absent or missing from school, they could be at risk of significant harm. The child/ young person may be absent or missing because they are suffering physical, sexual or emotional abuse and/or neglect. It might mean the child/young person is being sexually exploited – see below under 'Children and young people missing from care and vulnerable to sexual exploitation'

Children who are absent or missing from school may also be missing from care or home. Family Futures' staff should consider the degree of vulnerability of the child and decide on whether any further action is required.

For supplementary guidance please refer to the London Safeguarding Children Board Safeguarding Children Missing from School:

http://dera.ioe.ac.uk/7122/1/safeguarding_children_missing_school_final.pdf

Vulnerable Adolescents

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to the child.

The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected.

Spirit possession or witchcraft

Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them; the belief includes the child being able to use the evil force to harm others. In such cases, the child might be involved in the parent's ideation.

A child may suffer emotional, physical and sexual abuse and neglect if they are labelled and treated as being possessed with an evil spirit. Significant harm may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child.

Dismissing the belief may be harmful to the child involved.

For supplementary guidance, please refer to the Government's guidance 'Safeguarding

Children from Abuse Linked to a Belief in Spirit Possession:

<https://www.education.gov.uk/publications/eOrderingDownload/DFES-00465-2007.pdf>

Female genital mutilation (FGM)

The World Health Organisation defines FGM as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons"

FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical and emotional abuse.

Where a child is thought to be at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure. Any information or concern that a child is at immediate risk of, or has undergone, FGM should result in a child protection referral following Family Futures procedures

For supplementary guidance please refer to the London Safeguarding Children Board Safeguarding Children at Risk of Abuse through Female Genital Mutilation (2016): http://www.londoncp.co.uk/chapters/sq_ch_risk_fgm.html

Forced marriage

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.

Suspicious that a child may be forced into marriage include: A family history of older siblings leaving education early and marrying early; depressive behaviour including self-harming and attempted suicide; being kept at home by their parents; being unable to complete their education; a child always being accompanied including to school and doctors' appointments; a child talking about an upcoming family holiday that they are worried about; a child directly disclosing that they are worried they will be forced to marry.

Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim and an appropriate initial response is vital. Professionals should not minimize the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact the agency's named child protection person and the police Child Abuse Investigation Team (CAIT). If the child is in immediate danger, dial 999.

For supplementary guidance please refer to the following:
London Safeguarding Children Board Safeguarding Children Abused Through Domestic Violence (2007)
http://www.londoncp.co.uk/chapters/sq_ch_dom_abuse.html

Forced Marriage Unit's multi-agency guidance on dealing with forced marriage
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

Honour Based Violence

The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community'. Honour based violence cuts across all cultures and communities.

The perceived immoral behaviour which could precipitate a murder include: Inappropriate make-up or dress; the existence of a boyfriend; kissing or intimacy in a public place; rejecting a forced marriage; pregnancy outside of marriage; being a victim of rape; inter-faith relationships; leaving a spouse or seeking divorce.

A child who is at risk of honour based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. These include: House arrest and excessive restrictions; denial of access to the telephone, internet, passport and friends; threats to kill; pressure to go abroad. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

When receiving a disclosure from a child, professionals should recognise the seriousness / immediacy of the risk of harm. Professionals should not minimize the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact the agency's named child protection person.

If the child is at risk of honour based violence a child protection referral should be made to the agency's named child protection person and the police Child Abuse Investigation Team (CAIT). If the child is in immediate danger, dial 999.

For supplementary guidance please refer to the London Safeguarding Children Board Safeguarding Children Abused Through Domestic Violence (2007). http://www.londoncp.co.uk/chapters/sg_ch_dom_abuse.html

Children and young people missing from care

In recent years there have been a number of high profile incidents of children and young people missing from care who are at risk or victims of sexual exploitation. A whole systems approach is required by agencies and organisations to reduce the risk of Looked After Children running away and becoming vulnerable to sexual exploitation. Assessing risk is a vital element in preventing and responding to sexual exploitation and running away. It is essential that staff in Family Futures have a good understanding of the individual case histories of children and young people known to it.

The characteristics and risk factors of children and young people who go missing and who are at risk of sexual exploitation include as follows: those who have poor attachments, lack a stable home environment and may have disrupted or chaotic family backgrounds; those who have previously suffered neglect, those who have been excluded from school, those in residential care; children and young people who use drugs and alcohol, or self-harm as a reaction to previous traumatic experiences; vulnerable young people transitioning into adulthood.

Repeat incidents of going missing even for short periods of time are strongly linked to sexual exploitation. Children and young people who go missing for longer periods and become detached from adult support are at increased risk of violence and sexual assault and coercion to use drugs and alcohol. It is important to be aware that going missing is not a pre-requisite for sexual exploitation. Sexual exploitation can occur online or by telephone and does not require physical contact. Individuals, groups or gangs can commit sexual exploitation. Signs of sexual exploitation include inappropriate sexual behaviour, having unexplained gifts, disengagement from education, substance misuse and behavioural and emotional disruption.

The role of Family Futures staff is to ensure that child protection concerns are referred to the appropriate agency but not to conduct the investigation themselves.

Family Futures staff should provide appropriate background information to the relevant Local Authority Department and/or the police so that they can determine what further enquires and/or action needs to occur.

For supplementary guidance please refer to www.rip.org.uk/prompt-missingCYP

Radicalization

Radicalization is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice. One of the key issues for staff is how to take account of the risks presented by extremism and radicalization as part of safeguarding children and young people. The process of radicalization involves a complex interplay between individual, family and

community factors, including identity and belonging, alienation and boredom, passive support for far right extremism as well as intergenerational attitudes and beliefs. Emphasis is placed on prevention.

“In order for schools and childcare providers to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified.

Protecting children from the risk of radicalisation should be seen as part of schools’ and childcare providers’ wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences”.

[The Prevent Duty Departmental Advice for Schools and Child Care Providers \(June 2015\)](#)

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Children or young people at risk of radicalisation may display different signs or seek to hide their views. Staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require staff to carry out unnecessary intrusion into family life but as with any other safeguarding risk they must take action when they observe behaviour of concern.

If a staff member has a concern regarding radicalisation they should follow the agency’s safeguarding procedures, discussing this with the Clinical Director or equivalent and where deemed necessary, with children’s social care.

In Prevent priority areas, the local authority will have a Prevent lead that can also provide support.

Communication with a Manager

Where there are concerns about a child’s welfare, the staff involved with the child (ren) and his/her family must discuss this immediately in the first instance with the Clinical Director or another appropriate Manager.

Staff must then complete a Safeguarding Children Report referral form. In discussion with the relevant Local Authority, staff may be required to complete a CAF Form (Common Assessment Framework). The CAF form can be downloaded from www.education.gov.uk. It is important to consider all the children in the family who may be at risk. The discussion will focus on the following outcomes: -

- Whether there is a need to make a referral to the Local Authority either because the child is in need of services or because there is evidence of significant harm
- Whether there is a need to seek the views and/or inform other professionals who also have an involvement or interest in the child(ren) and his/her family
- Designate who will take any necessary action and within what timescale
- Review the implications of the child protection concerns for the continuation of work with Family Futures

- If there is any concern about how to proceed, the Clinical Director may deal with the matter directly or delegate that someone else (another Manager or a member of the I-Adopt team and the Therapy Team) or contact the Family Futures Independent Person, Roger Weissman, for advice. This conversation will be recorded and the notes will be centrally stored in the file tracking Child Protection cases.

The above discussion must be fully recorded in the following ways:

- A Safeguarding Children Report referral form and CAF form if appropriate (see above) will be completed and must be signed by the member of the I-Adopt Team and the Therapy Team and the Clinical Director, or another appropriate Manager, and placed on the case file as well as in the Child Protection folder – this will clearly indicate if it is a disclosure of current or historical abuse.
- A tracking form will also be completed so that Child Protection concerns are tracked – this form will be placed in both the case file as well as in the Child Protection folder – this form will also clearly indicate if it is a disclosure of current or historical abuse.
- An ‘S’ will be noted after the family name on the computer file to indicate if there is a Child Protection concern.
- The case will then be added to the log of child protection concerns in the family file and in the Child Protection folder. There is a separate log for current concerns and historical concerns in the main Child Protection folder.
- There is also a file for closed cases when the family no longer attend and the case has been handed back to local services.

In all situations, if the Clinical Director is not available then one of the other Managers should be informed who will take the appropriate action as outlined. If the decision taken is that no further action should be taken then the matter will rest there. If however, the Clinical Director, or whoever is acting on their behalf believes there are significant concerns, then a referral to the relevant Children’s Services within the Local Authority should be made where the abuse is believed to have taken place using the Safeguarding Children Report referral form.

In addition to this all Child Protection concerns must be notified to the relevant Local Authority by telephone in 24 hours and followed up in writing in two working days. All serious referrals (serious injury, death of a child, serious self-harm, repeated absconding or going missing or suicide) must be notified to OFSTED 24 hours – see Notification procedures. A decision will be made regarding this following a discussion with the Clinical Director or a member of the Management Team if an incident is considered severe or serious.

Child Protection Referrals to Children’s Services

The referral to the Local Authority including the Safeguarding Children Report referral form will be made either by the Clinical Director who is the designated person for child protection or delegated to one of the other Manager’s or a designated member of the I-Adopt Team and the Therapy team.

An immediate telephone referral will be made and then followed up by a written referral within two working days to the Local Authority where the child lives.

This information should be sent to the Children's Services Department who either holds parental responsibility for the child(ren) and/or the Local Authority who referred the child to Family Futures. This may be the same agency.

If there is an allocated Social Worker for the child he/she and their manager should be contacted. If there is no allocated Social Worker then the matter should be referred to the Referral and Assessment Team.

If the referral is deemed to be urgent in that the child may need to be removed immediately and if this situation arises out of normal working hours then the night duty team (where the child lives) should be contacted. The Local Authority Department will advise regarding sharing information in relation to the child.

In the first instance the referral should be made by telephone, if appropriate or viable. Full details of the nature of the concern and relevant information regarding the child's circumstances and background should be shared.

The Safeguarding Children telephone referral must be followed up in writing within two working days using the standard template. The Local Safeguarding Board Procedures will specify if there is an agreed inter-agency referral form, and if so, a relevant Family Futures staff member will complete this form.

In the light of the referral, the Local Authority will make a decision as to whether to hold a Strategy Meeting. Family Futures may hold its own 'safeguarding review meeting' in more serious cases within 48 hours to discuss the case with all the relevant I-Adopt team and the therapy team members, the key worker for the case and the Clinical Director. The outcomes from this meeting will be recorded and placed on both the case file and in the Child Protection folder.

The I-Adopt Team and the Therapy Team member or the Clinical Director or another Manager may be invited to participate at the Strategy Meeting/discussion. Their role at this meeting is to ensure that the referral information is fully understood.

If the I-Adopt Team and the Therapy Team Member or the Clinical Director or another Manager has initiated a child protection enquiry under Section 47 Children Act 1989 by making a referral to a Local Authority, he/she would be expected to provide information to the Strategy Meeting or Child Protection conference as appropriate.

Family Futures will provide a written report for the conference if requested in addition to the original referral form.

Involving Parents Regarding Referral to the Local Authority

Where possible, Family Futures I-Adopt Team and the Therapy Team staff should seek to discuss their concerns with the parents/carers and inform them regarding the intention to make a referral to the Local Authority. All families prior to their engagement at Family Futures are informed that this can sometimes happen. However the overriding consideration is for the safety of the child or any other child/ren in the family and so there should be no undue delay in making an appropriate referral. There may be some exceptions to informing parents or carers of the decision to make a child a safeguarding referral, such as if it is considered likely that discussion would place the child at further risk of significant harm, risk interference with the police investigation or place the staff member at personal risk. In this case staff members should discuss their concerns with the Clinical Director or another Manager.

All discussions and actions taken should be recorded in the child's file as well as in the Safeguarding folder and on the tracking form.

Child Protection Referrals to OFSTED

OFSTED should be informed within 24 hours of all serious safeguarding referrals made to the Local Authority. Please refer to the Ofsted form 'Notification form for providers of adoption support agencies' which can be found online.

The form can be completed by hand or on computer but must be printed, signed and returned in hard copy to:

Notifications
Ofsted National Business Unit
Piccadilly Gate
Store Street
Manchester M12 WD
Telephone: 0300 123 1231

Discussion with the Child

If a child protection concern arises from contact with a child, the degree of discussion with the child will depend on the child's age and understanding. Listen carefully to what the child/young person tells you. Reassure them that they have done the right thing in making a disclosure and tell them they are not to blame. If it is considered safe to do so and if the child has age appropriate understanding, the child should be informed of the intention to make a referral to the Local Authority.

Although it may be necessary to ask some questions of the child or carers to decide whether suspicion of abuse or neglect has been justified, it is not the task of Family Futures to conduct a formal child protection assessment. Once the threshold of 'suspicion of abuse' has been met there should be no further reason for continuing to question the child. If the child wants to talk about what happened, the member of the I-Adopt Team and the Therapy Team should listen and make a note but should not encourage further disclosure. Care should be taken not to compromise any subsequent child protection enquiries or police investigation. Staff should avoid asking leading questions.

As soon as possible, take care to record what the child has said using the child's own words. Record the date, time and setting and any names mentioned, to whom the information was given and other people present. Sign and date the record. Please record any historical abuse mentioned and refer to the Local Authority using the same procedures.

Recording of Child Protection Concerns

A careful and full record, (verbatim where possible) should be made of what the child or parent/carer or any other informant has said regarding the child protection concerns. Any signs or symptoms of significant harm or injury observed should also be fully recorded as described above.

Any action taken or discussion within Family Futures and/or with outside agencies in respect of child protection concerns should be recorded on the child's file within two working days.

Any significant development in the case should be recorded on the child protection tracking form. The Key Worker, or member of the I-Adopt Team or the Therapy Team responsible for the case, must enter on the safeguarding children tracking form any significant development or new information regarding the case. Once entered on the revised safeguarding children tracking form, it should be emailed to:

1. The appropriate case administrator who will log the referral in the family file as well as the Safeguarding log.

2. 'cc' Clinical Director or another Manager who is responsible for safeguarding children, in their absence.

All registered child protection cases that are logged in the Child Protection file will be reviewed and the main log will be regularly updated.

Children subject to a child protection plan

Family Futures staff will maintain their safeguarding responsibilities in relation to those children referred to Family Futures who are subject to a child protection plan.

If there are significant new developments the Clinical Director or the delegated team member or another Manager will inform the Local Authority immediately and follow the referral procedures as outlined above. The only two exceptions to this will be cases where a disclosure has been made of historical abuse and the Local Authority has resolved the matter or where the work has ended with Family Futures and the case has been handed over.

Allegations of child abuse involving Family Futures staff or other professionals

The role of the Local Authority Designated Officer (LADO) is to investigate an adult who works with children/young people where:

- Behaviour has harmed or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaviour that may suggest they are unsuitable to work with children

If any member of staff at Family Futures becomes aware of concerns or is suspicious about the abuse of a child by a person(s) working for or on behalf of Family Futures these concerns must immediately be discussed with the Clinical Director with designated responsibility for child protection, or in their absence one of the other Managers.

The requirements for a referral making a child protection allegation in respect of a person(s) working for or on behalf of Family Futures are the same as for all other referrals. If the concern requires an enquiry to be initiated under Section 47, Children Act 1989 a referral should be made to Islington Children's Services and/or the Islington Police Child Protection Team in accordance with the Local Safeguarding Procedures. Where there is concern that a member of staff has acted inappropriately, a copy of the referral must also be sent to the Islington's Local Authority Designated Officer (LADO). When referring to the Local Authority there should be immediate discussion with the LADO.

The Local Authority or the Police will decide whether to convene a strategy meeting to consider how the allegation will be dealt with.

If there are concerns about the conduct of a professional or any member of the public in respect of a child that members of Family Futures staff have had contact with then Family Futures staff should follow the normal procedure of informing the Clinical Director. The Clinical Director or another Manager or the delegated member of the I-Adopt Team or the Therapy Team would then contact the Referral and Assessment Team in the area in which the incident occurred or where the child lives, as appropriate.

The Link between Child Protection Enquiries and Disciplinary Proceedings

The response to allegations of misconduct by Family Futures staff members and professionals will potentially have six related but separate procedures:-

- A Child Protection enquiry

- A possible Police Investigation into alleged criminal behaviour
- Disciplinary procedures pending the outcome of the child protection investigations
- A referral to the Secretary of State under the Protection of Children Act 1999 for consideration for inclusion on the Protection of Children List
- The need to inform OFSTED regarding the occurrence of a child protection matter – refer to National Minimum Standards
- The Managers will also need to give immediate consideration in conjunction with advice from the Police and the Local Authority as to whether the staff member should be temporarily suspended from work or transferred to other duties pending the outcome of the above investigations

Arrangements for staff and service users to contact the Local Authority or Registration Authority regarding any concern about child welfare or safety

Details of how to complain are included in the Assessment and Treatment packs given to service users as well as in the I-Adopt information packs. This includes the telephone numbers of the Children's Services Referral and Assessment Team, the out of hour's duty team where the child resides and Ofsted. Family Futures staff will also have access to this information.

Allegations of Historical Abuse

Responses to allegations by a parent or child/young person that they have been abused in the past must be given the same priority as current abuse.

There is a significant likelihood that the alleged perpetrator will have continued and may still be abusing children. A criminal prosecution remains a possibility if sufficient evidence can be obtained.

If a child or adult discloses abuse that happened in the past, the member of staff must record what is said and details of the allegation. It should be established who is the alleged perpetrator, whether his/her recent or current whereabouts is known and whether the person has or is having contact with children.

If a child or adult is making the allegations, Family Futures staff should follow the same procedures as already described.

Consideration must be given to the therapeutic needs of the adult and reassurance given that even without their direct involvement all reasonable efforts will be made to look into what has been reported.

The Local Authority whose is responsible for undertaking the Section 47 enquiry will establish if there is any knowledge regarding the alleged perpetrators current contact with children and inform the police and also advise the police whether the adult requests a police investigation.

The role of other professionals contracted to work on behalf of Family Futures

In some circumstances, Family Futures collaborates on pieces of work with specialist consultants such as a Psychologist or a Psychiatrist who are employees of another organisation. When a person from another agency highlights a child protection concern, it is the responsibility of Family Future's staff nevertheless to follow Family Futures policy and

procedures as outlined in this document, regardless of whether the member of staff from another agency is following theirs.

Escalation Policy

This Escalation Policy is attached to the Safeguarding Policy and Procedures. The Escalation Policy is in place in order to take further action if the Local Authority fail to respond to a safeguarding referral appropriately and within a 'reasonable' timescale. The Escalation Policy is as follows:

- Write to the Local Authority and/or discuss with the equivalent of Service Manager again to request that they let Family Futures know what action they have taken in relation to the safeguarding referral. If still unresolved:
- To have a discussion and with the local authority's Quality Assurance Unit (Safeguarding) highlighting the concerns that have not been addressed satisfactorily and requesting a response to the earlier referral letter regarding action to be taken by the Local Authority and record this discussion and outcome.
- If above is unsatisfactory then consider sending a letter/ email to the chair of the local safeguarding board outlining the concerns regarding the unsatisfactory response from the Local Authority and if there is still no response from the Local Authority consider making a notification to OFSTED highlighting all the concerns and communication to date with the Local Authority.

For vulnerable young adults, please see Family Futures vulnerable adult's policy.

Jay Vaughan
Updated July 2018

FAMILY FUTURES CHILD PROTECTION PROCEDURES

Practitioner has concerns about a child



