115 CLUB

POLICY DOCUMENT

115 Club Moordown EY439937
115 Club Ringwood EY440000
115 Club St Clements EY440051
115 Club St James EY483494
115 Club St Luke's EY440061

3rd Edition
Checked March 2021

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Office 77, Basepoint Business Centre, Aviation Park West, Christchurch, BH23 6NX
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1) MISSION STATEMENT

Aims

- The Club is run by qualified, experienced and professional staff in a safe and secure environment.

- 115 Childcare Services Ltd is committed to encouraging equality, diversity and inclusion among our workforce. We actively ensure there is no discrimination under the Equality Act 2010 of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, and ethnic or national origin), religion or belief, sex and sexual orientation. We employ people based on our job descriptions and what their life/work experience may bring to the role they are being hired for.

- We welcome all children and will do our utmost, (in partnership with parents/carers, professional agencies and the children themselves) to ensure that each child has access to the widest range of opportunities.

- We treat each child as an individual and with equal respect and encourage the children themselves to treat others with the same respect.

- We seek to meet their particular needs, build on their talents and interests and therefore enhance their experience at the Club.

1a) Policies and Procedures

Definitions:

Policy: is a guideline or law that drives the procedures.

Procedure: an established or official way of doing something, which may include detailed steps.

This Document contains both policies and some procedures. Many example procedures are included however; these are not intended to be an exhaustive list.

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2) HEALTH AND SAFETY POLICY

Aims

It is the policy of the Out of School Club:-

To provide a safe and healthy working environment for all employees and children

To protect visitors from risks

To control the use of dangerous equipment and substances.

To efficiently implement this policy

2a) Persons with particular responsibilities:

Health and Safety Co-ordinator	The Designated Club Leader
Safeguarding/Child Protection Lead	The Designated Club Leader
Overall organisation Safeguarding Leads	Brigid Coutts and Cecilia Penn
Property Co-ordinator	The Designated Club Leader

Person to whom the above issues are reported in the absence of The Designated Club Leader is The Deputy Club Leader.

The Out of School club will report to the Club Office and/or School Site Manager any repairs or maintenance to be carried out as soon as possible.

2b) The duties of all employees are given in the Health and Safety at Work Act

It shall be the duty of every employee whilst at work:-

- To take reasonable care not to put other people - fellow employees and members of the public - at risk by what you do or don't do in the course of your work.

- To co-operate with your employer, making sure you get proper training and you understand and follow the company's health and safety policies.

- Not to interfere with or misuse anything that's been provided for your health, safety or welfare.

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- To report any injuries, strains or illnesses you suffer as a result of doing your job, your employer may need to change the way you work.

- To tell your employer if something happens that might affect your ability to work, like becoming pregnant or suffering an injury, because your employer has a legal responsibility for your health and safety, they may need to suspend you while they find a solution to the issue or problem.

In order that the law is observed and responsibilities to children and other visitors to the club are carried out, all employees are expected:

- To know the special safety measures and arrangements to be adopted in their own working area and to ensure they are applied.

- To observe standards of dress consistent with safety and hygiene.

- To exercise good standards of housekeeping and cleanliness.

- To know and apply the emergency procedures in respect of fire and first aid.

- To use and not wilfully misuse, neglect or interfere with things provided for their own safety and the safety of others.

- To co-operate with other employees in promoting and improving safety measures in their setting.

- To co-operate with the appointed safety representatives and the enforcement officer of the Health and Safety Executive or the Public Health Authority.

2c) Implementing Health and Safety, the role of the Club Leader.

The Club Leader is responsible for day-to-day management of all health and safety matters in the Out of School Club, in accordance with this policy. That person may delegate functions to other members of staff.

The Club Leader will:-

- Set up emergency procedures for leaving the building and formulate effective procedures in the case of an incident.

- Inform all employees of risks identified by assessments and preventative or protective measures and emergency procedures.

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- Report to the School any major threat to the health and safety of employees and users of the School. Documentary evidence of any such report should be made as soon as practical and a copy kept in Legal Folder in the Club Office.

- Take appropriate action immediately when any hazard is identified or reported.

- Ensure that employees have adequate training to carry out their work safely avoiding risks.

- Ensure that the training needs required for technical skills are assessed and met.

- Ensure that all staff employed at their setting, whether on a temporary or a full time basis sign in and out for each and every shift worked.

2d) Implementing Health and Safety, the role of all the Employees.

The successful implementation of this policy will require the co-operation of all staff.

1. Employees and volunteers have a duty to follow health and safety instructions and immediately report any serious hazards or shortcomings in existing arrangements to the Club Leader.

2. All club staff are required to carry out the following

    - Check rooms for cleanliness and hazards daily, report any abnormal circumstances for further investigation.

    - Identify any defects, damage, deterioration and report for further investigation.

    - Make a brief inspection of portable electrical equipment each time it is used.

    - To follow up any reports they may have made.

2e.1) Adult/Child Ratios

The 115 Club complies with Ofsted regulations. Adult/Child Ratios are dictated by the dynamics of a particular group of children e.g. their age and ability. The other factors are environment and the activity in which the children are engaged.

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2e.2) General Responsibilities to children

1 All staff should ensure that any volunteers or temporary staff are familiar with safe practices. Training should be arranged when needed.

2. All Staff should thoroughly familiarise themselves with good practice and assess new equipment, techniques or products for themselves to ensure they are aware of potential difficulties or dangers. Staff can also seek advice from experts when the need arises.

3. It is important to identify activities, which require close supervision, and then, through careful planning, ensure that only a manageable number of children are engaged in them at any one time.

4. Children are not allowed to play in the areas outside of the playground boundaries.

5. All visitors are required to sign in and out.

6. Children are to be encouraged in all aspects of personal hygiene, (e.g. always washing and drying hands after practical work and before working with food), and good work practices (e.g. clearing away after an activity).

7. Children should be made aware also of the possible consequences of their actions on others e.g. danger of running in a confined area, or careless use of toys or equipment.

8. All staff should follow safe-working procedures personally and give clear instructions and warning as often as necessary both to children and helpers. At no time should any member of staff or helper stand on a stool or chair to reach a high shelf or display board. Portable stepladders are available where appropriate and stored safely away from the children.

9. Our policy is to use plasters/dressings where appropriate. Staff who are trained in First Aid are able to apply these after having checked the child's Registration Form for any known allergies. Accident/Incident Form should be completed.

10. Sun/Heat Policy. During hot weather we will ensure that the children in our care are protected from the sun/heat in the following ways:-

- Encourage hat/caps to be worn (if available, these can be provided)
- Encourage the use of sun screen (parents/carers to provide this in a named bottle, thereby giving consent for its application)
- Water is accessible indoors and outdoors throughout the session.
- Shaded areas are utilised or made available by using tents or gazebo's.

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- Limit time exposed to the sun/heat.

2f) Transport

A member or members of the Out of School Club will supervise walking between schools in accordance with OFSTED guidelines.

Taxis are used only with parental permission. For a regular booking written permission should be given. In an emergency situation, verbal permission must be followed up by text or email. Only Taxi Companies approved by Local Authority for transporting school children are used. A Taxi Instruction Form will be used to give specific instructions to the driver. This applies to children over 8 years old. Children under 8 years old must be accompanied. It may be possible for a member of staff to be the accompanying adult. The cost of this will be passed on and added to the next invoice relating to that child.

Staff cars are not used to transport children excepting special occasions such as medical emergency.

Bournemouth Borough or School Minibuses are loaned to the Club under our own
Section 19 Permit and are used to take children on educational visits and for general transport. The driver must ensure that the Section 19 Permit is on display in the windscreen during loan period and must comply with Bournemouth Borough Council Driver regulations. – PUT IN THAT MINIBUSES ARE HIRED AT RELEVANT TIMES AND ONLY DRIVEN BY THOSE WITH THE APPOPRIATE LICENSE

2g) Fire & Emergency Evacuation Instructions

- Staff should familiarise themselves with the Fire Alarm & Emergency Evacuation Procedures so that they are aware of their individual responsibilities, site assembly point and designated exits.
- Staff will use the specific Emergency Procedures, Actions & Contacts (see separate document) as outlined for that individual site.
- Staff must be aware of the position of alarms and the position and use of fire fighting equipment.
- Individual arrangements will be made for children who would not independently hear alarm or would require assistance to evacuate.

Fire drill and evacuation practice

Fire drills will be held at least twice a term.

As part of their induction all new children and staff should be told of the fire instructions, shown which exits to use and assembly points.

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Children can be reminded regularly of evacuation procedures. At Holiday Club this may be done daily as new children may be attending. Remember the three "S" **Sensibly** walking to assembly point; **silent** and **still** for register and head count.

Children should know to move to the assembly point on their own if the alarm sounds, even when they are not under staff supervision.

The toilets will be checked by Club Leader or nominated Staff Member. Dial 999 for the Fire Brigade as soon as everyone is accounted for.

The Person in charge will then inform the Fire Brigade whether all persons are accounted for.

No one is to re-enter the premises until told by a Fire Officer that it is safe to do so.

2h) First Aid

A member of staff holding a valid Paediatric First Aid Certificate must be on site at all times of operation.

The Club Leader checks and replenishes the contents of the First Aid Boxes. All staff will ensure that they are aware of location of First Aid Box or Bag.

Every injury requiring notification to parents and any treatment given is to be recorded on the Accident/ Incident Recording Sheet located in the briefcase. Filling out these forms is VERY IMPORTANT. It is essential that only the factual information is recorded, (e.g. graze on right knee, size of 50 pence piece) with specific details of injury thereby avoiding vague terms (e.g. bleeding lots) and personal opinions (e.g. looked painful). ***It should be noted that an injury might not have any external signs such as bruising, marking, etc. and so this should not determine whether you complete an Accident/Incident form.*** The completed form is then read by a second member of staff, who ensures the information is accurate before counter signing. When child concerned is collected, the form must be read and signed by the parent/carer. It is then filed in the Accident/Incident Folder, which is filed chronologically.

Under Ofsted Regulations we have a duty of care to complete an Accident/Incident Form for any injury that a child arrives at the setting with, if observed by a member of staff.

If an accident results in:

- The death of the person
- An injury requiring the person to be taken directly from the scene to the hospital for treatment

Follow procedures laid out in section 2o) "Reporting a dangerous incident."

2i) Emergency Action

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First Aiders will be available at all times when children or employees are on site.

IF THERE IS A MEDICAL EMERGENCY DO NOT HESITATE TO TELEPHONE FOR AN AMBULANCE (999)

Do not move the casualty unless it is really necessary but keep them comfortable. As a general rule, give the casualty nothing to eat or drink.

2j) Medicines

Medicines are generally not administered by staff unless specifically requested by the parent or carer on the Registration Form (e.g. for ongoing conditions such as asthma, or allergies). Any requests for administering medicine to a child requires the completion of an Administering Medication Form. (See section 2l) Health)

A record of all children with specific ailments is kept in the front of the children's Registration Forms file, which is kept in the Club briefcase.

Epi pens and inhalers for individual children may be kept on site. These are clearly labelled with children's name and stored out of children's reach. The completed Administering Medication form should be with the medication. All staff must know where these medicines are located and be able to access them immediately.

On trip days, staff will ensure that the medication is taken on location along with the First Aid Kit.

2k) Health & Hygiene

Our Club promotes a healthy lifestyle and a high standard of hygiene in its day-to-day work with children and adults. This is achieved in the following ways:

2l) Health

Food

All snacks provided will be nutritious and pay due attention to children's particular dietary requirements.

Outdoor play

Children are encouraged and will have the opportunity to play in the fresh air throughout the year.

Illness

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Parents are asked to keep their children at home if they have any infection and to inform the Club as to the nature of the infection so that the Club can be aware and make careful observations of any other child who seems unwell. (For guidance please see Exclusion Criteria for Infectious Illnesses within Appendix 5)

Parents are asked not to bring into the Club any child who has been vomiting or had diarrhoea until at least 48 hours has elapsed since the last attack.

If the children of Club staff are unwell, the children will not accompany their parents to work in the Club.

Cuts or open sores, whether on adults or children, will be covered with a suitable dressing.

If a child is on prescribed medication needed during Club hours the procedures below will be followed:
At Holiday Club:
Parent/carer must complete and sign "Administering Medication Form". Staff must check that the medication has label with following information:

- The child's name
- The dose
- The frequency
- The doctor's name
- The expiry date

(Please note that some over the counter medicines for example paracetamol, ibuprofen and anti histamines will not include a prescription label but should be labeled with the child's name.)

At After School Club:
Club staff will accept a copy of the School Medication Administration form or letter from parent with instruction to administer medication providing these include the above information.

2m) Hygiene

To prevent the spread of all infection, adults in the Group will ensure that the following good practices are observed.

Personal hygiene

Hands washed with soap and water then dried before eating food or cooking and after using the toilet or involvement in messy play.

A large box of tissues available and children encouraged to blow and wipe their noses when necessary. Soiled tissues disposed of hygienically.

Children encouraged to shield their mouths when coughing or sneezing.

Intimate Care Policy

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Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence or assisting with washing or changing clothing due to illness.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of safeguarding and will ensure that another member of staff is made aware of the situation and that they provide discreet back up to ensure both the child and staff are safeguarded. On occasions where there is more regular need of intimate care, staff at the setting work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff will encourage each child to do as much independently as they can, giving them support to achieve the highest level of autonomy that is possible given their age and abilities.

Record any intimate care on Accident/Incident Form so that parent/carers are aware.

Dealing with bodily fluids/waste:

Spillages of substances likely to result in the spread of infections will be dealt with rapidly and carefully. Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely and hygienically by double bagging and be taken out of the setting. Staff will wear disposable plastic gloves. Children will be kept away from the area while such substances are being dealt with.

2m.i) Food Safety

The 115 Club complies with current Food Hygiene regulations and legislation and our settings which are rated as “Low Risk” are regularly inspected by the Local Authority Environmental Health Officer.

2n) Risk Assessments

ON SITE - It is the responsibility of the Club Leader to ensure that formal Risk Assessments are carried out on their sites at regular intervals using The 115 Club Risk Assessment template. Minimum intervals:- Bi Annual.

The Risk Assessment should be available to view by parent/carers upon request.

It is also the responsibility of **all** 115 staff to be familiar with our Risk Assessment template and on a daily basis to complete the Daily Risk Assessment Checklist (site specific, template found in documents section), this enables the Staff to recognise and report hazards as they are discovered or occur.

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OFF SITE - It is the responsibility of the Trip Organiser to investigate the existence of any Risk Assessments carried out by the hosts of our trips and to discuss potential hazards with the Management Team before committing the proposed trip to the programme. If no Risk Assessment is available the Trip Organiser will carry one out prior to the children arriving.

On arrival at our booked destination, it is the responsibility of **all staff** to ensure that any additional risks are recognised and the appropriate steps taken to safeguard the children within their care. This will include warning the children, all 115 Club Staff present on the day and (if appropriate) the staff of the host organisation. In cases where the host organisation has been advised of a potential hazard a record of this should be made on an Accident/Incident form, noting the hazard, person reporting, person reported to, date and time and three signatures, (the observer, the Club Leader, and a representative of the host organisation).

2o) Reporting a Dangerous Incident

In the event of a life threatening or serious injury or incident, the relevant Health & Safety Executive online RIDDOR form will need to be completed by the Club Leader. This can be found on http://www.hse.gov.uk/riddor/report.htm. Fatal and specified injuries should be reported by telephone on 0845 3009923 (open 08.30 to 17.00 outside of these hours complete online form.)

Ofsted must also be informed by the same method as above by: -

Telephoning 0300 123 1231
Email: enquiries@ofsted.gov.uk

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2p) Missing Person and Uncollected Child Procedure

Good working practices are put in place in order to:-

1) Minimise the risk of a child going missing.
2) Discover when a child goes missing as rapidly as possible.
3) Enable any member of the public finding the child to be able to contact the Club Leader.

In the event of a child going missing the name of the child is established and the Club Leader is notified immediately providing that this is practical and will not consume a disproportionate amount of time. The search will be co-ordinated by the Club Leader or the next most senior member of staff that is present at the place that the incident was discovered.

A search party is assembled involving as many staff as possible without leaving children unattended or at risk. The remaining children will be asked to stay together in one group in order to compensate for staff involved with the search. The member of staff co-ordinating the search will stay with the main group of children and after putting a search plan in place will notify the parents or carer.

The Club Leader will assess the situation having conferred with any other individuals, if the assessment makes it obvious that the child is at risk, the police will be contacted.

AFTER SCHOOL CLUB COLLECTION MISSING CHILD
When a child is identified as missing during After School Club Collection (i.e. their name is on the register to attend a session) the staff member collecting must speak to school teacher or school reception in order to ascertain why that child is not present. If no clear reason is identified (e.g. child went home ill) then we will contact the parent.

UNCOLLECTED CHILD POLICY

If a child is left uncollected at Club closing time every reasonable effort will be made by the Club to contact the parents or the back up contact. If, after 30 minutes from Club closing time, the parents or carers have made no contact the Club Leader will notify Social Services via the Duty Desk.

		After hours Office hours
For Bournemouth	Duty Desk	Telephone 01202 657279 or 01202 458101/02/05
For Ringwood	Duty Desk	Telephone 0845 6004555 or 0845 603 5620

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2q) Register of Attendance, Collection & Pick up.

Breakfast Club

There is a daily register of regular bookings that are invoiced in the normal way. All children attending will need to have completed a Registration Form at Club. There is a facility for Breakfast Club to be used by children on an occasional basis. Details of booking and payment can be found on our website.

Parents using Breakfast Club sign their children in on arrival. However on rare occasions a written agreement can be made with individual parents whereby the children can sign themselves in providing the School Policy would normally allow them to arrive at School unaccompanied. Where the entrance or access for Breakfast Club is via an area that children do not normally have access (i.e. a car park) the child must be accompanied by the authorised person and signed in. Our duty of care commences when a child registered with the 115 Club is signed in. We do not investigate in the event of a "no show".

At the official start of school the children are released from Club in compliance with the Host School's requirements. This may mean they make their own way to class within the school building but Reception children are usually delivered to their classes. In cases where the Breakfast Club is not within the School site children are walked to the School and accompanied into the building, from that point we comply with the Host School requirements. Our duty of care ends at this point.

After School Club

We have a daily register of regular bookings for all children attending After School Club. There is also a facility for one off or emergency bookings, these can be made by telephoning the Club (via our office or the club site) The parent will be asked to confirm by texting the Club mobile and to also phone the School office so that the child can be reminded or made aware that they are attending the Club that day. These children are marked in on our register manually, thus making them easily identifiable. Parents must also inform us of non-attendance in order to avoid time spent locating the child. This can be done by phone or text just prior to end of School.

Collection of children by After School Club:

This varies from School to School and is agreed when the Club initially opens and can be modified as required between the Host School and the Club Leader. At this stage all children must be accounted for as our duty of care commences at this point. If children are missing we have a policy to locate them. (section 2p).

Parental collection

All children must be picked up by authorised persons and must be signed out by that person. On rare occasions we allow children to leave Club independently to cater for individual needs but only after

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discussion and written permission from the person with parental responsibility. In an emergency when a parent or other authorised person cannot come in to collect a child, we can deviate from normal collection procedure. The Club Leader will only accept a change by phone call in order that we can first identify the caller prior to them giving permission for a new authorised person to collect. The new person must be able to identify themselves on arrival by photo ID or through a prearranged password. (The phone number will be verified by checking against child's Registration Form if the id of the caller is not displayed on the phone).

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3) EQUAL OPPORTUNITIES POLICY

This Club believes in the principle of freedom from discrimination for everyone and works in accordance with all relevant legislation, including:

The Equality Act 2010
Children Act 1989 and 2004
The United Nations Convention on the Rights of the Child (ratified by the UK 1991 & came into force in 1992)
Care Standards Act 2000

Children and staff are encouraged to treat all with equal respect and concern and to contribute positively towards the creation of good relationships.

We are committed to the fundamental principles of equality of access and opportunity; unbiased treatment; and equal value of all individuals, and aim to develop the full potential of those individuals irrespective of personal characteristics:-

Age	Disability	Gender reassignment
Marriage & civil partnership	Pregnancy & maternity	Race
Religion or belief	Sex	Sexual orientation.

All members of the Club need to be vigilant and aware that their actions and language can inadvertently reinforce gender bias and hidden racism.

The atmosphere and ethos of the Club are important. Since many "incidents" will be unintentional we would like to encourage openness on everyone's part so that discussion takes place in a positive atmosphere based on mutual respect and trust.

Staff are encouraged to follow agreed procedures (see Section 5: Behaviour Management) for dealing with racist, ignorant or insensitive comments by children during Club sessions.

To promote equal opportunity the 115 Club uses posters/books/toys/materials and other equipment that provide positive images.

We further promote equal opportunities by including varied themes and activities throughout the year such as, religious festivals, ourselves, the senses, other countries, foods etc.

The current Club Equalities Named Coordinators (ENCO) can be contacted for advice via the office.

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3a) Code of good practice

All Club staff, volunteers, and anyone else involved with the 115 Club in an official capacity should be aware of and following the content of the Club's Policy Documents. Cases involving any form of intimidation or bullying, (for definition see Section 5e) abuse of children's rights (as laid down in the United Nations Convention on the Rights of the Child) or the Equal Opportunities Policy with its rejection of discrimination on the grounds of race, age, gender etc are key issues.
Any display of intolerance on these issues will be dealt with immediately when brought to the Club Management's attention.

4) STAFF RECRUITMENT, TRAINING, DEVELOPMENT AND SAFEGUARDING

4a) Recruitment

The 115 Club ensures that potential employees are checked rigorously before employment commences. Those conducting interviews will have undergone the "Recruiting Safely" course run by Children's Workforce Development Council. We insist that all prospective staff have provided the following:

- Proof of identity
- Proof of address
- 2 references
- Enhanced Disclosure
- Certificates of training and/or qualifications.

All prospective employees awaiting evidence of any of the above are supervised continuously when on site.

We ensure that all job adverts are worded in such a way as to encourage applications from suitable candidates by detailing roles and responsibilities required. Job adverts will advise that due to the nature of our work all applicants will require Enhanced Disclosure and Barring (DBS) checks. The DBS Disclosure offers the 115 Club as employers a means to check the background of candidates to ensure that they do not have a history that would make them unsuitable for the position for which they are applying. As an organisation using the Disclosure & Barring Service to assess applicants' suitability for positions of trust, the 115 Club complies fully with the DBS Code of Practice (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/143662/cop.pdf) and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a non-relevant conviction or other information revealed.

We recognise however that References and Enhanced Disclosures, even of the updateable type are only valid up to the date of their issue and therefore only give us a picture of a persons past conduct. Once in employment it is our responsibility to ensure that all employee's conduct is suitable for our environment

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and that we quickly respond to any situations where it is not. We do this by various means throughout their employment.

4b) Induction & Safeguarding

New staff undergo induction, Safeguarding Literature is given and Club Leader discusses Safeguarding issues with them.
We discuss the following:

- Who is responsible for safeguarding
- What to do when you have a concern
- Types of abuse & neglect
- Signs, indicators and symptoms

4c) Ongoing Employment

Employees are kept up to date with information regarding Safeguarding matters. This is achieved in various ways:

- Site Meetings are used as a forum to discuss concerns or relevant issues, examining current practice and expressing points of view.
- Staff are enrolled on to Local Authority Safeguarding courses and refreshers every 3 years.
- We run in-house workshops for those not able to get on to Local Authority Courses also in order to comply by Local Safeguarding Children's Board (LSCB) Compact Agreement.
- Appraisals are used to identify training needs and to ensure Continuous Professional Development
- Peer on peer observations assists with the appraisal process and helps to identify needs, it also identifies any conduct, behaviour or working practice that could lead to a Safeguarding concern. It is most important that any concerns of this nature are addressed and resolved. Any serious concerns will be reported to Ofsted.

4d) Repeating DBS checks

DBS checks do not run out but they provide information about a person's criminal record history at one point in time and must be used with other methods to check suitability. Our alertness and observations provide the best means of checking that someone continues to be suitable to work with children. We have agreed with the Department for Education that we will not routinely repeat DBS checks to confirm suitability. We do, however, reserve the right to repeat any check – including DBS – if we get information that suggests a person may no longer be suitable.

The current DBS checks can have an additional element added in order that suitability can be re checked at any time by entering a unique number on the Government DBS Update Service. All new employees after the 1st April 2015 will be requested to register for this service. We will still not carry out scheduled updates however we will carry out update checks randomly and at times where feel it necessary to do so. Employees taken on after 1st April have signed an agreement accepting that these checks can take place.

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We comply with the Ofsted requirement that drug and alcohol dependency and mental health issues must be disclosed to us during the application process. Additionally any person who is on the Barred List or is living with someone in the same household who is barred must disclose this information to us as soon as it occurs or becomes known to them. Further details of the barring process can be found on EYFS Sept 2014 Paragraphs 3.14 and 3.15.

All job opportunities are placed on our website and externally i.e. Job Centre etc and are open to existing staff.

All members of staff, who either feel discriminated against with respect to staff appointments, working conditions and/or personal development, or have experienced harassment of any kind by another member of staff should discuss this with their Club Leader or alternatively any member of the Management team in order to resolve the matter.

4e) Staff identifying themselves to host schools

New 115 Club Staff will be introduced to school staff. All Club Staff will be able to show photographic proof of identity at any time should the host school request this.

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5) BEHAVIOUR MANAGEMENT POLICY

The 115 Club works with the positive behaviour management policies that the host schools subscribe to and feel it appropriate to have similar expectations of the children who attend our Club. We will work through praising appropriate behaviour and dealing with inappropriate behaviour in a positive manner.

Parents are made aware of our expectations, reward systems and behaviour management strategies and we work closely with them to ensure that children abide by these.

5a) Appropriate Behaviour

Our expectations are:-

Be polite)
Be kind) to each other and the adults within the club.
Be caring)

We will also ask the children to have respect for themselves, others and property.

Children participate in discussions on behaviour expectations to increase their awareness and to give them a sense of involvement and ownership. In order to promote and reward positive behaviour we use verbal praise, set a good example and use reward schemes e.g. stars, stickers and certificates.

5b) Dealing with Inappropriate Behaviour

When children demonstrate inappropriate behaviours, staff should challenge this in a consistent manner. Team Meetings will ensure that positive behaviour techniques are encouraged and implemented by all. Behaviour management strategies used may include:

- Consideration of consequences; with staff encouraging children to consider their actions and to understand the resulting consequences and how this affects them and others.
- Reflection time; where children spend a short period of time thinking about behaviour, helped by a member of staff to reinforce that child's understanding of positive behaviour.
- A better understanding of Conflict Resolution (see Section 5c).
- Club staff will work closely with the school on strategies to help deal with inappropriate behaviour of individual children.

5c) Conflict Resolution Steps

The following steps can be a used by Playworkers to help support children to work through displays of inappropriate behaviour.

1. Approach calmly, think positively allow time for cooling off.

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2. Feedback their feelings.
3. Gather information.
4. Say what the problem is.
5. Ask how this problem can be solved?
6. Review the solution and check everyone is ok.

When dealing with conflict these steps can help children cope with their behaviour and assist them to develop skills in understanding other people's feelings. Successful use of these steps can leave children feeling in control and give them new skills and strategies they can use in the future. Having a conflict resolution process helps children and young people relate to each other. It also demonstrates a consistent approach when responding to children's behaviour.

5d) Unacceptable Behaviour

There is no obligation for the Club to provide ongoing care for children who display a regular pattern of disrespect for Club expectations.

Examples of behaviour that is not acceptable at 115 Club includes:

- Behaviour that intentionally hurts or injures others physically; hitting, punching, kicking, biting etc.
- Behaviour that intentionally hurts others emotionally.
- Behaviour that intentionally damages property.
- Behaviour that disrupts group play continually.
- Behaviour that is unsafe endangering themselves or others.

If the Club Leader feels a child's behaviour has become a serious problem, is threatening the cohesion of the group and that despite resolution measures being taken, there has been no change or improvement to the child's behaviour, the parent will be notified that the following steps will be taken:

1 The Club Leader will inform the Club Office of events, providing documentation of incidents that cause concern; this will include signed incident forms and any unsigned notes or records of discussions with parents (found on the back of the registration form).
2 The Club Office, unless requiring further evidence, will write to Parents recommending that they find alternative childcare for their child, providing them, if feasible, with a reasonable time period in which to do this. However there may be cases where we feel it more appropriate for a child to stop attending with immediate effect.
3 Parents may appeal by contacting the Club Office if they feel that it is not reasonable for their child to be excluded and they should do so in writing giving their reasons why.
4 Consideration will be given to the appeal by a senior member of the Office team.
5 Following this and taking into account all further options and any additional input that may be available; a final decision will be taken.

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5e) Bullying

The 115 Club is committed to developing an anti-bullying culture. All children have an entitlement to play and learn at Club in a happy secure atmosphere, which includes protection from bullying.

There is no legal definition of bullying, however it can be defined as behaviour that is:

- Repeated.
- Intended to hurt someone either physically or emotionally.
- Often aimed at certain groups, e.g. because of race, religion, gender or sexual orientation.

It takes many forms and can include:

- Physical assault.
- Teasing.
- Making threats.
- Name calling.
- Cyberbullying - bullying via mobile phone or online (e.g. email, social networks and instant messenger).

Whilst these incidents in isolation may not constitute bullying, premeditated, systematic behaviour of this nature will be considered to be bullying. The above behaviours may be carried out by an individual or a group.

5f) Rough and Tumble Play/Aggression and Physical Assault

Staff will be able to distinguish between rough and tumble play and aggressive/bullying behaviour by observing the following behaviours:-

Facial and vocal expression: Rough and tumble play is often accompanied by smiling or laughing, and this 'play face' signals to other children that one's intentions are playful. By contrast, serious fighting is accompanied by frowns, staring and redness of face, grimacing and crying.

Self-handicapping: In a playful fight, a child (especially one is who is stronger or older) may allow another child to pin him or her down during wrestling, or to catch him or her during chasing. This does not occur during serious fighting or chasing.

Restraint: In playful fighting, a child will often not actually make contact with a touch or blow, or if contact is made it will be relatively gentle. In serious fighting, contact is not restrained and full force is often used. After rough and tumble play, children often stay together, whereas after a real fight they tend to move away from each other.

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Number of children: In playful fighting, it is common for many children to be involved, perhaps ten or more. Serious fights usually only involve two children at a time.

Onlookers: Playful fighting has little if any interest for non-participants. In contrast, serious fighting usually draws onlookers, and a crowd of children may congregate.

5g) Prevention of Bullying in Our Club

The 115 Club works in an environment, which promotes respect for others, is inclusive and celebrates diversity.

- Instances of bullying are greatly reduced in play spaces and settings that provide a range of absorbing and stimulating play opportunities. Our staff are made aware of this and are expected to further this aim, initiating it where required.
- We dedicate themed weeks to topics such as "Respect" and "Anti – bullying" in order to inform children of our shared expectations.
- We ensure that children are made aware what they can do should they be worried or anxious and that we will deal with this sensitively and effectively.
- We will encourage all staff to promote positive relationships and identify and tackle bullying appropriately.
- We will report back to parents regarding any concerns of bullying and deal promptly with complaints.
- We seek to learn from good anti bullying practice elsewhere i.e. schools, the Local Education Authority and other relevant organisations.

The 115 Club liaises with Parents in order that we can work together towards the prevention of bullying. We will ensure that:

- Parents are aware of Club behaviour expectations and will share and promote these with their child.
- Parents know who they need to contact should they have any concerns and communicate regularly with us to address these.
- Parents will need to make their children aware that they should speak to a member of Club staff immediately if they observe any bullying behaviour or if they feel they are the victim of bullying.
- Parents should reassure children that they are doing the right thing by reporting any incidences that they consider to be bullying.

The 115 Club encourages children to help work towards a happy and safe play environment. We inform children that they should:

- Tell a member of staff if they or others are getting upset or hurt. It is important to do this straight away. If a child cannot do this, for any reason, they should tell a friend or a parent as soon as possible.

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- When a child is making a report they need to be clear about what happened, who was involved, how often it occurred and if anyone else saw the incident.
- Never join in with bullying.
- Remember that all bullying is wrong and children do not have to stay silent about it. Children should keep speaking about it until someone does something to stop it.
- Follow Club rules about safe areas to play where staff can supervise more closely.

5h) If a Child is Demonstrating Bullying Behaviour

Staff will speak to the child and explain that what he or she is doing is unacceptable and makes other children unhappy.

The child will be required to make a full and proper apology to the person they have bullied.

A written report will be made and parents/carers will be informed of the incident/s. It will be kept with the child's Registration Form on site.

The child's parent(s) or carer(s) may be asked to come to the Club to discuss the incident.

If the child continues to behave in an unacceptable manner despite above measures having been taken, it may be necessary to exclude the child from the Club (See Section 5d).

5i) Suspected or Alleged Bullying

Any instances of suspected bullying must be reported to the Club Leader, who will immediately take the following steps to deal with the matter:-

1 Interview the alleged bully.
2 Interview the alleged victim.
3 Interview any witnesses.
4 Bring both parties together to explore each other's feelings.
5. Agree a strategy for both parties to resolve the situation. (If indeed one exists).
6. Investigate the possibility of any underlying problems.
7. Continue to regularly monitor the situation and progress made.

On occasions when initial report of suspected bullying comes from an external source i.e. parent or teacher, information must be accurately collected before commencing above steps.

It may become necessary to liaise with other professionals for example, Education Welfare Officer and School Nurse.

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6) SAFEGUARDING POLICY (CHILD PROTECTION)

The Club operates a Safeguarding Children Policy in line with the procedures outlined in the following publications

- Working Together to Safeguard Children 2013. http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf

- What to do if you think a Child is Being Abused. (Please see Flow chart 1: Referral, Appendix 2).

- LSCB (Local Safeguarding Children's Board) Compact Agreement.

All staff are expected to be familiar with the content of these documents. Efficient and co-ordinated recording and monitoring are an essential part of an effective Safeguarding Children Procedure. Staff training skills and experience mean they are well placed to make observations and professional judgements regarding a child's welfare.

All settings will comply with current regulations regarding Safeguarding Training Courses. In addition New Staff are given Safeguarding information and guidance during their Induction. (See Appendix 3.)

6a) Aims

- To support children's development.
- To identify risk indicators in cases of suspected abuse.
- To provide accurate and clear information where there is a cause for concern.
- To differentiate between incidents of **obvious abuse** which require immediate and urgent action and **lower level anxieties** that build up to form a picture of concern.

6b) Recognition

All children should be able to enjoy a good standard of:-
Safety, **H**ealth, **E**njoyment and achievement, **E**conomic wellbeing and the ability to make **P**ositive contributions.

Concern is a **justified** suspicion or a belief that a child may be in need of help or protection.

Abuse is defined as a **deliberate** act of ill treatment that can harm or is likely to cause harm to a child's safety, well being and development. There are 4 main types of abuse

Physical, **E**motional, **N**eglect, **S**exual.

6c) Guidelines

If you have a Safeguarding concern:-

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Do:

- Stay calm.
- Provide a listening ear and an open mind.
- Reassure the individual that they are doing the right thing by telling you.
- Accurately record the information you are provided, using an incident form and report as quickly as possible to your Club Leader (The Safeguarding Coordinator) who will then decide what further action will need to be taken. This information may need to be passed to Social Services and Ofsted and should include a record of the time, date and persons present.
- Discuss with your Club Leader if you are unsure or in any doubt if your concerns are valid or not.

Don't:

• Promise to keep the information secret, making it clear that you have a duty to share this information with others in order to help them.
• Stop or interrupt the individual who is freely recalling significant events.
• Make the individual tell anyone else. You may be the only person the child is prepared to speak to. The child may have to be formally interviewed later and it is important to minimise the number of times information is repeated.
• Make any suggestions to the individual about how the incident may have happened.
• Question the individual, except to clarify what they are saying. (I.e. no leading questions) Use **TED T**ell me, **E**xplain, **D**escribe.
• Discuss the information with anyone other than your Safeguarding Coordinator or an appropriate external agency.

Staff are duty bound to pass on all information to the Safeguarding Co-ordinator or their Deputy. Staff should ensure that they always ask for feedback as to what happened to the information they passed on. If they are not satisfied with the action taken, or lack of it, they should refer the matter to the Club Director.

Reporting a safeguarding issue is not a task that needs to be taken in isolation and indeed is best done with a level of support from other professionals. Within our organisation the responsible person is the Safeguarding Co-ordinator who will then refer on to the Director. Beyond this level other professionals, namely staff within Children's Social Care and the relevant School will always be on hand to provide assistance.

However in cases where there appears to be a risk of **significant harm,** immediate action may be required which may even require calling the Police. Such an event will always require following up with an immediate call to the duty desk of the local authority (See contact phone numbers). Any written records and any observations or statements made in connection with any incident or concern must then be forwarded to Children's Social Care.

Every effort will be made to support staff who become involved in any way with Safeguarding issues.

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Any safeguarding concerns are/can be reported to the following:

115 Organisation Safeguarding Leads:	Brigid Coutts, Director 07836234714 Cecilia Penn, Club Liaison Manager 07946214732
BCP MASH:	01202 735046 MASH@bcpcouncil.gov.uk
Dorset MASH:	01202 228866 MASH@dorsetcouncil.gov.uk
Police:	01202 222 222 MASH@dorset.pnn.police.uk
Children's social care out of hours service:	01202 738256 childrensOOHS@bcpcouncil.gov.uk
Hampshire:	
Children's services weekdays 8.30 am to 5pm	0300 555 1384
Children's services out of hours	0300 555 1373

6d) Common Assessment Framework (CAF)

The CAF is a tool to enable early and effective assessment of children and young people who need additional services or support from more than one agency. It is consent based and records in a single place and in a structured and consistent way, every aspect of a child's life, family and environment. There are occasions when we will need to contribute towards or complete a CAF. (A detailed explanation of the CAF process can be found on Appendix 3 of Safeguarding Children Support materials. Appendix 3)

6e) What to do if an allegation is made by a child against a member of staff

In order to ensure that the risk of this occurrence is minimised it is the Club's policy to constantly monitor staff performance and to stress to all staff that they avoid situations where they are:-

- Alone with a single child.
- Out of direct sight of another member of staff.

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- Taking part in inappropriate activities, e.g. having children sitting on adult's laps; play fighting that could lead on to physical contact and aggressive behaviour by either party which could then result in distress or actual harm. (Members of staff should never initiate such activities however it is recognised that children may; in order to avoid that child feeling rejected a sensitive response by the adult is necessary.)

If a child makes an allegation against a member of staff, the Club acts immediately. The Club Leader (on site Designated Safeguarding Co-ordinator) or their Deputy, using the Guidelines in section 6c, will talk to the child concerned in order to establish which member of staff was involved and the nature of the allegation. The Club Leader will then inform the Club Director without delay. The incident will be brought to the attention of the person with parental responsibility at the first opportunity. They will:

- Be asked to sign the incident form confirming that they have read and understood the content.
- Be reassured that the matter will be dealt with promptly and that the staff member concerned will remain supervised at all times until the matter is resolved.
- Be made aware that if they are unsatisfied in any way they may make a complaint directly to OFSTED. The contact details are displayed on the Club board.

In the absence of written reports (e.g. the incident may only just have happened) the Club Leader will make a verbal report and confirm that a written incident form will follow.

The Club Director, the Designated Safeguarding Co-ordinator or their Deputy will make Children's Social Care (MASH team) and OFSTED aware using the contact numbers in Section 6c. In certain situations the member of staff may be suspended or dismissed without warning as outlined in the Staff Handbook.

If the allegation is made against The Designated Safeguarding Co-ordinator, their Deputy, or the Club Director then any member of staff can directly contact first Children's Social Care (MASH team), then the OFSTED office on 0845 601 4772.

6f) Records

All records involving Safeguarding issues will be marked "Confidential" and taken to the Club Office and filed in the Master Registration Folder for safekeeping.

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6g) Prevent strategy

Under Section 26 of the Counter-Terrorism and Security Act 2015 we have a duty of care to have "due regard to the need to prevent people from being drawn into terrorism" As with other safeguarding duties that protect children from other harm, prevent is part of a wider safeguarding duty to protect children from harm from extremism whether that is from within their family or the product of outside influences. We are expected to promote fundamental British values in order to build children's resilience and enabling them to challenge extremist views. British values are considered to include democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. As with other safeguarding risks, staff must be alert to changes in children's behaviour which could indicate they are in need of help or protection. 115 Club promotes equality and openness within all of our clubs with both staff and children. This includes acceptance of a variety of cultures and cultural beliefs, as long as mutual respect and tolerance is maintained.

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7) COMPLAINTS PROCEDURES

Our Club is committed to providing highest quality care for all our children and their families as quoted in our Mission Statement (Section 1). We accept however that sometimes things do not always go to plan and in such circumstances, we want to know so that we can put them right and learn from our mistakes.

We believe children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes. Our intention is to work in partnership with parents and we welcome suggestions on how to improve our Club at any time.

7a) Making concerns known

A parent who has a concern about any aspect of the Club's provision should talk over any worries and anxieties with the individual staff member (if deemed appropriate) and Club Leader. Regular communication between Club and parents will ensure that concerns will be addressed.

7b) Making a complaint

Stage 1: When a parent is unhappy about any aspect of the Club's provision or staff conduct, we encourage them to initially talk to the Club Leader. The Club Leader will fill out a Complaints Record Form and try to resolve the problem within a reasonable time scale. If a satisfactory resolution cannot be found, then Stage Two of the procedure will formally come into operation. (A record of complaints is held in a log, which is accessible to parents and Ofsted inspectors.)

Stage 2: If informal discussions of a complaint or problem have not produced a satisfactory result or if the problem recurs then parents should put their complaint in writing, including details such as relevant names, dates and evidence. This written complaint should be sent to the Club Office via email or letter. The member of staff dealing with the complaint will acknowledge receipt of the complaint within 3 to 7 working days. The matter will be fully investigated within 15 to 28 days. If there is any delay we will advise the parent of this and offer an explanation. We will be responsible for sending a full and formal response to the complaint. If the complaint has child protection or criminal implications then the relevant organisations are contacted. (See Safeguarding Policy Section 6)

7c) If you are still not happy

If no satisfactory outcome occurs after contacting the Club Office the parent can contact the appropriate OFSTED office.
Early Years OFSTED, Piccadilly Gate, Stone Street, Manchester. M1 2WD
Email: enquiries@ofsted.gov.uk
Telephone: 0300 123 1231

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8) PARENTAL INVOLVEMENT

It is the intention of the115 Club that we foster a partnership with all parents and carers which will enable every child to gain the maximum benefit from their time at the Club.

We do this by:-

1. Exchanging information with Parents/Carers – formal and informal.

2. Allowing parents to help in the Club.

3. Providing information sheets and leaflets which are displayed during the session on tables on notice boards.

4. Referring Parents/Carers to our Website which contains:-

    - Holiday Club programme
    - Holiday Club Booking Form
    - Registration Forms (these can be typed) but must be printed and signed.
    - Terms and Conditions
    - After School Club themes
    - Club News
    - Club site Phone Numbers
    - Contact Us details
    - Policy Documents

5. Providing opportunities for Parent/Cares to complete feedback sheets that are available at Club.

6. Sending additional newsletters or programmes with monthly invoice email.

The Club Leader, Key Person or other members of the 115 Club team will always make every effort to talk to parents about specific issues.

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9) PRIVACY AND CONFIDENTIALITY

Personal information on children, families and staff is kept securely whilst being easily accessible to key staff. In ensuring privacy and confidentiality, we will need to consider:

- Who needs to know the information.
- How the balance between confidentiality and disclosure is managed (See also Safeguarding/Child Protection Section 6f).
- The role of the key person.
- When and where information, is shared with parents.
- That in some circumstances information may only be shared with key staff within 115 Club.
- In most cases where sharing information with other organisations becomes necessary this will require parental consent.

9a) Parental access to records

If parents request access to their child's records we can provide information on:

- Which records are kept and why.
- Where records are kept and in what form.
- How and when parents can access records.

In addition, we ensure:-

- That parents can access records about their own child without seeing those of other children.
- That staff maintain professional records and understand the impact that these recordings may have on children and their families.
- That we follow the Data Protection Act 1998 and implement its guidelines on keeping records.
- That we are registered with the Information Commissioner's Office (ICO).

9b) Use of Photographs and Videos at 115 Club.

The Club does not use photographs and video recordings very often and for that reason does not allow children to bring in and use any device which can take an image either moving or still.

9c) Why photos and video maybe taken.

- For displays and albums of Club activities, workshops and of children's creations.
- For specific projects like filming small drama sketches.

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9d) Who takes photos and/or video and how it will be stored.

- Club staff may take photographs or video.
- These images will be taken and printed on Club equipment.
- Special requirements such as photo books will only be produced or processed via the Club office.
- After an image has been printed, a copy will be displayed at the Club and any electronic copies will be destroyed.
- When printed copies are no longer used by the Club they will be destroyed, or on request, be given to the child who features in the image.
- These images will not be for public view (other than at the Club site) or used in any publications unless specific permission is given by the parent/carer, e.g. if a specific Club activity was of interest to a particular publication.

9e) Parental Permission

- All parents can opt out of having their child's photograph taken by sending a written request to Club.
- By signing our Registration Forms and agreeing to the 115 Club Terms and Conditions, parents/carers are consenting to their children being photographed.

9f) Photographs and Images taken by others

- With the exception of the 11 Plus Group, children are not allowed to bring in electronic devices e.g. DSs, mobile phones, or digital cameras. This is to ensure that no images can be taken at Club of any children that can then be used without their consent.
- Staff private phones or cameras are not allowed to be used.
- No other organization is allowed to take photographs of children during their time at Club unless specific permission is sort from both Club and parent/carers.

9g) 11 Plus Group

The 115 Club accepts that mobile phones are an effective form of communication and that they are now a part of everyday life. Bearing in mind that this group of children are given a much higher degree of freedom whilst on trips and outings it was felt that having a means of communication on their person far outweighed any disadvantages that came with the technology. To reduce the impact of any perceived disadvantages the following steps are taken.

- Club Staff working with young people in 11 Plus Group will ensure that they are aware of E safety guidelines.

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- Club staff will define clear rules for sensible use of mobile phones and electronic devices and the consequences for breaking them.
- Refer young people to **https://www.thinkuknow.co.uk/** for further guidance and information.

10) STATEMENT FOR INDIVIDUAL REQUIREMENTS

The 115 Out of School Club is inclusive and will ensure that within our means any child with a specific need or requirement will be accepted into our environment.

We invite all children/parents/carers to view our facility prior to commencement of their sessions so they can feel comfortable when attendance starts. We promote staff training in areas of needs and inclusion and use resources from other organisations if available to us. As a Club we work closely with teachers/parents/carers/social services and other professional people to give the best possible care for children with specific needs. We encourage all children to take part in activities within our Club and use appropriate support/materials or resources to include children with specific requirements.

Some examples:

- If the spoken word presents a difficulty this can to a large extent be overcome by the use of elementary sign language, pictorial aids, or by using the written word.

- Mobility problems can be overcome by a variety of means. At Moors Valley Adventure Park rough terrain electric wheelchairs are available. These are not only practical, they are great fun!

- If staff levels permit and additional funding is available we can provide one to one assistance.

As an inclusive organisation we ensure that through our general practice our activities and play opportunities are accessible to all.

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11) PLAY POLICY

The 115 Club believe that:

- "All children and young people need to play. The impulse to play is innate. Play is a biological, psychological and a social necessity and is fundamental to the healthy development and well being of individuals and communities" Playwork Principles (Skills Active 2005).
- The development of a Play Policy is considered essential in delivering the recognised needs of the 'Every Child Matters' framework and Children's Act 1989 & 2004.
- We should have a Play Policy to enable us to commit to Article 31(as well as other relevant Articles within this Legislation) of the United Nations Convention on the Rights of the Child, (1989 ratified in UK 1991) which states 'children have the right to rest and leisure, to engage in play and recreational activities appropriate to their age and to participate freely in cultural life and the arts'.

We believe that good quality children's play opportunities should consider the following:

- **Children's views and interests**
- **Access to rich, stimulating environments**
- **Freedom to play**
- **Equal entitlement**
- **Respect for all children**
- **Children's abilities (age/ stage of development)**
- **Play for its own sake**
- **The importance of risk and challenge**
- **The adult role in play (support and resource)**

Managing Risk

- We, as with many other providers of play provisions, facilities and services are increasingly concerned about minimising the risk of injury due to the fear of litigation. We believe however that play facilities and services that offer no challenges will not contribute much to a child's development and if children become bored they may seek excitement elsewhere, possibly in a more dangerous environment.
- It is the job of all those responsible for children's play to assess and manage the level of risk, so that children are given the chance to stretch themselves and develop their abilities without exposing them to unacceptable risks. Play provision is uniquely placed to offer children the chance to learn about risk in an environment designed for that purpose, helping to equip children to deal with hazards in the wider world and later in life.

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Play England state:- "There is no specific legislation on play safety. The key legislation is the Health and Safety at Work Act 1974 and the Occupiers Liability Acts 1957 and 1984. In practice, this legislation implies a level of care for providers that is captured in the "notion of reasonableness".

We comply with Health and Safety at Work Regulations 1999 by carrying out comprehensive assessments of risk associated with our environment and activities and record our assessments. For trip days or outings, 115 Risk Assessments are completed alongside any Risk Assessments provided by the venue or organisation that we visit. The 115 Club use risk-benefit assessments as a tool for improving decision-making in any context where a balance has to be struck between risks and play benefits.

12) EARLY YEARS POLICY

As an Out of School Club we endeavor to provide time for children to relax and choose their own activities for the time they are with us. These activities may vary from sitting alone and looking at a book to running around in the playground with their friends playing "It". We are aware however that in all children's play, learning is a natural consequence. With this in mind we ensure that we make available a variety of activities to stimulate and challenge all areas of child development and to recognise the diverse uniqueness of the children attending.

The children in the Early Years age group benefit by being integrated with the older children. They are exposed to a wider range of play and social experiences as a consequence. They watch and mimic skills that older children may demonstrate, further developing their own abilities. This may stimulate new interests and nurturing friendships. Older children may be nurturing at times however they can also dominate the environment or a situation. Early years children have the opportunity to experience these types of situations and thereby develop skills in dealing with them.

The 115 Club is not a primary provider of the Early Years Foundation Stage framework however we liaise with the child's school and parents to ensure that we support any development needs. We are not required to carry out the same level of developmental assessments and observations as the primary provider (school or nursery). We do however conduct group and individual observations and evaluations in order to enable us to implement improvements to activities or provide opportunities for future goals or play experiences. We ensure that our programme of activities covers all the prime and specific areas of learning.

We believe that our practice demonstrates that we are meeting all the requirements of the Early Years Foundation Stage whilst ensuring that we link this with Playwork Principles.

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13) APPENDIX

1. Hazard x Probability = Risk rating example table.
2. Working Together to Safeguard Children: Referral Flow Chart.
3. Safeguarding Literature from Local Authority Safeguarding Course.
4. United Nations Convention on the Rights of the Child. Including Article 12, 23 & 31.
5. Exclusion Criteria for Childcare Settings
6. Covid Strategy and Risk Assessment

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APPENDIX 1:

Hazard x Probability = Risk Rating

HAZARD

MINIMAL	LOW	MODERATE	HIGH	CRITICAL
Results in very minor injuries;	Results in minor injuries; e.g. slight cuts, bruises etc.	Results in injuries; e.g. severe cuts, minor fractures etc.	Causes disease, severe injuries, e.g. major bone fractures etc.	Causes disease, loss of limb, severe injuries; e.g. major bone fractures or death.
No first aid or medical treatment required.	Requires first aid.	Requires first aid or medical treatment.	Requires medical treatment.	Requires medical treatment, hospitalisation and/or medical retirement.
No lost time	No lost time	Lost time < 7 days	Lost time < 3 months	Lost time < 3 months
Damage to plant/equipment etc. < £10	Damage to plant/equipment etc. Range £10 - £100	Damage to plant/equipment etc. Range £100 - £300	Damage to plant/equipment etc. Range £300 - £5000	Damage to plant/equipment etc. £5000 >
1	2	3	4	5

PROBABILITY

MINIMAL (unlikely to ever occur)	LOW (Could happen but unlikely)	MODERATE (May happen in time)	HIGH (Likely to happen within next 12 months)	CRITICAL (Likely to happen any time)
Excellent safety controls & monitoring. Highly supervised.	Controls effective.	Causation and hazards happen infrequently	Hazards occur intermittently or events with accident potential happen occasionally.	Hazards exist permanently and adequate controls rarely applied.
Details working procedures & high skilled employees.	Work routines and awareness adequate.	Controls, work routine & supervision normally adequate but could improve.	Inadequate controls, work routine and supervision poor or could be improved.	Lack of supervision, training, procedures or equipment inadequate.
Hazards are high profile, staff training and awareness good.	Highly trained and skilled staff.		Hazard awareness adequate, but not fully controlled. Procedures not always adhered to.	Hazard not always appreciated. Procedures not always adhered to.
Equipment safe by design.	Hazards have high profile.			
No accident history.	No accident history.	Accidents have happened some time in the past.	Accidents have happened several times in the past.	Accidents occur frequently.
0.25	0.5	1	2	3

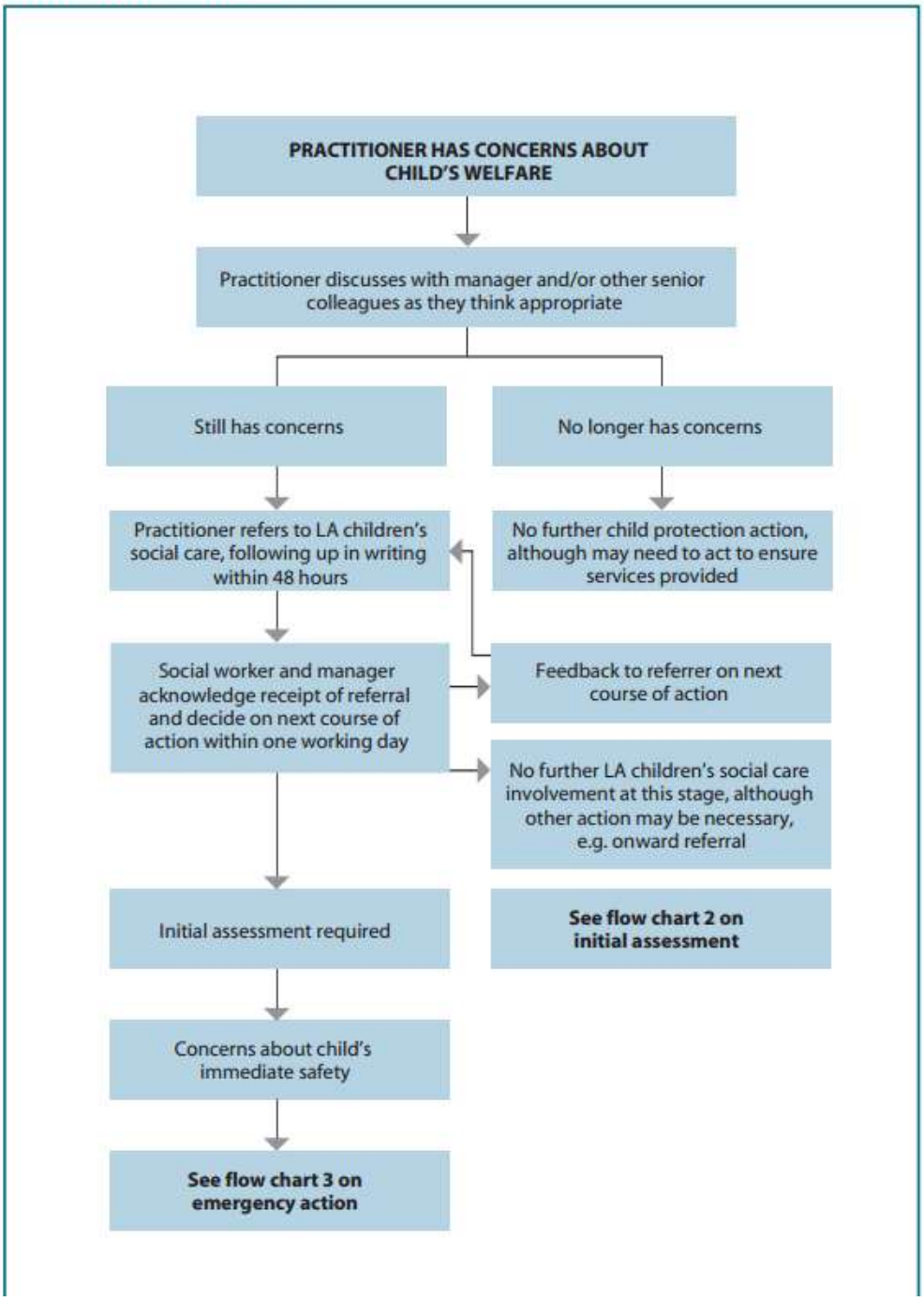
RISK RATING

NO FURTHER ACTION	NO FURTHER ACTION AT THIS TIME	TAKE STEPS TO REDUCE RISK OR ELIMINATE HAZARDS	REDUCE RISK OR ELIMINATE HAZARDS AS SOON AS POSSIBLE	IMMEDIATE ACTION REQUIRED NOW
Continue to monitor.	Continue to monitor.	Undertake more detailed assessment such as JHA.	Seek specialist advice.	CONSIDER STOPPING ACTIVITY
Reassess if any significant changes.	Reassess if any significant changes.	Try to eliminate or reduce hazards as soon as practicable.	Undertake more detailed assessment such as JHA.	Seek specialist advice.
	Have long term plans to eliminate or reduce hazards.	Reassess work routines and training.	Try to eliminate or reduce hazards as soon as reasonably practicable.	Undertake more detailed assessment such as JHA.
		Increase controls.	Reassess work routines and training. Increase awareness & controls.	Try to eliminate or reduce hazards immediately.
		Continue to monitor.	Increase monitoring.	Reassess work routines and training. Increase awareness & controls.
				Monitor constantly.
0.25 - 1	1 - 2	2 - 4	4 - 9	9 - 15

JHA = Job Hazard Analysis

APPENDIX 2:

Flow chart 1 – Referral



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APPENDIX 3:

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SAFEGUARDING CHILDREN

2day **Level 3** Multi-agency course 2012-2013 support materials

"Children become the victims or the beneficiaries of adult actions." *(Cunningham, Hugh, The Invention of Childhood BBC Books, 2006) "*Whilst children and young people's safety is a matter for us all, a heavy responsibility has rightly been placed on the key statutory services to ensure it happens. … It would be unreasonable to expect that the sudden and unpredictable outburst by an adult towards a child can be prevented. But that is entirely different from the failure to protect a child or young person already identified as being in danger of deliberate harm. The death of a child in these circumstances is a reproach to us all".

(The Protection of Children in England a Progress Report: Lord Laming 2009)

"The biggest barrier to diagnosis is the existence of emotional blocks in the minds of professionals. These can be so powerful that they prevent the diagnosis even being considered in quite obvious cases. All those working with children should be warned that their overwhelming impulse on confronting their first case will be to want to cover it up. The most important step in diagnosing non-accidental injury is to force yourself to think of it in the first place". *Rosemary Gordon*

Target group: members of statutory, voluntary, independent and community organisations who work predominantly with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns *e.g. paediatricians, GPs, youth workers, those working in the early years sector, residential staff, midwives, school nurses, health visitors, sexual health staff, teachers, probation staff, sports club welfare officers,* those working with adults *e.g. learning disability, mental health, alcohol and drug misuse services, those working in community play schemes.*

Course content will include:

- What is child abuse and neglect?
- Signs and indicators of abuse and neglect.
- Normal child development.
- Maintaining a child focus.
- What to do in response to concerns.
- Documentation and sharing of information regarding concerns.
- Using the *Framework for the Assessment of Children in Need and their Families:* Own safeguarding roles and responsibilities.
- Working together to identify, assess and meet the needs of children where there are safeguarding concerns.
- The impact of parenting issues, such as domestic abuse, substance misuse on parenting capacity.

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- Recognising the importance of family history and functioning.
- Working with children and family members, including addressing lack of co-operation and superficial compliance within the context of role.
- Section 47 enquiries, roles, responsibilities and collaborative practice.
- Using professional judgements to make decisions as to whether a child is suffering, or is likely to suffer, significant harm.
- Taking emergency action.
- Working with complexity.
- Communicating with children

OUTLINE OF SAFEGUARDING CHILDREN PROGRAMME

The content will be delivered by direct trainer input, large and small group discussion, exercises and quiz material. The course presenters will include agency representatives:

- Consultant Paediatrician *(covering indicators of abuse)*
- Police representatives *(covering role of police in investigation of abuse allegation; e-safety and professional e-safety)*
- Independent Reviewing Officer *(covering the Child Protection Conference process)*
- Domestic Violence specialist *(covering the impact of Domestic Violence on victims and children in the household)*
- Health representative *(covering the role of health in Safeguarding children)*
- Social Care representative *(covering the legal and procedural framework for Safeguarding children and how this works in professional practice)*

Supporting children and families

1.1 … Government *Every Child Matters* Green Paper 5 outcomes key to children and young people's wellbeing are:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic wellbeing.

1.3 To achieve the 5 *Every Child Matters* outcomes, children need to feel loved and valued, and be supported by a network of reliable and affectionate relationships. They need to feel they are respected and understood as individual people and to have their wishes and feelings consistently taken into account. If they are denied the opportunity and support they need to achieve these outcomes, children are at increased risk not only of an impoverished childhood, but also of disadvantage and social exclusion in adulthood. Abuse and neglect pose particular problems.

Parenting, family life and services

1.4 Patterns of family life vary and there **is no single, perfect way** to bring up children. Good parenting involves caring for children's basic needs, keeping them safe and protected, being attentive and showing them warmth and love, encouraging them to express their views and consistently taking these views into account, and providing the stimulation needed for their development and to help them achieve their potential, within a stable environment where they experience consistent guidance and boundaries.

1.5 Parenting can be challenging. Parents themselves require and deserve support. Asking for help should be seen as a sign of responsibility rather than as a parenting failure.

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1.6 A wide range of services and professionals provide support to families in bringing up children. Sometimes children will seek out and ask for help and advice themselves. However, in the great majority of cases, it will be the decision of parents when to ask for help and advice on their children's care and upbringing. … **Only in exceptional cases should there be compulsory intervention in family life** e.g. where this is necessary to **safeguard a child from significant harm**. Such intervention should – provided this is consistent with the safety and welfare of the child.

A shared responsibility

1.12 Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – **depends on effective joint working between agencies and professionals that have different roles and expertise.**

1.14 For those children who are suffering, or likely to suffer, significant harm, **joint working is essential** to safeguard and promote their welfare and, where necessary, to help **bring to justice the perpetrators of crimes against children**. All agencies and professionals should:

- be alert to potential indicators of abuse or neglect;
- be alert to the risks of harm that individual abusers, or potential abusers, may pose to children;
- prioritise direct communication and positive and respectful relationships with children, ensuring the child's wishes and feelings underpin assessments and any safeguarding activities;
- share and help to analyse information so that an assessment can be made of whether the child is suffering or is likely to suffer harm, their needs and circumstances;
- contribute to whatever actions are needed to safeguard and promote the child's welfare;
- take part in regularly reviewing the outcomes for the child against specific plans; and
- work co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

The child in focus

1.15 Lord Laming reiterated the importance of frontline professionals getting to know children as individual people and, as a matter of routine, considering how their situation feels to them. Ofsted's evaluation of 50 Serious Case Reviews conducted between 1 April 2007 and 31 March 2008 highlighted '**the failure of all professionals to see the situation from the child's perspective and experience; to see and speak to the children; to listen to what they said, to observe how they were and to take serious account of their views in supporting their needs as probably the single most consistent failure in safeguarding work with children.'**

1.18 Effective ongoing action to keep the child in focus includes:

- developing a direct relationship with the child;
- obtaining information from the child about his or her situation and needs;
- eliciting the child's wishes and feelings – about their situation now as well as plans and hopes for the future;
- providing children with honest and accurate information about the current situation, as seen by professionals, and future possible actions and interventions;
- involving the child in key decision-making;
- providing appropriate information to the child about his or her right to protection and assistance;
- inviting children to make recommendations about the services and assistance they need and/or are available to them;
- ensuring children have access to independent advice and support (for example, through advocates or children's rights officers) to be able to express their views and influence decision-making; and

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- the importance of eliciting and responding to the views and experiences of children is a defining feature of staff recruitment, professional supervision, performance management and the organisation's broader aims and development.

Key definitions

Children

1.19 …. Children Acts 1989 and 2004 respectively, **a child** is anyone who has **not yet reached their 18th birthday**. 'Children' therefore means 'children and young people' throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, **does not change his or her status** or entitlement to services or protection under the Children Act 1989.

Children in need

1.25 Children who are defined as being **'in need',** under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services *(section 17(10) of the Children Act 1989),* plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- what will happen to a child's health or development **without** services being provided; and
- the **likely effect** the services **will have** on the child's standard of health and development.

Local authorities have a duty to safeguard and promote the welfare of children in need.

The concept of significant harm

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

1.27 A court may make a care order *(committing the child to the care of the local authority)* or supervision order *(putting the child under the supervision of a social worker or a probation officer)* in respect of a child if it is satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control *(section 31).*

1.28 There are **no absolute criteria on which to rely when judging what constitutes significant harm**. Consideration of the severity of ill-treatment may include the degree and **the extent of physical harm**, the **duration and frequency** of abuse and neglect, the **extent of premeditation**, and the **presence or degree of threat, coercion, sadism and bizarre or unusual elements**. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. **More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development**. Some children live in family and social circumstances where their health and development are neglected. For them, it is the **corrosiveness of long-term emotional, physical or sexual abuse that causes impairment** to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and

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supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

- **'harm'** means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- **'development'** means physical, intellectual, emotional, social or behavioural development;
- **'health'** means physical or mental health; and 'ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under section 31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development **shall be compared with that which could reasonably be expected of a similar child**.

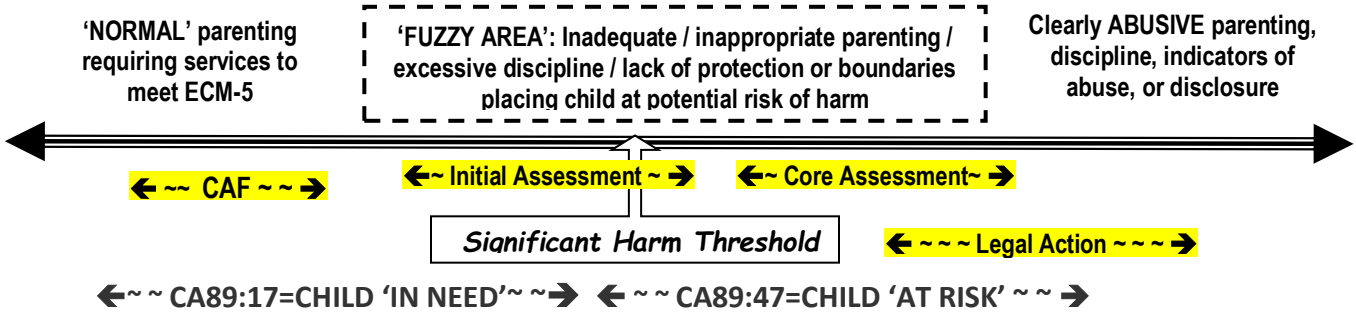
1.29 To understand and identify significant harm, it is necessary to consider:

- the **nature of harm**, in terms of maltreatment or failure to provide adequate care;
- the **impact on the child's** health and development;
- the child's development within the **context of their family** and wider environment;
- any **special needs,** such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family;
- the **capacity of parents to meet** adequately the child's needs; and
- the wider and environmental family context.

1.30 The **child's reactions**, his or her perceptions, and **wishes and feelings should be ascertained** and the **local authority should give them due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding** *(Section 53 of the Children Act 2004 amended section 17 and section 47 of the Children Act 1989, so that before determining what, if any, services to provide to a child in need under section 17, or action to take with respect to a child under section 47, the wishes and feelings of the child should be ascertained as far as is reasonable and given due consideration.)*

1.31 To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, an impairment, or their particular psychological or social situation. This **may involve using interpreters and drawing upon the expertise of early years workers** or those working with disabled children.

ABUSE CONTINUUM



'FUZZY AREA' DECISION MAKING → **Indicator + Account + Context + Knowledge = Decision + Response**

What is abuse and neglect?

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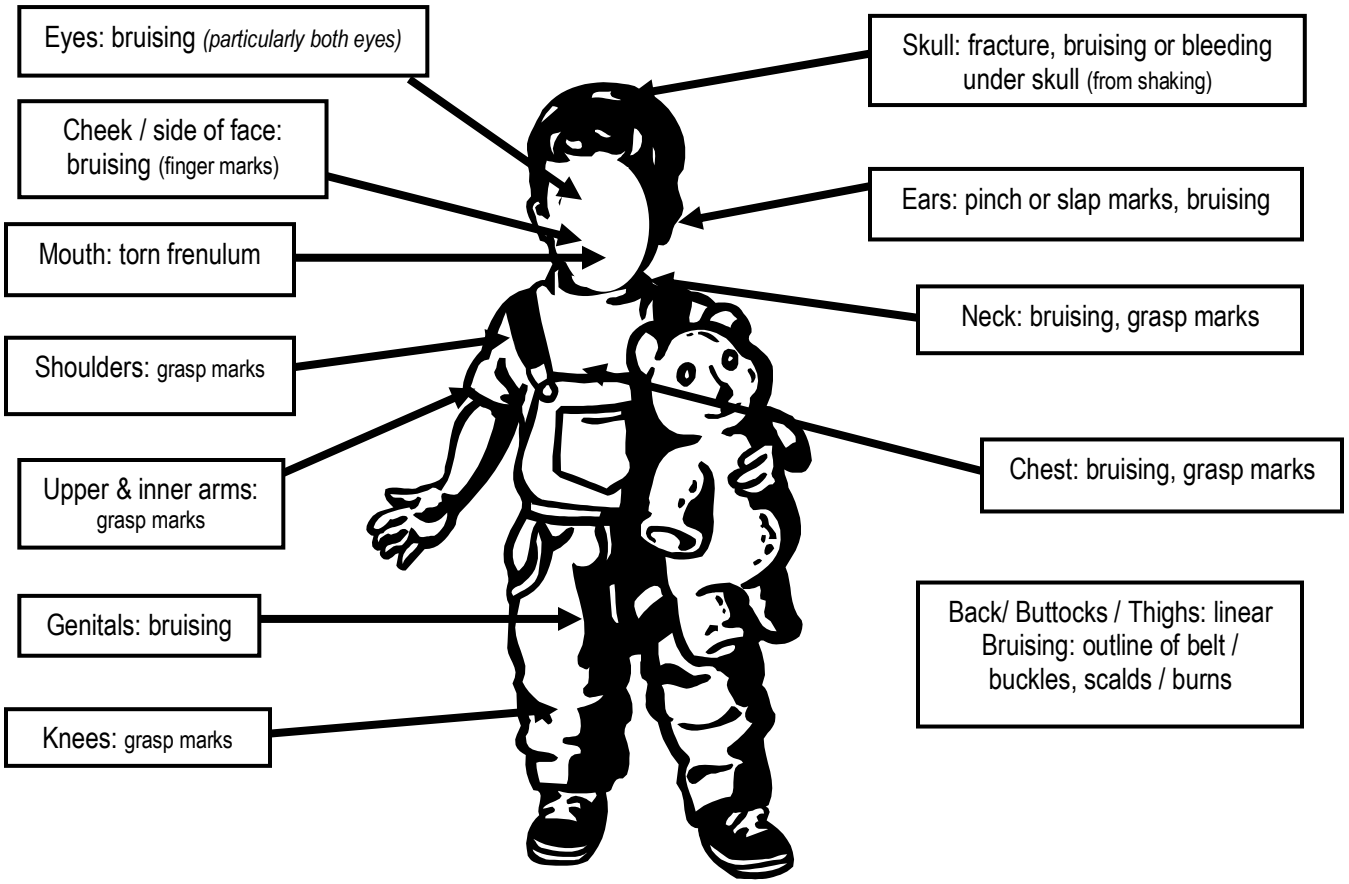
1.32 Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

1.33 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Common sites for deliberate harm injuries



Emotional abuse

1.34 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of

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what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

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

Neglect

1.36 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter *(including exclusion from home or abandonment);*
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision *(including the use of inadequate care-givers)*; or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Roles and Responsibilities

Local authorities that are children's services authorities

2.18 **The safety and welfare of children and young people is the responsibility of the local authority …** Local authorities should work with partners to ensure that all services are working together effectively at an operational level …

2.24 Within local authorities, **children's social care staff act as the principal point of contact for children about whom there are welfare concerns.** They may be contacted directly by children, parents or family members seeking help, by concerned friends and neighbours, or by professionals and others from statutory and voluntary organisations. The need for family support should be considered at the first sign of difficulties, as early support can prevent more serious problems developing. Contact details need to be clearly signposted, including on local authority websites, on notice boards in schools, health centres, public libraries and leisure centres, and in telephone directories. …

2.25 Local authorities, with the help of other organisations as appropriate, **also have a duty to make enquiries if they have reason to suspect that a child in their area is suffering, or likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare.**

2.26 Where a child or young person is suffering or likely to suffer significant harm, children's social care staff have **lead responsibility for undertaking an assessment** of the child's needs, the parents' capacity to meet these needs and to keep the child safe and promote his or her welfare, and of the wider family and environmental

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circumstances. The child's own account of their needs, concerns, the capacity of their parents to protect them and promote their welfare, as well as other factors, should be taken into account as part of the assessment and subsequent interventions.

Criminal justice organisations

The police

2.123 The main roles of the police are to **uphold the law, prevent crime and disorder and protect citizens**. … Offences committed against children can be particularly sensitive, and often require the police to work with other organisations, such as children's social care, in the conduct of any investigation. …

2.126 Safeguarding children is not solely the role of CAIU officers – it is a fundamental part of the duties of all police officers. …

2.129 Any evidence gathered by the police or other agencies in criminal investigations may be of use to local authority solicitors who are preparing for civil proceedings to protect the victim. The Crown Prosecution Service (CPS) should be consulted, so that they may decide on the issue of sharing evidence in the best interests of the child and in the interests of justice.

2.130 The police **must be notified as soon as possible** by local authority children's social care whenever a case referred to them involves a criminal offence committed, or suspected of having been committed, against a child. Other agencies should also consider sharing such information. This does not mean that in all such cases a full investigation is required, or that there will necessarily be any further police involvement. It is important, however, that the police retain the opportunity to be informed and consulted, to ensure all relevant information can be taken into account before a final decision is made.

2.132 In addition to their duty to investigate criminal offences, **the police have emergency powers to enter premises and ensure the immediate protection of children believed to be suffering, or likely to suffer, significant harm.** In such circumstances, the police should inform the child (if he or she appears competent to understand) and take such steps as are reasonably practicable to ascertain the child's wishes and feelings. Police emergency powers should be used **only when necessary**, the principle being that, **wherever possible,** the decision to remove a child from a parent or carer should be made by a court.

Principles underpinning work to safeguard and promote the welfare of children

5.5 Work to safeguard and promote the welfare of children should be:

- Child centred
- Rooted in child development
- Focused on outcomes for children
- Holistic in approach
- Ensuring equality of opportunity
- Involving children and families
- Building on strengths as well as identifying difficulties
- Integrated in approach
- A continuing process not an event
- Providing and reviewing services
- Informed by evidence

The processes for safeguarding and promoting the welfare of children

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5.6 Four key processes underpin work with children and families, each of which has to be carried out effectively in order to achieve improvements in the lives of children in need. They are **assessment, planning, intervention and reviewing**.

5.7 The flow charts *(Appendix 4)* illustrate the processes for safeguarding and promoting the welfare of children:

- from the point that concerns are raised about a child and are referred to a statutory organisation that can take action to safeguard and promote the welfare of children (Flow chart 1);
- through an initial assessment of the child's situation and what happens after that (Flow chart 2);
- taking urgent action, if necessary (Flow chart 3);
- to the strategy discussion, where there are concerns about a child's safety, and beyond that to the child protection conference (Flow chart 4); and
- what happens after the child protection conference, and the review process (Flow chart 5).

Responding to child welfare concerns where there is or may be an alleged crime

5.19 Whenever local authority children's social care has a case referred to it which constitutes, or may constitute, a criminal offence against a child it **should always discuss the case with the police at the earliest opportunity.**

5.20 Whenever other agencies or the local authority in its other roles encounter concerns about a child's welfare which constitute, or may constitute, a criminal offence against a child they must always consider sharing that information with local authority children's social care or the police in order to protect the child or other children from suffering significant harm. **If a decision is taken not to share information the reasons must be recorded.**

5.21 Sharing of information in cases of concern about children's welfare will enable professionals to consider jointly how to proceed in the best interests of the child and to safeguard children more generally.

5.22 In dealing with alleged offences involving a child victim the police should normally work in partnership with children's social care and/or other agencies…. **Whilst the responsibility to instigate a criminal investigation rests with the police** they should consider the views expressed by other agencies….

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Allegations of harm arising from underage sexual activity

5.26 **A child under 13 years is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child aged under 13 years is very serious and should be taken to indicate that the child is suffering, or is likely to suffer, significant harm.**

5.27 Cases involving children aged **under 13 years should always be discussed with a nominated child protection lead** in the organisation. **Under the Sexual Offences Act, penetrative sex with a child under 13 years old is classed as rape**. Where the allegation concerns penetrative sex, or other intimate sexual activity occurs, there would always be **reasonable cause to suspect that a child, whether girl or boy, is suffering, or is likely to suffer, significant harm.** There should be a presumption that the case will be reported to children's social care and that a strategy discussion will be held ... This should involve children's social care, police, health and other relevant agencies in discussing appropriate next steps with the professional. **All cases involving under 13s should be fully documented including detailed reasons where a decision is taken not to share information.** These decisions should be exceptional and only made with the documented approval of a senior manager.

5.28 **Sexual activity with a child aged under 16 years is also an offence**. Where it is consensual it may be less serious than if the child were aged under 13 years but may, nevertheless, have serious consequences for the welfare of the young person. **Consideration should be given in every case of sexual activity involving a child aged 13–15 as to whether there should be a discussion with other agencies and whether a referral should be made to children's social care.** …

5.29 The considerations in the following checklist should be taken into account when assessing the extent to which a child (or other children) is suffering, or is likely to suffer, significant harm and therefore whether a strategy discussion should be held in order to share information:

- the age of the child. Sexual activity at a young age is a very strong indicator that there are risks to the welfare of the child (whether boy or girl) and, possibly, others;
- the level of maturity and understanding of the child;
- what is known about the child's living circumstances or background;
- age imbalance, in particular where there is a significant age difference;
- overt aggression or power imbalance;
- coercion or bribery;
- familial child sex offences;
- behaviour of the child i.e. withdrawn, anxious;
- the misuse of substances as a disinhibitor;
- whether the child's own behaviour because of the misuse of substances places him/her at risk of suffering harm so that he/she is unable to make an informed choice about any activity;
- whether any attempts to secure secrecy have been made by the sexual partner beyond what would be considered usual in a teenage relationship;
- whether the child denies, minimises or accepts concerns;
- whether the methods used are consistent with grooming; and
- whether the sexual partner/s is known by one of the agencies.

5.30 In cases of concern when sufficient information is known about the sexual partner/s, the agency concerned should check with other agencies, including the police, to establish whatever information is known about that person/s. In appropriate cases the police may share the required information without beginning a full investigation if the agency making the check requests this.

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5.31 Sexual activity involving a 16 or 17 year old, even if it does not involve an offence, **may still involve harm or the likelihood of harm being suffered**. Professionals should still bear in mind the considerations and processes outlined in this guidance in assessing whether harm is being suffered, and should share information as appropriate. **It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.**

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THRESHOLD DECISION MAKING *(Think defensible decision making)*:

DECISION MAKING ➔	**Indicator + Account + Context + Knowledge ➔ Decision ➔ Response**		
Indicators: physical; behavioural	**NEVER** 'go looking' for indicators, and **NEVER** ask a young person to remove any clothing to view marks		
Account: is it congruent with indicators observed	**Remember 'TED'= '**	➔ ➔ ➔	**'Tell' me** **'Explain' to me** **'Describe' to me**
Context of concern	**Context / trigger of disclosure**		**Known history**

Reasonable person conclusion / Legal threshold / WT-2010 definitions

ALWAYS make an immediate accurate record

IF A CHILD OR YOUNG PERSON DISCLOSES TO YOU

5.66 **Children are a key and sometimes the only source of information about what has happened to them especially in child sexual abuse cases but also in physical and other forms of abuse.** Accurate and complete information is essential for taking action to safeguard and promote the welfare of the child, as well as for any **criminal proceedings** that may be instigated concerning an alleged perpetrator of abuse. When children are first approached, the nature and extent of any harm suffered by them may not be clear, nor whether a criminal offence has been committed. It is important that even initial discussions with children are conducted in a way that **minimises any distress** caused to them and **maximises the likelihood that they will provide accurate and complete information**…. **Leading or suggestive communication should always be avoided**.

When talking to a child / young person

- Take **all** allegations or concerns seriously
- Pace what you say considering age and understanding, never 'overload' child or young person with unnecessary information **BUT always be honest** with about what you will do next
- **A**sk sufficient questions to be **clear** there is a concern **but leave** investigation to the statutory agencies Police and Social Care.
- **NEVER** make promises that are you are unable to deliver, i.e. **NEVER** agree to keep what is said a secret, and **NEVER** offer 'rescue' statements *(i.e. now things will get better, when you cannot know)*
- **As soon as possible** pass the concern on to:
  - Your Safeguarding designated member of staff
  - Children's Social Care Assessment Team (Bournemouth 01202458000)
  - Out of Hours Social Care Service (01202657279)
  - Police (999).
- **As soon as you are able** make an accurate record and pass to the designated worker / assessment team and this must be followed up with a completed multi-agency referral form

Response of local authority children's social care to a referral

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5.32 When a parent, professional, or another person contacts local authority children's social care with concerns about a child's welfare, it is the responsibility of local authority children's social care to clarify with the referrer (including self-referrals from children and families):

- **the nature of concerns;**
- **how and why they have arisen;**
- **what appear to be the needs of the child and family; and**
- **what involvement they are having or have had with the child and/or family members.**

The referrer should have the opportunity to discuss their concerns with a qualified social worker. The process of clarifying the nature of the referral should always identify clearly whether there are concerns about maltreatment and the associated risk factors, the evidence for these concerns and whether it may be necessary to consider taking urgent action to ensure the child(ren) are safe from harm. Local authority children's social care should specifically ask the referrer if they hold any information about difficulties being experienced in the family/household due to domestic violence, mental illness, substance misuse and/or learning disability in order to inform its decision making.

5.33 Professionals who phone local authority children's social care **should confirm their referrals in writing within 48 hours.** … **Local authority children's social care should acknowledge a written referral within one working day of receiving it**. If the referrer has not received an acknowledgement **within three working days** they should contact local authority children's social care again.

5.34 **Local authority children's social care should decide how they will respond to the referral and record next steps of action within one working day. …** Local authority children's social care should ensure that the social work practitioners who are responding to referrals are supported by **experienced first line managers** competent in making sound evidence based decisions about what to do next. Further action by children's social care may also include referral to other agencies, the provision of information or advice – such as suggesting the completion of a common assessment by the referring agency or organisation – or no further action.

5.35 The **parents' permission, or the child's where appropriate, should be sought before discussing a referral about them with other agencies unless permission-seeking may itself place the child at increased risk of suffering significant harm.** When responding to referrals from a member of the public rather than another professional, local authority children's social care should bear in mind that personal information about referrers, including identifying details, **should only be disclosed** to third parties *(including subject families and other agencies)* with the **consent of the referrer**. In all cases where the police are involved, the decision about when to inform the parents *(about referrals from third parties)* will have a bearing on the conduct of police investigations.

5.36 Where local authority children's social care decides to take no further action at this stage, **feedback should be provided to the referrer, who should be told of this decision and the reasons for making it.** In the case of public referrals, this should be done in a manner consistent with respecting the confidentiality of the child. Sometimes it may be apparent at this stage that emergency action should be taken to safeguard and promote the welfare of a child. Such action should normally be preceded by an immediate strategy discussion between the police, local authority children's social care and other agencies as appropriate.

Initial assessment

5.38 The initial assessment is a **brief assessment** of each child referred to local authority children's social care where it is necessary to determine whether:

- the child is in need;
- there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm;

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- any services are required and of what types; and
- a further, more detailed **core assessment** should be undertaken *(the Framework for the Assessment of Children in Need and their Families (2000)).*

5.39 The initial assessment should be completed by local authority children's social care, working with colleagues, **within a maximum of 10 working days of the date of referral**. An initial assessment is **deemed to be completed once the assessment has been discussed with the child and family** (or caregivers) and the team manager has **viewed and authorised** the assessment. The initial assessment period may be very brief if the criteria for initiating section 47 enquiries are met, i.e. it is suspected that the child is suffering, or is likely to suffer, significant harm.

The initial assessment should be undertaken in accordance with statutory guidance, *(Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000) see Appendix 3).* Where a common assessment has been completed this information should be used to inform the initial assessment. Information should be gathered and analysed within the three domains of the Assessment Framework namely:

- the child's developmental needs*;*
- the parents' or caregivers' capacity to respond appropriately to those needs; and
- the wider family and environmental factors.

5.40 The initial assessment should address the following questions:

- what are the developmental needs of the child? What needs of the child are being met and how? What needs of the child are not being met and why not?
- are the parents able to respond appropriately to the child's identified needs? Is the child being adequately safeguarded from harm, and are the parents able to promote the child's health and development?
- what impact are family functioning *(past and present)* and history, and the wider family and environmental factors having on the parent's capacity to respond to their child's needs and the child's developmental progress?
- is action required to safeguard and promote the welfare of the child? Within what timescales should this action be taken?

5.41 The initial assessment **should be led by a qualified and experienced social worker who is supervised by a highly experienced and qualified social work manager**. It should be **carefully planned**, with **clarity about who is doing what**, as well as when and what information is to be shared with the parents. The planning process and decisions about the timing of the different assessment activities should be undertaken in collaboration with all those involved with the child and family. The process of initial assessment should involve:

- s**eeing and speaking to the child, including alone when appropriate;**
- **seeing and meeting with parents**, the family and wider family members as appropriate;
- involving and obtaining relevant information from professionals and others in contact with the child and family; and
- **drawing together and analysing** available information (focusing on the strengths and positive factors as well as vulnerabilities and risk factors) from a range of sources (including existing agency records).

All relevant information (including information about the history and functioning of the family both currently and in the past, and adult problems such as domestic violence, substance misuse, mental illness and criminal behaviour/convictions) should be taken into account. This includes seeking information from relevant services if the child and family have spent time abroad. Professionals from agencies such as health, local authority children's social care or the police should request this information from their equivalent agencies in the country(ies) in which the child has lived. …

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5.42 The **child should be seen by the lead social worker, without his or her caregivers present when appropriate**, within a timescale which is appropriate to the nature of concerns expressed at the time of the referral, according to the agreed plan. **Seeing the child includes observing and communicating with the child in a manner appropriate to his or her age and understanding**. Local authority children's social care is required by the Children Act 1989 (as amended by section 53 of the Children Act 2004) to **ascertain the child's wishes and feelings and** to **give due consideration** to the child's wishes and feelings, having regard to their age and understanding, when making decisions about what (if any) services to provide. Interviews with the child should be **undertaken in the preferred language of the child**. For some disabled children interviews **may require the use of non-verbal communication methods**.

5.43 **It will not necessarily be clear whether a criminal offence has been committed**, which means that even initial discussions with the child should be undertaken in a way that **minimises distress to them and maximises** the likelihood that she or he will provide **accurate and complete information**. It is important to avoid leading questions or suggesting answers.

5.44 Interviews with family members (which may include the child) should also be undertaken in their **preferred language** and where appropriate for some people by using non-verbal communication methods.

5.45 In the course of an initial assessment local authority children's social care should ascertain:

- is this a child in need? (section 17 of the Children Act 1989); and
- is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (section 47 of the Children Act 1989). …

5.47 Once an initial assessment has been completed local authority **children's social care should decide on the next course of action**, following discussion with the child and family, unless such a discussion may place a child at increased risk of suffering significant harm. If there are concerns about a parent's ability to protect a child from harm, careful consideration should be given to what the parents should be told when and by whom, taking account of the child's welfare. Where it is clear that there should be a **police investigation in parallel with a section 47 enquiry …** Whatever decisions are taken they should be endorsed at a managerial level agreed within local authority children's social care and recorded in writing. This information should be consistent with that contained in the Initial Assessment Record (Department of Health, 2002). The local authority record in relation to the child should include whether the child was seen and who else, if anyone, was present at the time of each visit and also the reasons for deciding (or not) to see the child alone. The local authority record should also set out the decisions made and future action to be taken. **The family, the original referrer, and other professionals and services involved in the initial assessment should, as far as possible, be told what action has been and will be taken consistent** with respecting the confidentiality of the child and family concerned, and not jeopardising further action in respect of concerns about harm (which may include police investigations). This information **should be confirmed in writing** to the agencies, the family and where appropriate the child.

Next steps – child in need but no suspected actual or likely significant harm

5.48 An initial assessment may indicate that a child is a **'child in need' as defined by section 17 of the Children Act 1989** but that there are no substantiated concerns that the child may be suffering, or is likely to suffer, significant harm. There may be sufficient information available on which to decide what services (if any) should be provided by whom according to an agreed plan. On the other hand a **more in-depth assessment may** be necessary in order to understand the child's needs and circumstances. …

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5.49 The **definition of a 'child in need' is wide and it will embrace children in a diverse range of circumstances.** The types of services that may help such children and their families will **vary greatly according to their needs and circumstances**. …

Next steps – suspicion that a child is suffering, or is likely to suffer, significant harm

5.50 Where it is suspected that a child is suffering, or is likely to suffer, significant harm **the local authority is required by section 47 of the Children Act 1989 to make enquiries to enable it to decide whether it should take any action** to safeguard and promote the welfare of the child. **A section 47 enquiry should be carried out through a core assessment.** The *Framework for the Assessment of Children in Need and their Families* provides a structured framework for collecting, drawing together and analysing available information about a child and family within and between the following three domains:

- the child's developmental needs;
- parenting capacity; and
- and family and environmental factors.

Using the framework will **help to provide sound evidence** on which to base often difficult professional judgements about whether to intervene to safeguard and promote the welfare of a child and if so, how best to do so and with what intended outcomes.

Immediate protection

5.51 Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers Agencies with statutory child protection powers comprise the local authority, the police, and the NSPCC **should act quickly to secure the immediate safety of the child**. Emergency action might be necessary as soon as a referral is received or at any point in involvement with a child/ren and their family. The need for emergency action may become apparent only over time as more is learned about the circumstances of a child or children. Neglect, as well as abuse, can result in a child suffering significant harm to the extent that urgent protective action is necessary. When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household, the household of an alleged perpetrator or elsewhere.

5.52 Planned emergency action will **normally take place following an immediate strategy discussion between the police, local authority children's social care** and other agencies as appropriate (including NSPCC where involved). Where a single agency has to act immediately to protect a child, a strategy discussion should take place as soon as possible after such action to plan next steps. Legal advice should normally be obtained before initiating legal action, in particular, when an Emergency Protection Order (EPO) is to be sought

5.53 In some cases, it may be sufficient to secure a child's safety by a parent taking action to **remove an alleged perpetrator or by the alleged perpetrator agreeing to leave the home.** In other cases, it may be necessary to ensure either that the child remains in a safe place or that the child is removed to a safe place, either on a voluntary basis or by obtaining an EPO. The police also have powers to remove a child to suitable accommodation in cases of emergency. If it is necessary to remove a child a local authority should wherever possible – and unless a child's safety is otherwise at immediate risk – apply for an EPO. **Police powers should only be used in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child. …**

Strategy discussion

5.56 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm **there should be a strategy discussion involving local authority children's social care, the police, health and other bodies as appropriate** (for example, children's centre/school or family intervention projects), in

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particular any referring agency. The strategy discussion **should be convened and led by local authority children's social care** and those participating should be sufficiently senior and able, therefore, to contribute to the discussion of available information and to make decisions on behalf of their agencies. …

5.57 A strategy discussion may take place following a referral, or at any other time (for example, if concerns about significant harm emerge in respect of child receiving services under section 17). The discussion should be used to:

- share available information;
- agree the conduct and timing of any criminal investigation;
- decide whether section 47 enquiries should be initiated and therefore a core assessment be undertaken under section 47 of the Children Act 1989, or continued if it had already begun under section 17 of the Children Act 1989;
- plan how the section 47 enquiry should be undertaken (if one is to be initiated) including the need for medical treatment and who will carry out what actions, by when and for what purpose;
- agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital decisions should also be made about how to secure the safe discharge of the child;
- determine what information from the strategy discussion will be shared with the family unless such information sharing may place a child at increased risk of suffering significant harm or jeopardise police investigations into any alleged offence(s); and
- determine if legal action is required.

5.58 Relevant matters will include:

- agreeing a plan for how the core assessment under section 47 of the Children Act 1989 will be carried out – what further information is required about the child(ren) and family and how it should be obtained and recorded;
- agreeing **who should be interviewed, by whom, for what purpose and when**. The way in which interviews are conducted can play a significant part in minimising any distress caused to children and increase the likelihood of maintaining constructive working relationships with families. When a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses can have important implications for the collection and preservation of evidence;
- agreeing, in particular, when the child will be seen alone (unless to do so would be inappropriate for the child) by the lead social worker during the course of these enquiries and the methods by which the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under section 47 of the Children Act 1989;
- in the light of the race and ethnicity of the child and family, considering how these should be taken into account and establishing whether an interpreter will be required; and
- considering the needs of other children who may be affected – for example, siblings and other children, such as those living in the same establishment – in contact with alleged abusers. …

5.60 Significant harm to children gives rise to both child welfare and law enforcement concerns and section 47 enquiries may run concurrently with police investigations concerning possible associated crime(s). **The police have a duty to carry out thorough and professional investigations into allegations of crime and the obtaining of clear strong evidence is in the best interests of a child, since it makes it less likely that a child victim will have to give evidence in criminal court**. …

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Section 47 enquiries and core assessment

5.62 **The core assessment is the means by which a section 47 enquiry is carried out. It should be led by a qualified and experienced social worker**. Local authority children's social care has lead **responsibility for the core assessment** under section 47 of the Children Act 1989. …

5.63 The Children Act 1989 places a **statutory duty on health, education and other services to help the local authority in carrying out its social services functions under Part III of the Children Act 1989 and in undertaking section 47 enquiries.** Assessing the needs of a child and the capacity of their parents or wider family network to ensure his or her safety, health and development, very often depends on building a picture of the child's situation on the basis of information from many sources. The local authority social worker, in leading the section 47 enquiry, **should do his or her utmost to secure willing co-operation and participation** from all professionals and services by being prepared to **explain and justify the local authority's actions** and to demonstrate that the process is being managed in a way that can help to bring about better outcomes for children. The LSCB has an important role to play in cultivating and promoting a climate of trust and understanding between different professionals and services.

5.64 **The child's wishes and feelings should be ascertained and regard given to their age and understanding when making decisions** about what (if any) services to provide. Section 47 enquiries **should always involve interviews with the child who is the subject of concern**. The child should be **seen by the lead social worker and communicated with alone when appropriate**. Some children may need to be seen, e.g. with an interpreter or a person who can use their preferred method of communication. Others, such as babies, may need to be seen in the presence of their primary caregiver so as to minimise their distress. In addition, the enquiries should involve interviews with parents and/or caregivers (both with the child present and in the child's absence) and observations of the interactions between parents and child(ren) (where appropriate in a variety of settings). Enquiries may also include:

- interviews with those who are personally (e.g. wider family members) and professionally connected with the child;
- specific examinations or assessments of the child by other professionals (e.g. medical or developmental checks, assessment of emotional or psychological state); and
- interviews with those who are personally and professionally connected with the child's parents and/or caregivers.

5.65 Individuals should always be enabled to participate fully in the enquiry process. Where a child or parent is disabled, it may be necessary to provide help with communication to enable the child or parent to express him/herself to the best of his or her ability. Where a child or parent speaks a language other than that spoken by the interviewer, an interpreter should be provided. If the child is unable to take part in an interview because of age or understanding, alternative means of understanding the child's wishes or feelings should be used, including observation where children are very young or where they have communication impairments.

5.66 **Children are a key and sometimes the only source of information about what has happened to them especially in child sexual abuse cases but also in physical and other forms of abuse. Accurate and complete information is essential** for taking action to safeguard and promote the welfare of the child, as well as for any criminal proceedings that may be instigated concerning an alleged perpetrator of abuse. When children are first approached, the nature and extent of any harm suffered by them may not be clear, nor whether a criminal offence has been committed. It is important that even initial discussions with children are conducted in a way that **minimises any distress caused to them and maximises the likelihood that they will provide accurate and complete information**. It is important, wherever possible, to have **separate** communication with a child.

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Leading or suggestive communication should always be avoided. Children may need time and more than one opportunity in order to develop sufficient trust to communicate any concerns they may have, especially if they have a communication impairment, learning disabilities, are very young or are experiencing mental health problems.

5.67 **Exceptionally**, a joint enquiry/investigation team may need to speak to a suspected child victim **without the knowledge of the parent or caregiver**. Relevant circumstances would include the **possibility that a child would be threatened or otherwise coerced into silence, a strong likelihood that important evidence would be destroyed or that the child in question did not wish the parent to be involved at that stage and is competent to take that decision.** …

5.68 In accordance with the practice guidance *Achieving Best Evidence* (2007), all such joint interviews with children **should be conducted by those with specialist training and experience in interviewing children**. Additional specialist help may be required if:

- the child is very young;
- the child does not speak English at a level which enables him or her to participate in the interview;
- the child appears to have a degree of psychiatric disturbance but is deemed competent;
- the child has an impairment; or
- the interviewers do not have adequate knowledge and understanding of the child's racial, religious or cultural background.

Consideration should also be given to the gender of interviewers, particularly in cases of alleged sexual abuse.

5.69 Criminal justice legislation, in particular the Youth Justice and Criminal Evidence Act 1999, creates particular obligations for courts who are dealing with witnesses under 17 years of age. These include the **presumption of evidence-giving through pre-recorded videos, as well as the use of live video links for further evidence-giving and cross examination.**

The impact of section 47 enquiries on the family and child

5.71 Section 47 enquiries should always be carried out in such a way as to minimise distress to the child and to ensure that families are treated sensitively and with respect. Local authority children's social **care should explain the purpose and outcome of section 47 enquiries to the parents and to the child,** (having regard to their age and understanding) and **be prepared to answer questions openly**, unless to do so would affect the safety and welfare of the child. It is particularly helpful for families if local authority children's social care provide written information about the purpose, process and potential outcomes of section 47 enquiries. …

Concerns are not substantiated

5.75 Section 47 enquiries may not substantiate the original concerns that the child was suffering, or was likely to suffer, significant harm **but it is important that the core assessment is completed…**

Concerns are substantiated, but the child is not judged to be continuing to, or be likely to, suffer significant harm

5.77 There may be substantiated concerns that a child has suffered significant harm but 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 having a child protection conference or a child protection plan**. Such an approach will be of particular relevance where it is clear to the agencies involved that there is the child is not continuing to suffer, or be likely to suffer, significant harm. …

5.79 The agencies most involved may judge that a parent, caregiver or members of the child's wider family **are willing and able to co-operate with actions to ensure the child's future safety and welfare and that the child is therefore not continuing to, or be likely to, suffer significant harm.** This judgement c**an only be made in the light of all relevant information** obtained during a section 47 enquiry, and a soundly based assessment of the

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likelihood of successful intervention, **based on clear evidence and mindful of the dangers of misplaced professional optimism. …**

5.80 Local authority children's social care **should take carefully any decision not to proceed to a child protection conference** where it is known that a child has suffered significant harm. A **suitably experienced and qualified social work manager** within local authority children's social care should endorse the decision. Those professionals and agencies who are most involved with the child and family and those who have taken part in the section 47 enquiry, **have the right to request that local authority children's social care convene a child protection conference** if they have serious concerns that a child's welfare may not otherwise be adequately safeguarded. Any such request that is supported by a senior manager or a named or designated professional, should normally be agreed. Where there remain differences of view over the necessity for a conference in a specific case, every effort should be made to resolve them through discussion and explanation but as a last resort, LSCBs should have in place a quick and straightforward means of **resolving differences of opinion**.

Concerns are substantiated and the child is judged to be continuing to, or be likely to, suffer significant harm

5.81 Where the agencies most involved judge that a child may continue to, or be likely to, suffer significant harm local authority children's **social care should convene a child protection conference.** The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to **assess all relevant information and plan** how best to safeguard and promote the welfare of the child.

Being 'Risk sensible' NOT 'Risk adverse' (Department for Education: The Munro Review of Child Protection: Final Report: *A child-centred system (May 2011)*

'Not everything that can be counted counts, and not everything that counts can be counted' (Cameron, W. B. (1963), *Informal sociology: a casual introduction to sociological thinking,* New York, Random House.)

para 3.18 Those involved in child protection must be 'risk sensible'. There is no option of being risk averse since there is no absolutely safe option. In reality, risk averse practice usually entails *displacing* the risk onto someone else. Even if every child who was considered or suspected to be suffering harm was removed from their birth family, that would only incur different risks. The Association of Chief Police Officers (ACPO) has recently grappled with this issue and drawn up a list of organisational 'Risk Principles' to inform officers' thinking. These have been adapted by the review to refer to all those who work in child protection:

Principle 1: The willingness to make decisions in conditions of uncertainty (i.e. risk taking) is a core professional requirement for all those working in child protection.

Principle 2: Maintaining or achieving the safety, security and wellbeing of individuals and communities is a primary consideration in risk decision making.

Principle 3: Risk taking involves judgment and balance, with decision makers required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of the possible harms.

Principle 4: Harm can never be totally prevented. Risk decisions should, therefore, be judged by the quality of the decision making, not by the outcome.

Principle 5: Taking risk decisions, and reviewing others' risk decision making, is difficult so account should be taken of whether they involved dilemmas, emergencies, were part of a sequence of decisions or might appropriately be taken by other agencies. If the decision is shared, then the risk is shared too and the risk of error reduced.

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Principle 6: The standard expected and required of those working in child protection is that their risk decisions should be consistent with those that would have been made in the same circumstances by professionals of similar specialism or experience.

Principle 7: Whether to record a decision is a risk decision in itself which should, to a large extent, be left to professional judgment. The decision whether or not to make a record, however, and the extent of that record, should be made after considering the likelihood of harm occurring and its seriousness.

Principle 8: To reduce risk aversion and improve decision making, child protection needs a culture that learns from successes as well as failures. Good risk taking should be identified, celebrated and shared in a regular review of significant events.

Principle 9: Since good risk taking depends upon quality information, those working in child protection should work with partner agencies and others to share relevant information about people who pose a risk of harm to others or people who are vulnerable to the risk of being harmed.

Principle 10: Those working in child protection who make decisions consistent with these principles should receive the encouragement, approval and support of their organisation.

The initial child protection conference

Purpose

5.82 The initial child protection conference brings together family members, the child who is the subject of the conference (where appropriate) and those professionals most involved with the child and family, following section 47 enquiries. Its purpose is:

- to bring together and analyse, in an inter-agency setting, the information which has been obtained about the child's developmental needs and the parents' or carers' capacity to respond to these needs to ensure the child's safety and promote the child's health and development, within the context of their wider family and environment;
- to consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, make judgements about the likelihood of the child suffering significant harm in future and decide whether the child is continuing to, or is likely to, suffer significant harm; and
- to decide what future action is required in order to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these.

Timing

5.83 The timing of an initial child protection conference **will depend on the urgency** of the case and on the time required to obtain relevant information about the child and family. … all initial child protection conferences should take place **within 15 working days** of the strategy discussion, or the strategy discussion at which the section 47 enquiries were initiated, if more than one has been held.

Attendance

5.84 Those attending conferences **should be there because they have a significant contribution to make,** arising from professional expertise, knowledge of the child or family or both... There should be sufficient information and expertise available – through personal representation and written reports – to enable the conference to make an informed decision about what action is necessary to safeguard and promote the welfare of the child, and to make realistic and workable proposals for taking that action forward. At the same time, a conference

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that is larger than it needs to be can inhibit discussion and intimidate the child and family members. Those who have a relevant contribution to make may include:

- the child, or his or her representative;
- family members (including the wider family);
- local authority children's social care staff who have led and been involved in an assessment of the child and family;
- foster carers (current or former);
- residential care staff;
- professionals involved with the child (e.g. health visitors, midwife, school nurse, children's guardian, paediatrician, school staff, early years staff, the GP, NHS Direct, staff in the youth justice system including the secure estate);
- professionals involved with the parents or other family members (for example, family support services, adult services (in particular those from mental health, substance misuse, domestic violence and learning disability, probation, the GP, NHS Direct);
- professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition, for example, a disability or long term illness;
- those involved in investigations (for example, the police);
- local authority legal services (child care);
- NSPCC or other involved voluntary organisations; and
- a representative of the armed services in cases where there is a service connection.

5.85 … As a **minimum**, at **every** conference there should be attendance by local authority children's social care and **at least two other professional groups** or agencies who have had direct contact with the child, who is the subject of the conference. In addition, attendees may also include those whose contribution relates to their professional expertise or responsibility for relevant services. In exceptional cases, where a child has not had relevant contact with three agencies **(that is, local authority children's social care and two others)**, this **minimum quorum** may be breached. Professionals and agencies who are invited to attend **should make every effort to do so**, but if unable to, they **should submit a written report** and, wherever possible, a well briefed agency representative should attend to speak to the report.

Involving the child and family members

5.86 Before a conference is held, **the purpose of a conference, who will attend and the way in which it will operate, should always be explained to a child of sufficient age and understanding, and to the parents, and involved family members**. Where the child/family members do not speak English well enough to understand the discussions and express their views, an interpreter should be used. The parents (including absent parents) **should normally be invited to attend the conference and helped to participate fully.** Children's social care staff should give parents information about local advice and advocacy agencies and explain that they may bring an advocate, friend or supporter. **The child, subject to consideration about age and understanding, should be invited to attend and to bring an advocate, friend or supporter if s/he wishes**. Where the child's attendance is neither desired by him/her nor appropriate, the local authority children's social care professional who is working most closely with the child should ascertain what his/her wishes and feelings are and make these known to the conference. …

5.88 LSCB procedures should set out criteria for excluding a parent or caregiver, including the evidence required. **A strong risk of violence or intimidation by a family member at or subsequent to the conference, towards a child or anybody else, might be one reason for exclusion. The possibility that a parent/caregiver may be prosecuted for an offence against a child is not in itself a reason for exclusion** although in these circumstances

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the chair should take advice from the police about any implications arising from an alleged perpetrator's attendance. If criminal proceedings have been instigated the view of the Crown Prosecution Service (CPS) should be taken into account. The decision to exclude a parent or caregiver from the child protection conference rests with the chair of the conference, acting within LSCB procedures. If the parents are excluded, or are unable or unwilling to attend a child protection conference, they should be enabled to communicate their views to the conference by another means.

Information for the conference

5.91 Local authority children's social care should provide the conference with a written report that **summarises and analyses the information obtained** in the course of the initial assessment and the core assessment undertaken under section 47 of the Children Act 1989 (in as far as it has been completed within the available time period), and information in existing records relating to the child and family. Where decisions are being made about more than one child in a family **there should be a report prepared on each child**. … The conference report should include information on the dates the child was seen by the lead social worker during the course of the section 47 enquiries, if the child was seen alone and if not, who was present and for what reasons. The core assessment is the means by which a section 47 enquiry is carried out. Although a core assessment will have been commenced, it is unlikely it will have been completed in time for the conference given the **35 working day** period that such assessments can take.

5.92 The child protection conference report should include:

- a chronology of significant events and agency and professional contact with the child and family;
- information on the child's current and past state of developmental needs;
- information on the capacity of the parents and other family members to ensure the child is safe from harm, and to respond to the child's developmental needs, within their wider family and environmental context;
- information on the family history and both the current and past family functioning;
- the expressed wishes and feelings of the child, and the views of parents and other family members;
- an analysis of the information gathered and recorded using the Assessment Framework dimensions to reach a judgement on whether the child is suffering, or likely to suffer, significant harm and consider how best to meet his or her developmental needs. This analysis should address:
- how the child's strengths and difficulties are impacting on each other;
- how the parenting strengths and difficulties are affecting each other;
- how the family and environmental factors are affecting each other;
- how the parenting that is provided for the child is affecting the child's health and development both in terms of resilience and protective factors, and vulnerability and risk factors; and
- how the family and environmental factors are impacting on parenting and/or the child directly; and
- the local authority's recommendation to the conference.

5.93 **Where appropriate, the parents and subject child should be provided with a copy of the report in advance of the conference**. The contents of the report should be **explained and discussed with the child** and relevant family members in advance of the conference itself, in the preferred language(s) of the child and family members.

5.94 Other professionals attending the conference should bring with them details of their involvement with the child and family, and information concerning their knowledge of the child's developmental needs, capacity of the parents to meet the needs of their child within their family and environmental context. This information should include careful consideration of the impact that the current and past family functioning and family

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history are having on the parents' capacities to met the child's needs. **Contributors should, wherever possible, provide a written report in advance to the conference and these should be made available to those attending.**

5.95 The child and family members should be **helped in advance** to think about what they want to convey to the conference and **how best to get their points across on the day**. Some may find it helpful to provide their own written report, which they may be assisted to prepare by their adviser/advocate.

5.96 Those providing information **should take care to distinguish between fact, observation, allegation and opinion.** When information is provided from another source, i.e. it is second or third hand, this should be made clear.

Action and decisions for the conference

5.97 The conference should consider the following questions when determining whether the child should be the subject of a child protection plan:

- has the child suffered significant harm? and
- is the child likely to suffer significant harm in the future?

5.98 The test for **likelihood of suffering harm** in the future should be that either:

- the child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely; or
- professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

5.99 If the child protection conference decides that the child is likely to suffer significant harm in the future, the child will therefore require inter-agency help and intervention to be delivered through a **formal child protection plan**. The primary purposes of this plan are to **prevent the child suffering harm or a recurrence of harm in the future and to promote the child's welfare**.

5.100 Child protection conference participants **should base their judgements on all the available evidence obtained** through existing records, the initial assessment and the in-depth core assessment undertaken following the initiation of section 47 enquiries, and any other relevant specialist assessments. … The decision making process should be **based on the views of all agencies** represented at the conference and also take into account any written contributions that have been made. …

5.102 It is the **role of the initial child protection conference to formulate the outline child protection plan in as much detail as possible.** The decision of the conference and, where appropriate, details of the category of abuse or neglect, the name of the lead social worker (i.e. the social worker who is the lead professional for the case) and the core group membership should be recorded … and circulated to all those invited to the conference **within one working day.**

5.103 Where a child has suffered, or is likely to suffer, significant harm in the future it is the local authority's duty to **consider the evidence** and decide **what, if any, legal action** to take. …

5.104 A decision may have been made that a child does not require a child protection plan but he or she may nonetheless require services to promote his or her health or development. In these circumstances, the conference together with the family should consider the child's needs and what further help would assist the family in responding to them. Subject to the **family's views and consent**, it may be appropriate to continue and to complete the core assessment to help determine what support might best help promote the child's welfare.

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Where the child's needs are complex, inter-agency working will continue to be important. **Where appropriate, a child in need plan should be drawn up and reviewed at regular intervals – no less frequent than every six months**.

5.105 Where a child is to be the subject of a child protection plan it is the responsibility of the conference to **consider and make recommendations on how agencies, professionals and the family should work together** to ensure that the child will be safeguarded from harm in the future. This should enable both professionals and the family to understand exactly what is expected of them and what they can expect of others. Specific tasks include the following:

- appointing the lead statutory body (either local authority children's social care or the NSPCC) and a lead social worker (who is the lead professional), who should be a **qualified, experienced social worker** and an employee of the lead statutory body;
- **identifying the membership of a core group** of professionals and family members who will develop and implement the child protection plan as a detailed working tool;
- establishing how the child, their parents (including all those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation process, and the support, advice and advocacy available to them;
- establishing timescales for meetings of the core group, production of a child protection plan, and for child protection review meetings;
- identifying in outline **what further action is required** to complete the core assessment and what other specialist assessments of the child and family are required to make sound judgements on how best to safeguard and promote the welfare of the child;
- outlining the child protection plan, especially, **identifying what needs to change** in order to achieve the planned outcomes to safeguard and promote the welfare of the child;
- **ensuring a contingency plan is in place** if agreed actions are not completed and/ or circumstances change, for example, if a caregiver fails to achieve what has been agreed, a court application is not successful or a parent removes the child from a place of safety;
- clarifying the different purposes and remit of the initial conference the core group, and the child protection review conference; and
- **agreeing a date for the first child protection review conference** and under what circumstances it might be necessary to convene the conference before that date.

5.106 The outline child protection plan should:

- **identify factors associated with the likelihood of the child suffering significant harm and ways in which the child can be protected from harm** through an inter-agency plan based on the current findings from the assessment, including information held by agencies on any previous involvement with the child and family;
- **establish short-term and longer-term aims and objectives** that are clearly linked to preventing the child suffering harm or a recurrence of the harm suffered, meeting the child's developmental needs and promoting the child's welfare, including contact with family members;
- **be clear about who will have responsibility for what actions –** including actions by family members – within what specified timescales;
- **outline ways of monitoring and evaluating progress against the planned outcomes set out in the plan**; and
- **be clear about which professional is responsible for checking** that the required changes have taken place and what action will be taken, by whom, and when they have not. …

Action following the initial child protection conference

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The role of the lead social worker

5.113 When a conference decides that a child should be the subject of a child protection plan, one of the child care agencies with statutory powers (local authority children's social care or the NSPCC) should carry statutory responsibility for the child's welfare and **designate a qualified and experienced member of its social work staff to be the lead social worker,** i.e. the lead professional. Each child who is the subject of a child protection plan should have a named lead social worker.

5.114 The **lead social worker is responsible for making sure that the outline child protection plan is developed into a more detailed inter-agency plan.** S/he should complete the core assessment of the child and family, securing contributions from core group members and others as necessary. The lead social worker is also responsible for acting as the lead professional for the inter-agency work with the child and family. S/he should co-ordinate the contribution of family members and other agencies to planning the actions which need to be taken, putting the child protection plan into effect and reviewing progress against the planned outcomes set out in the plan. It is important that the role of the lead social worker is fully explained at the initial child protection conference and at the core group.

5.115 The **lead social worker should see the child, alone when appropriate**, in accordance with the plan. She or he should develop a therapeutic relationship with the child, regularly ascertain the child's wishes and feelings and keep the child up to date with the child protection plan and any developments or changes. The lead social worker should record in the child's local authority social care record when the child was seen and who else, if anyone, was present at the time of each visit and also the reasons for deciding (or not) to see the child alone.

The core group

5.116 The **core group is responsible for developing the child protection plan as a detailed working tool and implementing it within the outline plan agreed** at the initial child protection conference. **Membership should include the lead social worker, who chairs the core group**, **the child if appropriate, family members and professionals or foster carers who will have direct contact with the family.** Although the lead social worker has lead responsibility for the formulation and implementation of the child protection plan, **all members of the core group are jointly responsible for carrying out these tasks,** refining the plan as needed and monitoring progress against the planned outcomes set out in the plan. Agencies should ensure that members of the core group undertake their roles and responsibilities effectively in accordance with the agreed child protection plan. …

5.118 The **first meeting** of the core group should take place **within 10 working days of the initial child protection conference**. The **purpose** of this first meeting is to **flesh out the child protection plan.** The meeting should also decide **what steps need to be taken, by whom,** to complete the core assessment on time so that future decisions and the provision of services can be fully informed when making decisions about the child's safety and welfare. Thereafter, core groups should meet sufficiently regularly to facilitate working together, monitor actions and outcomes against the child protection plan, and make any necessary alterations as circumstances change.

5.119 The lead social worker should ensure that there is a record of the decisions taken and actions agreed at core group meetings, as well as of the written views of those who were not able to attend. The **child protection plan should be updated as necessary.**

Completion of the core assessment

5.120 Completion of the core assessment, **within 35 working days**, should include an **analysis** of the child's developmental needs and the parents' capacity to respond to those needs within the context of their family and environment. This analysis should include an understanding of the parents' capacity to ensure that the

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child is safe from harm. It should include consideration of the information gathered about the family's history and their present and past family functioning. It may be necessary to commission specialist assessments (e.g. from child and adolescent mental health services, adult mental health or substance misuse services, or a specialist in domestic violence) which it may not be possible to complete within this time period. This should not delay the drawing together of the core assessment findings at this point. **A core assessment is deemed complete once the assessment has been discussed with the child and family (or caregivers) and the team manager has viewed and authorised the assessment.**

5.121 The **analysis** of the child's needs and the capacity of the child's parents or caregivers to meet these needs within their family and environment **should provide evidence on which to base judgements and decisions on** how best to safeguard and promote the welfare of a child and where possible to support parents in achieving this aim. Decisions based on this analysis should consider what the child's future will be like if his or her met needs continue to be met, and if his or her unmet needs continue to be unmet.

The key questions are:

- What is likely to happen if nothing changes in the child's current situation?
- What are the likely consequences for the child?

The answers to these questions should be used to decide what interventions are required when developing the child protection plan and, in particular, in considering what actions are necessary to prevent the child from suffering harm or to prevent a recurrence of the abuse or neglect suffered.

The child protection plan

5.122 The initial child protection conference is responsible for agreeing an outline child protection plan. Professionals and parents/caregivers should develop the details of the plan in the core group. The overall aim of the plan is to:

- ensure the child is safe from harm and prevent him or her from suffering further harm by supporting the strengths, addressing the vulnerabilities and risk factors and helping meet the child's unmet needs;
- promote the child's health and development, i.e. his or her welfare; and
- provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.

5.123 The child protection plan should be based on the findings from the assessment, following the dimensions relating to the child's developmental needs, parenting capacity and family and environmental factors, and drawing on knowledge about effective interventions. Where the child is also the subject of a care plan, the child protection plan should be part of the looked after child's care plan. … It should set out what work needs to be done, why, when and by whom. The plan should:

- describe the identified developmental needs of the child and what therapeutic services are required to meet these needs;
- include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of the child;
- include realistic strategies and specific actions to bring about the changes necessary to achieve the planned outcomes;
- set out when and in what situations the child will be seen by the lead social worker, both alone and with other family members or caregivers present;
- clearly identify and set out roles and responsibilities of family members and professionals including those with routine contact with the child (for example, health visitors, GPs and teachers) and the nature and frequency of contact by these professionals with the child and family members;

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- include a contingency plan to be followed if circumstances change significantly and require prompt action (including initiating family court proceedings to safeguard and promote the child's welfare); and
- lay down points at which progress will be reviewed and the means by which progress will be judged.

5.124 The child protection plan should take into account the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare. The lead social worker **should make every effort to ensure that the child and parents have a clear understanding of the planned outcomes; that they accept the plan and are willing to work to it**. If the parents are not willing to co-operate in the implementation of the plan the local authority should consider what action, including the initiation of family proceedings, it should take to safeguard the child's welfare.

5.125 **The plan should be constructed with the family** in their preferred language and they should receive a written copy in this language. If family members' preferences are not accepted about how best to safeguard and promote the welfare of the child, the reasons for this should be explained. **Families should be told about their right to complain** and make representations, and how to do so.

Agreeing the plan with the child

5.126 The child protection plan **should be explained to and agreed with the child in a manner which is in accordance with their age and understanding**. An interpreter should be used if the child's level of English means that s/he is not able to participate fully in these discussions unless they are conducted in her/his own language. The child should be given a copy of the plan written at a level appropriate to his or her age and understanding, and in his or her preferred language.

Negotiating the plan with parents

5.127 Parents **should be clear about the evidence of significant harm** which resulted in the child becoming the subject of a child protection plan, **what needs to change and about what is expected of them** as part of implementing the plan for safeguarding and promoting their child's welfare. **All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the plan.** The **parents should receive a written copy of the plan** so that they are clear about who is doing what when and the planned outcomes for the child.

Intervention

5.128 Decisions about how to intervene, including what services to offer, should be based **on evidence about what is likely to work best to bring about good outcomes for the child** … A number of aspects of intervention should be considered in the context of the child protection plan, in the light of evidence from the assessment of the child's developmental needs, the parents' capacity to respond appropriately to the child's needs and the wider family and environmental circumstances. Particular attention should be given to family history (for example, of domestic and other forms of violence, childhood abuse, mental illness, substance misuse and/or learning disability) and present and past family functioning.

5.129 The following questions need to be considered:

- What are the options for interventions which might help support strengths and/ or help meet the child's identified unmet needs as well as addressing the known vulnerabilities and risk factors?
- What resources are available?
- With which agency or professional and with which approach is the family most likely to co-operate?
- Which intervention is most likely to produce the most immediate benefit and which might take time?
- What should be the sequence of interventions and why?

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- Given the severity of any ill-treatment suffered or impairment to the child's health or development, the child's current needs and the capacity of the family to co-operate, what is the likelihood of achieving sufficient change within the child's time frame?

5.130 It is important that **services are provided to give the child and family the best chance of achieving the required changes**. If a child cannot be cared for safely by his or her caregiver(s) she or he will have to be placed elsewhere whilst work is being undertaken with the child and family. Irrespective of where the child is living, interventions should specifically address:

- the developmental needs of the child;
- the child's understanding of what has happened to him or her;
- the abusing caregiver/child relationship and parental capacity to respond to the child's needs;
- the relationship between the adult caregivers both as adults and parents;
- family relationships; and
- possible changes to the family's social and environmental circumstances.

5.131 Intervention may have a number of inter-related components:

- action to make a child safe from harm and prevent recurrence from harm;
- action to help promote a child's health and development, i.e. welfare;
- action to help a parent(s)/caregiver(s) in safeguarding a child and promoting his or her welfare;
- therapy for an abused or neglected child; and
- support or therapy for a perpetrator of abuse or neglect to prevent future harm to the child and where necessary to other children.

5.132 The **development of secure parent–child attachments is critical to a child's healthy development.** The **quality and nature of the attachment will be a key issue to be considered in decision making,** especially if decisions are being made about moving a child from one setting to another, re-uniting a child with his or her birth family or considering a permanent placement away from the child's family. If the plan is to assess whether the child can be reunited with the caregiver(s) responsible for the maltreatment, very detailed work will be required to help the caregiver(s) develop the necessary parenting skills.

5.134 Children who have suffered significant harm may continue to experience the consequences of this abuse irrespective of where they are living, whether remaining with or being reunited with their families or alternatively being placed in new families; this relates particularly to their behavioural and emotional development. Therapeutic work with the child should continue, irrespective of where the child is placed, as long as is required in order for their needs to be met.

The child protection review conference

Timescale

5.136 The first child protection review conference **should be held within 3months of the initial child protection conference and further reviews should be held at intervals of not more than 6months** for as long as the child remains the subject of a child protection plan…

Purpose

5.137 The purposes of the child protection review are to:

- **review whether the child is continuing** to suffer, or is likely to suffer, significant harm and their health and developmental progress against planned outcomes set out in the child protection plan;
- ensure that the child continues to be safeguarded from harm; and
- **consider whether the child protection plan should continue or should be changed**…

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5.140 The review requires as much preparation, commitment and management as the initial child protection conference. **Each member of the core group has a responsibility to produce an individual agency report** on the child and family for the child protection review. Together, these reports provide an overview of work undertaken by family members and professionals, and evaluate the impact of the interventions on the child's welfare against the planned outcomes set out in the child protection plan. **Those unable to attend should send their report** to the lead social worker prior to the core group meeting and where possible, delegate attendance to a well briefed colleague.

Discontinuing the child protection plan

5.141 A child should no longer be the subject of a child protection plan if:

- it is judged that the child is **no longer continuing to, or be likely to, suffer significant harm** and therefore require safeguarding by means of a child protection plan (e.g. the likelihood of harm has been reduced by action taken through the child protection plan; the child and family's circumstances have changed; or re-assessment of the child and family indicates that a child protection plan is not necessary). Under these circumstances, only a child protection review conference can decide that a child protection plan is no longer necessary;
- the child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a child protection conference **within 15 working days** of being notified of the move, only after which event may discontinuing the child protection plan take place in respect of the original local authority's child protection plan; or
- the child has **reached 18 years of age** (to end the child protection plan, the local authority should have a review around the child's birthday and this should be planned in advance), has died or has permanently left the UK.

5.142 When a child is no longer the subject of a child protection plan notification should be sent, at a minimum, to all those agency representatives who were invited to attend the initial child protection conference that led to the plan.

5.143 A child who is no longer the subject of a child protection plan may still require additional support and services. **Discontinuing the child protection plan should never lead to the automatic withdrawal of help.** The key worker should discuss with the parents and the child what services might be wanted and required, based upon the re-assessment of the needs of the child and family.

Recording in individual case records

5.156 Keeping a good quality record about work with a child in need and his or her family is an important part of the accountability of all professionals to those who use their services. It helps to focus work and it is essential to working effectively across agency and professional boundaries. Clear and accurate records for each child ensure that there is a documented account of an agency's or professional's involvement with the child and/or his or her family or caregiver. They help with continuity when individual workers are unavailable or change and they provide an essential tool for managers to monitor work or for peer review. The child or adult's record is an essential source of evidence for investigations and inquiries, and may also be required to be disclosed in court proceedings. Where a child has been the subject of a section 47 enquiry which did not result in the substantiation of referral concerns, his or her record should be retained in accordance with agency retention policies. These policies should ensure that records are stored safely and can be retrieved promptly and efficiently.

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5.157 To serve these purposes, records relating to work with the child and his or her family should use clear, straightforward language, be concise and be accurate not only in fact, but also in differentiating between opinion, judgement and hypothesis.

5.158 Well kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. These records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

'Roy Meadows appeal judgement: statement regarding 'expert witnesses'' *(Case No: CO/5763/2005 Held at Royal Courts of Justice London on 17 February 2006 Before: Mr Justice Collins)*

Any expert witness will know that he has a duty to the court and must bear in mind his obligations in that regard. They are helpfully set out in a passage from the judgment of Cresswell J *in The Ikarian Reefer [1993] 2 Lloyd's Rep 68, at 81-82:-*

"The duties and responsibilities of expert witnesses in civil cases include the following:

1. Expert evidence presented to the Court should be, and should be seen to be, the **independent product of the expert uninfluenced as to form or content by the exigencies of litigation** *[Whitehouse v Jordan [1981] 1 W.L.R. 246 at p 256 per Lord Wilberforce).*
2. An expert witness should provide **independent assistance to the Court** by way of **objective unbiased opinion** in relation to matters **within his expertise** *(see Polivite Ltd v Commercial Union Assurance Co Plc [1987] 1 Lloyds Rep 279 at p.386 per Mr Justice Garland and Re J [1990] F.C.R. 193 per Mr Justice Cazalet).* An expert witness in the High Court should never assume the role of an advocate.
3. An expert witness should state **the facts or assumption upon which his opinion is based**. He **should not omit to consider material facts which could detract from his concluded opinion** *(Re J sup)*
4. An expert witness should **make it clear when a particular question or issue falls outside his expertise**.
5. If an expert's opinion is **not properly researched because he considers that insufficient data is available, then this must be stated with an indication that the opinion is no more than a provisional one** *(Re J sup).* In cases where an expert witness who has prepared a report **could not assert that the report contained the truth, the whole truth and nothing but the truth without some qualification, that qualification should be stated in the report** *(Derby & Co Ltd and Others v Weldon and Others, The Times, Nov9, 1990 per Lord Justice Staughton).*
6. If, after exchange of reports, **an expert witness changes his view on a material matter having read the other side's expert's report or for any other reason, such change of view should be communicated** *(through legal representatives)* to the other side **without delay** and when appropriate to the Court.
7. Where expert **evidence refers to photographs, plans, calculations, analyses, measurements, survey reports or other similar documents, these must be provided** to the opposite party at the same time as the exchange of reports *(see 15.5 of the Guide to Commercial Court Practice)."*

In addition, he will know that **he must give evidence honestly and in good faith and must not deliberately mislead the court.** He will not expect to receive protection if he is dishonest or malicious or deliberately misleading.'

Allegations of abuse made against a person who works with children

6.32 Children can be subjected to abuse by those who work with them in any setting. All allegations of abuse or maltreatment of children by a professional, staff member, Foster carer, or volunteer must therefore be taken seriously and treated in accordance with consistent procedures. …

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6.33 In evaluating the effectiveness of local procedures LSCBs should have regard to the need to complete cases expeditiously. Data about allegations made against education staff show that it is reasonable to expect that **80% of cases should be resolved within one month**, **90% within 3 months** and that **all but the most exceptional cases should be completed within 12 months**, although it is unlikely that cases that require a criminal prosecution or a complex police investigation can be completed in **less than 3 months. …**

6.39 **Staff, foster carers, volunteers and other individuals about whom there are concerns should be treated fairly and honestly, and should also be provided with support throughout the investigation process as should others who are also involved**. They should be helped to understand the concerns expressed and the processes being operated, and be clearly informed of the outcome of any investigation and the implications for disciplinary or related processes. However, the police, and other relevant agencies, should always be consulted before informing a person who is the subject of allegations which may possibly require a criminal investigation.

Abuse of disabled children

6.44 The available UK evidence on the extent of abuse among disabled children suggests that **disabled children are at increased risk of abuse**, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Disabled children may be especially vulnerable to abuse for a number of reasons:

- many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- they have an impaired capacity to resist or avoid abuse;
- they may have speech, language and communication needs which may make it difficult to tell others what is happening;
- they often do not have access to someone they can trust to disclose that they have been abused; and/or
- they are especially vulnerable to bullying and intimidation.

6.45 … Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves. Measures should include:

- making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
- making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;
- an explicit commitment to, and understanding of disabled children's safety and welfare among providers of services used by disabled children;
- close contact with families, and a culture of openness on the part of services;
- guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment; anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home; and
- guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack capacity will be governed by the Mental Health Capacity Act once they reach the age of 16.

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The impact of maltreatment on children

9.3 The maltreatment of children – physically, emotionally, sexually or through neglect – can have major long-term effects on all aspects of a child's health, development and wellbeing. **The immediate and longer-term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviours, offending and anti-social behaviour**. Maltreatment is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood: the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in work, and to extra difficulties in developing the attitudes and skills necessary to be an effective parent.

9.4 It is not only the stressful events of maltreatment that have an impact, but also the context in which they take place. Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and decide on the most appropriate intervention. Often, it is the interaction between a number of factors that increases the likelihood or level of significant harm.

9.5 For every child and family, there may be factors that aggravate the harm caused to the child, and those that protect against harm. Relevant factors include the individual child's means of coping and adapting, support from a family and social network, and the impact of any interventions. The effects on a child are also influenced by the quality of the family environment at the time of maltreatment, and by subsequent life events. The way in which professionals respond also has a significant bearing on subsequent outcomes.

9.6 Serious Case Reviews, together with other research findings, show that children under one year of age and in particular very young babies are extremely vulnerable to being seriously injured or to dying as a result of abuse or neglect. Young people aged 11 and over also have a heightened level of vulnerability and likelihood of suffering harm, yet their needs and distress are often missed or deemed too challenging for services.

9.7 Some children may be living in families that are considered resistant to change. A knowledge review on effective practice to protect children living in such families, undertaken by C4EO, has identified practices which can enable practitioners to engage with these types of families and improve outcomes for children.

Physical abuse

9.8 Physical abuse can lead directly to neurological damage, physical injuries, disability or, at the extreme, death. Harm may be caused to children both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexpert use of physical restraint. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic violence.

Emotional abuse

9.9 There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, as other more visible forms of abuse in terms of its impact on the child. Domestic violence is abusive in itself. Adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

Sexual abuse

9.10 Disturbed behaviour – including self-harm, inappropriate sexualised behaviour, sexually abusive behaviour, depression and a loss of self-esteem – has been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with

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severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and on his or her feelings of self worth.

9.11 A proportion of adults and children and young people who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are sexually abused inevitably go on to become abusers themselves.

Neglect

9.12 Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self-esteem, and feelings of being unloved and isolated. Neglect can also result, in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing. ….

Social exclusion

9.16 Many of the families who seek help for their children, or about whom others raise concerns in respect of a child's welfare, are multiply disadvantaged. These families may face chronic poverty, social isolation, racism, and the problems associated with living in disadvantaged areas, such as high crime rates, poor housing, childcare, transport and education services, and limited employment opportunities. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good educational and leisure opportunities. When children themselves become parents this exacerbates disadvantage and the potential for social exclusion. Racism and racial harassment are an additional source of stress for some families and children, as is violence in the communities in which they live. Social exclusion can also have an indirect effect on children, through its association with parental substance misuse, depression, learning disability, and long-term physical health problems.

Domestic violence

9.17 The Home Office Home Office (2009) *What is Domestic Violence?* London: Home Office. defines domestic violence as **'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality'.** Nearly **a quarter of adults** in England are victims of domestic violence. Although both men and women can be victimised in this way, a greater proportion of women experience all forms of domestic violence, and are more likely to be seriously injured or killed by their partner, ex-partner or lover.

9.18 Domestic violence affects both adults and children within the family. Some **200,000 children (1.8%)** in England live in households where there is a known risk of domestic violence or violence. Prolonged and/or regular exposure to domestic violence can have a serious impact on children's safety and welfare, despite the best efforts of parents to protect them. An analysis of Serious Case Reviews found evidence of past or present domestic violence present in **over half (53%)** of cases.

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9.19 Domestic violence **rarely exists in isolation**. Many parents also misuse drugs or alcohol, experience poor physical and mental ill health and have a history of poor childhood experiences themselves. The co-morbidity of issues compounds the difficulties parents experience in meeting the needs of their children, and increases the likelihood that the child will experience abuse and/or neglect.

9.20 Domestic violence has an impact on children in a number of ways**. Children are at increased risk of physical injury during an incident, either by accident or because they attempt to intervene.** Even when not directly injured**, children are greatly distressed by witnessing the physical and emotional suffering of a parent**. Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress which may express itself in anti-social or criminal behaviour. Although separating from a violent partner should result in women and children being safe from harm, the danger does not automatically end. Moreover, **the point of leaving an abusive relationship is the time of highest risk for a victim**. Contact arrangements can be used by violent men not only to continue their controlling, manipulative and violent behaviour but also as a way of establishing the whereabouts of the victim(s).

9.21 Domestic violence also affects children because it impacts on parenting capacity. A parent (in most families, the mother) may **have difficulty in looking after the children** when domestic violence results in injuries, or in extreme cases, death. The impact on parenting, however, is often more subtle. Exposure to psychological and emotional abuse has profound negative effects on women's mental health resulting in a loss of confidence, depression, feelings of degradation, problems with sleep, isolation, and increased use of medication and alcohol. These are all factors that can restrict the mother's capacity to meet the developmental needs of her child. Moreover, belittling and insulting a mother in front of her children undermines not only her respect for herself, but also the authority she needs to parent confidently. A mother's relationship with her children may also be affected because, in attempts to avoid further outbursts of violence, she prioritises her partner's needs over those of her children.

9.22 The impact of domestic violence on children increases when directly abused, witnessing the abuse of a parent, or colluding (willingly or otherwise) in the concealment of assaults. Other relevant factors include the chronicity and degree of violence, and its co-existence with other issues such as substance misuse. No age group is particularly protected from or damaged by the impact of domestic violence. Children's ability to cope with parental adversity is related to their age, gender and individual personality. However, regardless of age, support from siblings, wider family, friends, school and community can act as protective factors. Key to the safety of women and children subjected to violence and the threat of violence is an alternative, safe and supportive residence.

Mental illness of a parent or carer

9.27 A wide range of mental ill health can affect parents and their families. This includes depression and anxiety, and psychotic illnesses such as schizophrenia or bipolar disorder. Depression and anxiety are common. At any one time one in six adults in Great Britain may be affected. Psychotic disorders are much less common with about one in two hundred individuals being affected. Mental illness may also be associated with alcohol or drug use, personality disorder and significant physical illness. Approximately **30% of adults** with mental ill health **have dependent children**, mothers being more at risk than fathers.

9.28 Appropriate treatment and support usually means that mental illness can be managed effectively and as a result parents are able to care successfully for their children. …

9.30 The majority of parents with a history of mental ill health present no risk to their children. However, in rare cases a child may sustain severe injury, profound neglect, or even die. Very serious risks may arise if the parent's illness incorporates delusional beliefs about the child, and/or incorporates the child in a suicide plan. …

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9.31 The potential impact of a parental mental illness and the child's ability to cope with it is related to age, gender and individual personality. …

9.34 …. A survey of children's mental health suggests **11% of children aged 11-16** years have a mental disorder. Parental mental ill health exacerbates the likelihood of young people experiencing psychological and behavioural Symptoms. The volatility of this age group means that the impact of parental mental illness, while similar to that at a young age, maybe more intense. Teenagers whose mothers suffer from depression show more behaviour problems than those whose mothers are well. Conduct disorders, depression and a preoccupation with family problems affect young people's ability to concentrate and education and learning may be impaired. …

Parental problem drug use

9.38 Although as many **as 1 in 3** adults have used illicit drugs **at least once**, problem drug users are **less than 1%** of the population in England. It is hard to know with any degree of certainty how many children are living with parents who are problem drug users as such behaviour is against the law and characterised by denial and secrecy. In England and Wales it is estimated that **1% of babies are born each year** to women with problem drug use, and that **2-3%** of children **under 16 years** have parents with problem drug use. Not all these children will be living with their parents and only about **⅓** of fathers and **⅔** of mothers with problem drug use are still living with their own children. It is not only their parents whose drug misuse may place the child at risk of suffering significant harm, but problem drug use of other family members such a parent's new partner, siblings, or other individuals within the household.

9.39 To understand how problem drug use can affect parents' capacity to meet the developmental needs of their children is far from simple and it is important not to generalise or make assumptions about the impact on children of parental drug misuse. **Consideration needs to be given to both the type of drug used and its effects on the individual;** the same drug may affect different people in different ways. The situation is further complicated because the same drug may have very different consequences for the individual depending on their current mental state, experience and/or tolerance of the drug, expectations, personality, the environment in which it is taken, the amount used and the way it is consumed. When parents, or others in the home, stop taking drugs children can be particularly vulnerable, e.g. the withdrawal symptoms both physical and psychological may interfere, at least for a while, with parent's capacity to meet the needs of their children. Problematic drug use is likely to continue over time, and although treatment may prolong periods of abstinence or controlled use, for some individuals relapse should be expected. Assumptions about the use or abstinence of drugs should not be based on whether or not parents, or others in the home, are engaged with services for their problem drug use.

9.40 Parental problem drug misuse is generally associated with some degree of child neglect and emotional abuse. It can result in parents or carers experiencing difficulty in organising their own and their children's lives, being unable to meet children's needs for safety and basic care, being emotionally unavailable and having difficulty in controlling and disciplining their children. … Some problem drug using parents may find it difficult to give priority to the needs of their children. Finding money for drugs may reduce what is available to meet basic needs, or may draw families into criminal activities. Poverty and a need to have easy access to drugs may lead families to live in unsafe communities where children are exposed to harmful anti-social behaviour and environmental dangers such as dirty needles in parks and other public places. At its extreme, parental problem drug misuse can be implicated in the serious injury or death of a child. The study of Serious Case Reviews Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebottom, P., Dodsworth, J., Warren, C. and Black, J. (2009) found that in a **⅓ of cases** there was a current or past history of parental drug misuse…

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Parental problem alcohol use

9.48 Findings from the *General Lifestyle Survey 2008* suggest that **7%** of men and **4%** of women regularly drink at higher-risk levels: rates which have **fallen slightly over the past few years.** In addition to regular higher-risk drinking, problems can also result from binge drinking or, for example, drinking before driving. Nearly a fifth of men and **14%** of women are drinking **more than twice the lower-risk limit at least one day per week**, a figure that is used as a proxy for 'binge drinking' at a population level General Lifestyle Survey 2008. It is estimated that up to **1.3 million children** are affected by parental alcohol problems in England (Strategy Unit 2004). An analysis of calls received by ChildLine 1997 shows that the majority **(57%)** of callers identified their father or father figure as the problem drinker, **⅓** their mother or mother figure and **7%** indicated both parents had a drink problem.

9.49 The impact of excessive alcohol consumption on parents' capacity to look after their children will **depend on their current mental state and personality, their experience and tolerance of alcohol and the amount of alcohol consumed,** e.g. parenting may be affected because excessive drinking can affect concentration, induce sleep or coma, or reduce psychomotor co-ordination. In addition inhibitions may be lost, which can result in diminished self control and violence.

9.50 Parental **problem drinking can be associated with violence within the family and the physical abuse of children,** but who has the alcohol problem is relevant. Alcohol misuse by a father or father figure **can be related to violence** and the physical abuse of children, while mothers with an alcohol problem are more likely to neglect their children. Children are most at risk of suffering significant harm when alcohol misuse is associated with violence. If parents with a chronic drink problem stop drinking, the physical reactions they experience may also affect their capacity to meet the children's needs. As noted in relation to chronic drug misuse, severe and chronic alcohol problems are likely to continue over time and, although treatment may result in abstinence, relapse is possible. The adverse effects of parental alcohol misuse on children are less likely when not associated with violence, family discord, or the disorganisation of the family's day to day living. Particularly important is the presence of a parent or family member who does not have an alcohol problem and is able to respond to the child's developmental needs.

9.51 … Heavy drinking can cause Fetal Alcohol Syndrome (FAS), whose features include growth deficiency for height and weight, a distinct pattern of facial features and physical characteristics and central nervous system dysfunction. A syndrome that does not show the full characteristic features of FAS, Fetal Alcohol Spectrum Disorder, has … Only approximately **4% of pregnant women** who drink heavily give birth to a baby with Fetal Alcohol Spectrum Disorder….

9.54 …. Research suggests youngsters ag**ed 11-12 years are more likely to use alcohol, cannabis and tobacco if their parents have an alcohol problem**. **Young people who start drinking at an early age are at greater risk of poor health and being involved in accidents and accidental injury**.

Parents with a learning disability

9.56 The cause of learning disabilities can have its roots in genetic factors, infection before birth, brain injury at birth, brain infections or brain damage after birth. A learning disability may be mild, moderate, severe or profound, but it is a life-long condition. Traditionally, scores on standardised intelligence tests have been used to define learning disability. However, difficulties arise over how to classify those with borderline **IQs (70 to 85)**, and individuals who exhibit different ability levels across the components of IQ tests. The Department of Health's definition of learning disability encompasses people with a broad range of disabilities.

'Learning disability includes the presence of:

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- *a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with*
- *a reduced ability to cope independently (impaired social functioning);*
- *which started before adulthood, with a lasting effect on development*'

9.57 The most recent research estimates that there are **985,000 people in England with a learning disability**, equivalent to an overall prevalence rate of **2%** of the adult population. Estimates of the number of adults with learning disabilities who are parents vary widely from **23,000 to 250,000.**

9.58 It is **important not to generalise or make assumptions** about the parenting capacity of parents with learning disabilities**. Parental learning disability is not correlated with child abuse or wilful neglect, although there is evidence that children may suffer neglect from omission** where parents are not adequately supported or where there was no early intervention. In **most cases where physical or sexual abuse occurs it is the mother's male partner who is responsible**.

9.59 Parents with learning disabilities will **need support to develop the understanding, resources, skills and experience to meet the needs of their children.** Such support is particularly important when parents experience additional stressors such as having a disabled child, domestic violence, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care. It is these additional stressors when combined with a learning disability that are most likely to lead to concerns about the care and safety of a child.

"Stockholm Syndrome"

The 'Stockholm Syndrome' is an emotional attachment, a bond of interdependence between captive and captor that develops 'when someone threatens your life, deliberates, and doesn't kill you.' *(Symonds, 1980*) The relief resulting from the removal of the threat of death generates intense feelings of gratitude and fear that combine to make the captive reluctant to display negative feelings toward the captor or terrorist. In fact, former hostages have visited their captors in jail, recommended defence counsel, and even started a defence fund.

It is this dynamic, which causes former hostages and abuse survivors to minimise the damage done to them and refuse to cooperate in prosecuting their tormentors. "The victims' **need to survive** is stronger than his/her impulse to hate the person who has created the dilemma." *(Strentz, 1980)* The victim comes to see the captor as a 'good guy', even a saviour. This condition...occurs in response to the four specific conditions listed below:

1. A person **threatens to kill** another and **is perceived** as having the **capability to do so**.
2. The other **cannot escape**, so her or his **life depends on** the threatening person.
3. The threatened person is **isolated from outsiders** so that the only other perspective available to her or him is that of the threatening person.
4. The threatening person is **perceived as showing** some degree of **kindness** to the one being threatened.

It takes **only 3-4 days** for the characteristic bond of the 'Stockholm Syndrome' to emerge when captor and captive are strangers. No amount of preparation can stop the Stockholm Syndrome from occurring due to the extreme emotional changes from fear to relief.. **After that, research shows, the duration of captivity is no longer** relevant. … It would appear that a reasonable (human) response to this would be anger. This is often the initial response, but the desire for survival quickly supersedes hostility. **The captive's entire world now revolves around the captor**(s), and within the **sensory vacuum** which now exists, their moods and actions become all consuming. Anticipating their desires, appeasing them are possible keys to survival. Deprived of normal social interaction, the captive begins to see their captors more sympathetically.

NOTES ON LEGAL FRAMEWORK

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HUMAN RIGHTS ACT 1998

- Article 2: The right to Life
- **Article 3: Prohibits subjecting any individual to inhumane or degrading treatment or punishment**
- Article 6: The right to a fair trial
- **Article 8: The right to respect for private and family life**
- Article 14: The right to non-discrimination

DATA PROTECTION ACT 1998: regulates the handling of personal data, *I.e. information kept about an individual on computer or on a manual filing system. The* Act lays down requirements for the processing of this information includes obtaining, recording, storing and disclosing it.

Data Protection Act 1998: requires that personal information:

- Is obtained and processed **fairly** and **lawfully;**
- Is disclosed only in appropriate circumstances;
- Is accurate, relevant and not held longer than necessary;
- Is kept securely.

The Act allows for disclosure without the consent of the subject in certain conditions:

- For the purposes of the prevention or prosecution or detection of crime
- The apprehension or prosecution of offenders
- Where a failure to disclose would be likely to prejudice those objective in a particular case

CHILDREN ACT 2004:

The term children includes:

- persons aged **18, 19 and 20**, in addition to those under 18 years, **who have been 'looked after' by a local authority at any time after attaining the age of 16**
- or have a learning disability.

Part 5 makes further provisions including:

- A new duty for local authorities to promote the educational achievement of looked after children and power to transmit data re individual children to monitor this *(s52 & 54)*
- A new duty on local authorities before determining what (if any) services to provide under Section 17 of the Children Act 1989 **to ascertain the child's wishes and feelings regarding the provision of those services** and take these into account *(s53)*

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CHILDREN ACT 1989 + ADOPTION AND CHILDREN ACT 2002: PARENTAL RESPONSIBLITY

Meaning of 'parental responsibility'

3 (1) **'Parental responsibility'** means al the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property.

3 (2) It also includes the rights, powers and duties which a guardian of the child's estate would have in relation to the child and his property.

Children Act 1989 S2:1&2 *(born **BEFO**RE 1st Dec 2003)*	**Adoption & Children Act 2002 s111** *(born on / **AFTER** 1st Dec 2003)*	**Others who may share PR with parents**
▪ Mother ▪ Father *(married to mother)* Father *(unmarried):* ▪ by legal agreement with mother **OR** ▪ on application to the Court *(DNA evidence)*	▪ Mother ▪ Father *(married to mother)* Father *(unmarried):* ▪ ***name on birth certificate*** ▪ by legal agreement with mother **OR** ▪ on application to the Court *(DNA evidence)*	▪ Step-parent **if** parents holding PR are in 'legal agreement' *(A&CA 2002 s122)* **BY COURT ORDERS** ▪ Person holding **Residence Order** on child *(CA 1989 s8)* ▪ Person holding **Special Guardianship Order** on child *(A&CA 2002 s14)* ▪ High Court Judge if child is a 'Ward of Court' ▪ Local Authority if child is 'Looked After' on a ***Court Order****(CA 1989 s31)* **BUT NOT** if child is 'Accommodated' *(CA 1989 s20)*

PARENTAL RESPONSIBILITY HELD / OBTAINED BY PARENTS IS ONLY LOST:

Parental Responsibility is **ONLY** lost when:	Parental Responsibility is **NOT** lost when:
▪ Child reaches 18years ▪ Child **OVER 16yrs** marries or enters a civil partnership ▪ Child is Adopted ▪ Child or person holding PR dies	▪ Parents separate or divorce ▪ Parent tries to harm child ▪ Parent is in police custody or prison ▪ Parent is held in hospital *(under Mental Health Act 1983)*

ACTING ON BEHALF OF SOMEONE WHO HOLDS PR

2 (9) A person who has parental responsibility for a child may not surrender or transfer any part of that responsibility to another but **may arrange for some or all of it to be met by one or more persons acting on his behalf.**

2 (11) the making of any such arrangement **shall not affect any liability of the person making it**, which may arise from any failure to meet any part of his parental responsibility for the child concerned.

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SPECIAL GUARDIANSHIP ORDER *(Adoption and Children Act 2002: Section 115)*

This Order is intended to meet the needs of children for whom adoption is not appropriate but who cannot return to their birth parents and would benefit from the **permanence** provided by a legally secure family placement. The Act envisages that some older children who do not wish their legal relationship with their parents to be severed could benefit from greater security and permanence provided by a Special Guardianship Order. It is intended that the special guardian would **have responsibility for the daily decisions regarding the care of the child or young person** and for taking **decisions about his or her upbringing**. However there is the possibility of discharge or variation of the Order and the child's legal relationship with his birth parents is not severed by the Special Guardianship Order. B**irth parents' parental responsibility is limited when such an Order is made.**

Court may make Special Guardianship Order in respect of any child on application of:-

1. any guardian of the child;
2. Local Authority foster carer with whom the child has lived for **one year**;
3. Anyone who holds a Residence Order with respect to the child or has the consent of all those in whose favour a Residence Order in force;
4. **Anyone** with whom the child has lived for **3 out of the last 5 years**;
5. Where the child is in the care of a Local Authority. Anyone with the Authority's consent;
6. In any other case anyone who has the consent of all those with parental responsibility for the child;
7. Anyone else including the child who has leave of the Court to apply.

Subsection (1) (a) gives the special guardian **parental responsibility** ***(T****he special guardian may exercise parental responsibility* ***to the exclusion*** *of others with parental responsibility apart from another special guardian, (Subsection (1) (b)).* An exception applies in those circumstances where the law provides that the consent of all parties with parental responsibility may be or is required *(for example, the sterilisation of a child).*

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'CHILDREN ACT 1989 PRINCIPLES

- **PARAMOUNTCY':** child's welfare shall be the Court's paramount consideration. *(CA-89 s1)*
- **PARENTHOOD:** children are best brought up in their own families

No Order' principle *(CA-89 s1)*

1 (5) Where a court is considering whether or not to make one or more orders under this Act with respect to a child, it shall not make the order or any orders unless it considers that doing so would be better for the child than making no order at all.

- **PARTNERSHIP:** with families and professional agencies working with parents for the best interests of the child.
- **PREVENTION:** of abuse and working with and providing services for children and families
- **PROVISION of services:** for Children and families in 'need' [Section 17]
- **PLANNING** ~ for children and reviewing service provision
- **PROTECTION ~** prompt action when necessary

SECTION 8 ORDERS *(CA-89 s8:1)*

- **'contact order'**: *order requiring person with whom a child lives, or is to live, to allow the child to visit or stay with the person named in the order, or for that person and the child otherwise to have contact with each other;*
- **'prohibited steps order'***: no step which could be taken by a parent in meeting his parental responsibility for a child, without the consent of the court;*
- **'residence order':** arrangements made as to the person with whom a child is to live; *(Residence Order ceases to have effect when the child reaches the age of sixteen unless the Court is satisfied that the circumstances are exceptional when it can be extended to the age of eighteen years. (Adoption and Children Act 2002: Section 114.)*
- **'specific issue order':** *order giving directions for the purpose of determining a specific question which has arisen, or which may arise, in connection with any aspect of parental responsibility for a child*

Provision of services for children and their families *(CA 89 Sect 17)*

17 (10) a child shall be taken to be in need if –

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled.

17 (11) A child is **disabled** if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

'development' means physical, intellectual, emotional, social or behavioural development;
And 'health' means physical or mental health.

Provision of Accommodation *(CA 89 Sect 20)*

20 (1) Every local authority shall provide accommodation for **any child in need** within their area who appears to them to require accommodation as a result of –

(a) there being no person who has parental responsibility for him;

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(b) his being lost or having been abandoned; or
(c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.

'THRESHOLD' for Care or Supervision orders *(CA 89 Sect 31:2)*

31 (2) A court may only make a care order or supervision order if it is satisfied –
(a) that the child concerned is **suffering, or is likely to suffer significant harm**; **and**
(b) that the **harm, or likelihood of harm, is attributable** to –
(i) the **care given to the child**, or likely to be given to him if the order were not made, not being what it would be **reasonable to expect a parent to give him**; **or**
(ii) the child's being beyond parental control.

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Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'harm' means ill-treatment or the impairment of health or development, including, e.g. impairment suffered from seeing or hearing the ill-treatment of another;

'development' means physical, intellectual, emotional, social or behavioural development;

'health' means physical or mental health; and

'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under s31(10) of the Act: Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development **shall be compared** with that which could **reasonably be expected** of a **similar** child.

NEED TO CONSIDER URGENT OR EMERGENCY ACTION

EMERGENCY PROTECTION ORDER *(CA 89 Sect. 44)*

44 (1): Where **any person** ('the applicant') applies to the court for an order to be made with respect to a child, the court may make the order, if, but only if, it is satisfied that:

(a) there is **reasonable cause to believe** that the child is **likely to suffer significant harm** if:
  (i) he is not removed to accommodation provided by or on behalf of the applicant; or
  (ii) he does not remain in the place in which he is accommodated

(b) in the case of an application made by the local authority:
  (i) enquiries are being made with respect to the child under section 47 (1)(b)

44 (5) Where an emergency protection order is in force with respect to a child, the applicant:

(a) shall safeguard the welfare of the child

(b) **shall take such action in meeting his parental responsibility** for the child as is reasonable required to safeguard or promote the welfare of the child.

45 (1) An emergency protection order shall have effect for such period, not exceeding **8 days,** as may be specified in the order. *(except if the last day is a public holiday when the Court may specify a period, which ends as noon on the first day, which is not a holiday)*

45 (6) An emergency protection order may only be extended **once**.

POLICE POWERS OF PROTECTION *(CA 89 Sect. 46:6)*

46 (1) Where a constable has reasonable cause to believe that a child would otherwise suffer significant harm he may

a) remove the child to suitable accommodation and keep him there; or

b) take such steps as are reasonable to ensure that the child's removal from any hospital, or other place, in which he is then being accommodated is prevented.

46 (6) No child may be kept in police protection for more than 72 hours.

46 (9a) While a child is being kept in police protection **neither** the constable **nor** the designated officer shall have parental responsibility for him.

DUTY TO INVESTIGATE *(CA 89 Sect. 47)*

47 (1b) 'Where the local authority have **reasonable cause to suspect** that a child who lives, or is found in their area **is suffering, or is likely to suffer, significant harm**, the authority **shall make**, or **cause to take, such enquiries** as they consider **necessary to enable them to decide** whether they should **take action** to safeguard or promote the child's welfare.'

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DUTY TO ASSIST in Investigation *(CA 89 Sect. 47:9 &11)*

47 (9) 'Where a local authority are conducting enquiries under this section it shall be **the duty** of any local authority, **any local education authority,** any housing authority and any health authority **to assist** them with those enquiries (in particular **by providing relevant information and advice**) if called upon the authority to do so.'

Sexually inappropriate / abusive behaviour

4 factor framework for sexual abuse to occur *(David Finkelhor 1984)*

- **Factor 1: Emotional congruence with children:** Children have a special meaning to child abusers, in that they represent weak and non-threatening objects [Howells 1979]. When the aggressor is themselves an abuse victim - Overcoming the offenders own childhood trauma through repetition and identification with the aggressor are also cited as being important factors leading to emotional congruence to children
- **Factor 2: Sexual arousal to a child/ren:** Child abusers find children more sexually arousing than adults
- **Factor 3: Blockage:** Abusers meet their emotional and sexual needs through child not adult relationships.
- **Factor 4: Normal inhibitions:** against having sexual contact with children are either overcome or not present

David Finkelhor's *(1984)* **4 Pre Conditions** to abusive behaviour

For sexual abuse to occur 4 factors must be present:

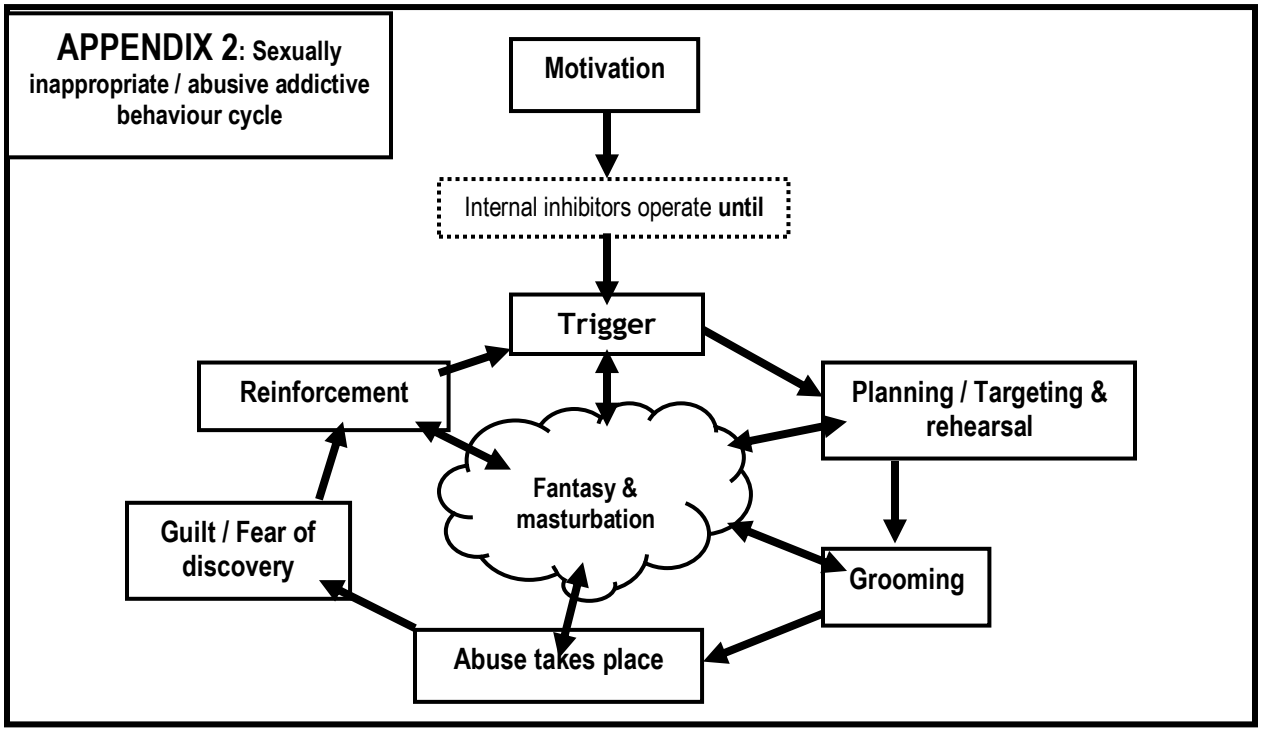
(1) There must be a **motivation** to abuse / *(sexual attraction to children)*

Abuser must then overcome:

(2) internal inhibitors *(distorted beliefs that validate abusive behaviour)*

(3) external inhibitors *('grooming' behaviours and creating opportunity)*

(4) child's resistance *(isolate, creating dependency and blurring sexual boundaries)*



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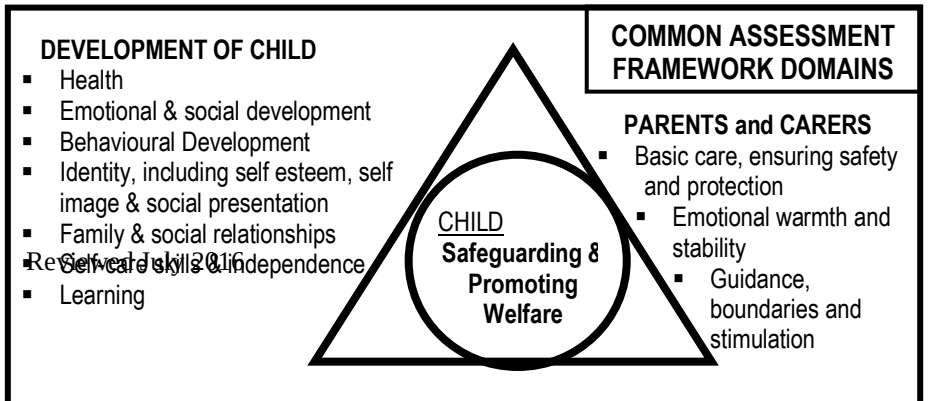
APPENDIX 3: ASSESSMENT FRAMEWORKS

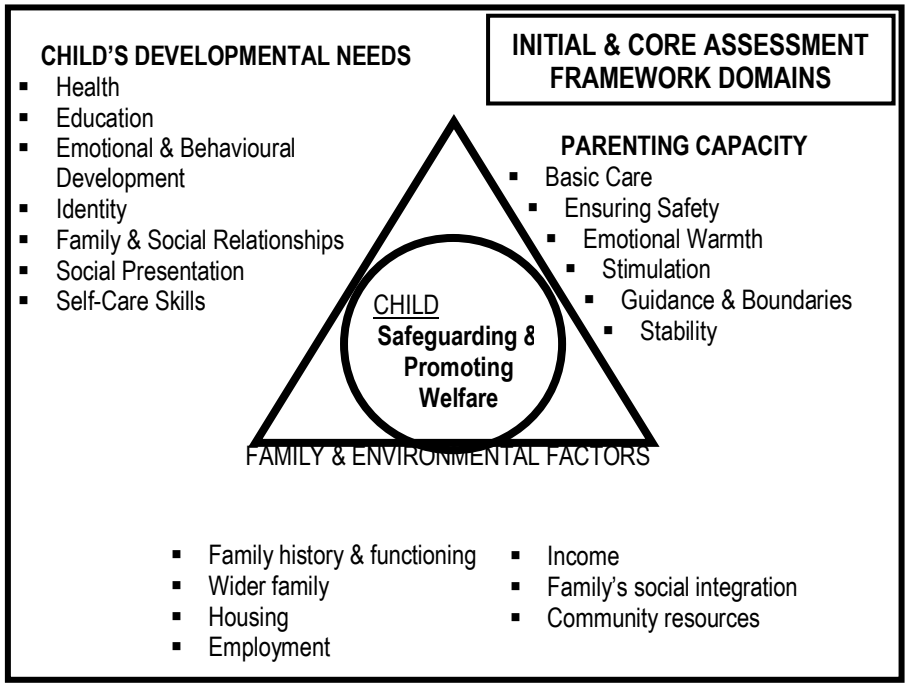
COMMON ASSESSMENT FRAMEWORK (CAF)

When to do a common assessment: A common assessment should be completed when it will help the child/young person to achieve **one or more of the ECM five priority outcomes**. This decision is likely to require professional judgement in the light of local policy and practice

Common assessment is likely to help when:	Common assessment need NOT be done where:
▪ Age appropriate progress is not being made and causes are unclear ▪ The support of more than one agency is needed	▪ Progress is satisfactorily ▪ Needs are already identified and are being met ▪ Needs are clear and can be met by the family or by the assessing agency

- Undertaken by any **non social work professional,** who has undertaken the appropriate training, and who will be able to take Lead Professional role
- Assessment is undertaken **with** the parent / carers / child and parental **consent MUST** be obtained to undertake the assessment and to seek information from other professional agencies involved with the family
- 'Team Around the Child' will be established to address needs identified during assessment process





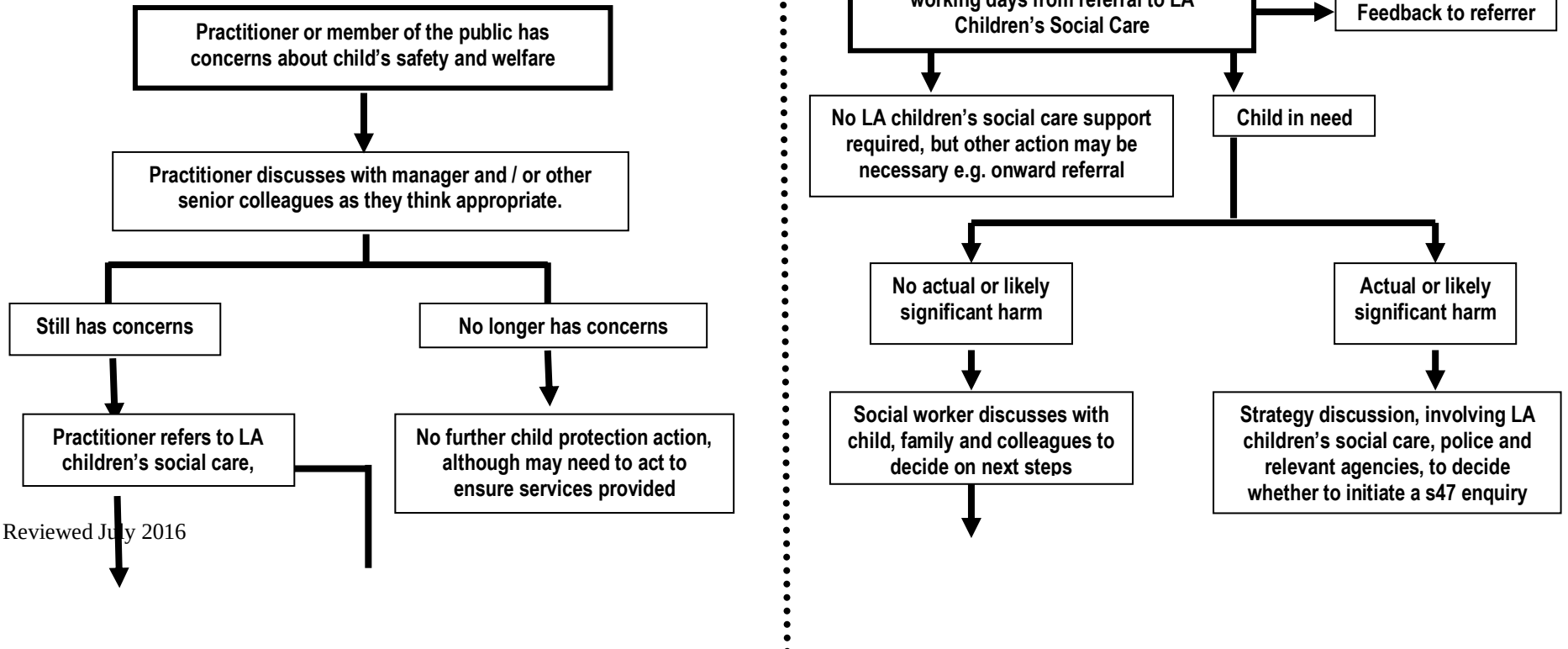
INITIAL and CORE ASSESSMENT

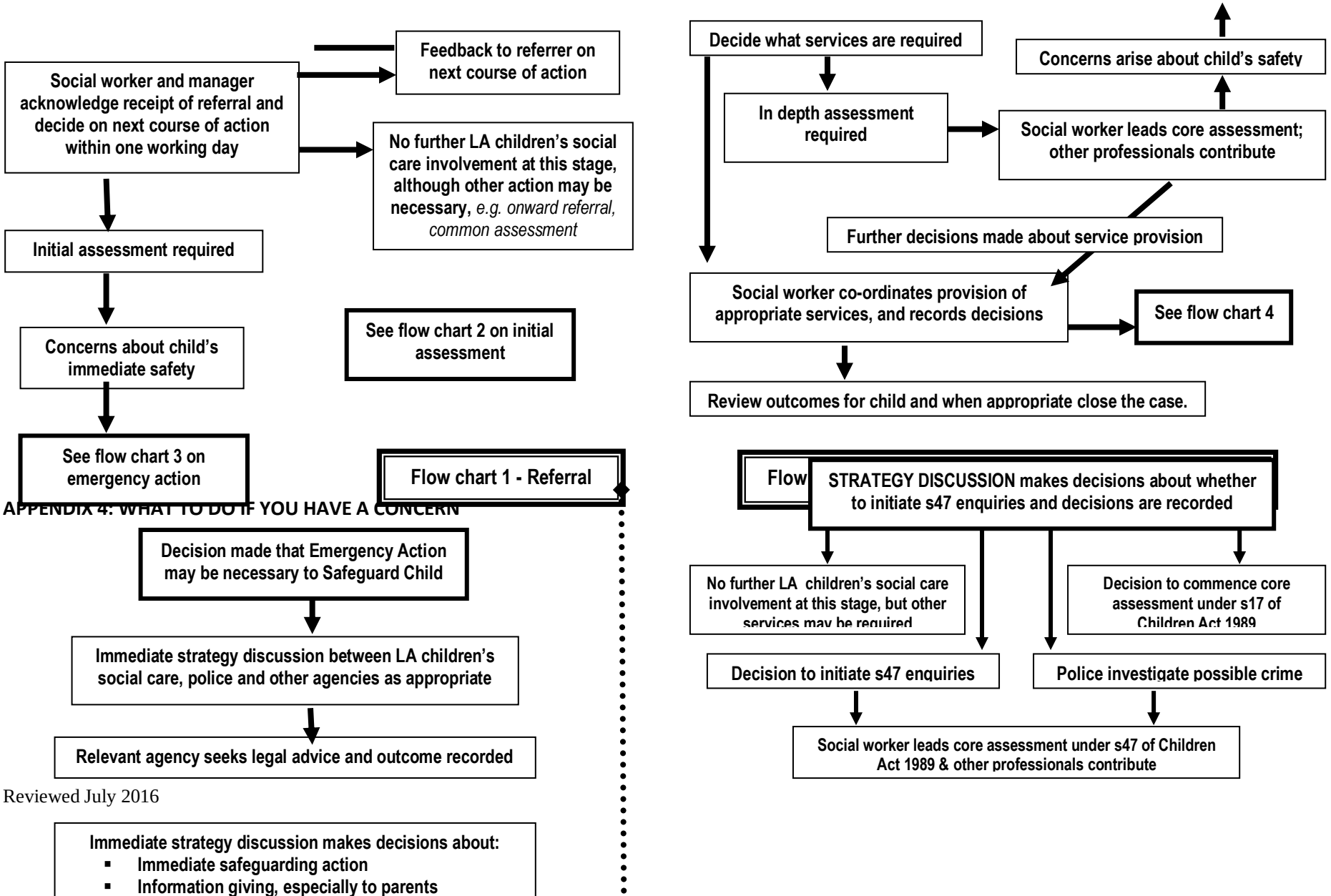
- To be undertaken and lead by a qualified and experience Social Worker, **in collaboration with other agencies** involved with case
- Is an **integral part of any section 47 investigation**
- Initial Assessment to be completed within **10 working days**
- Core Assessment to be completed within **35 working days**

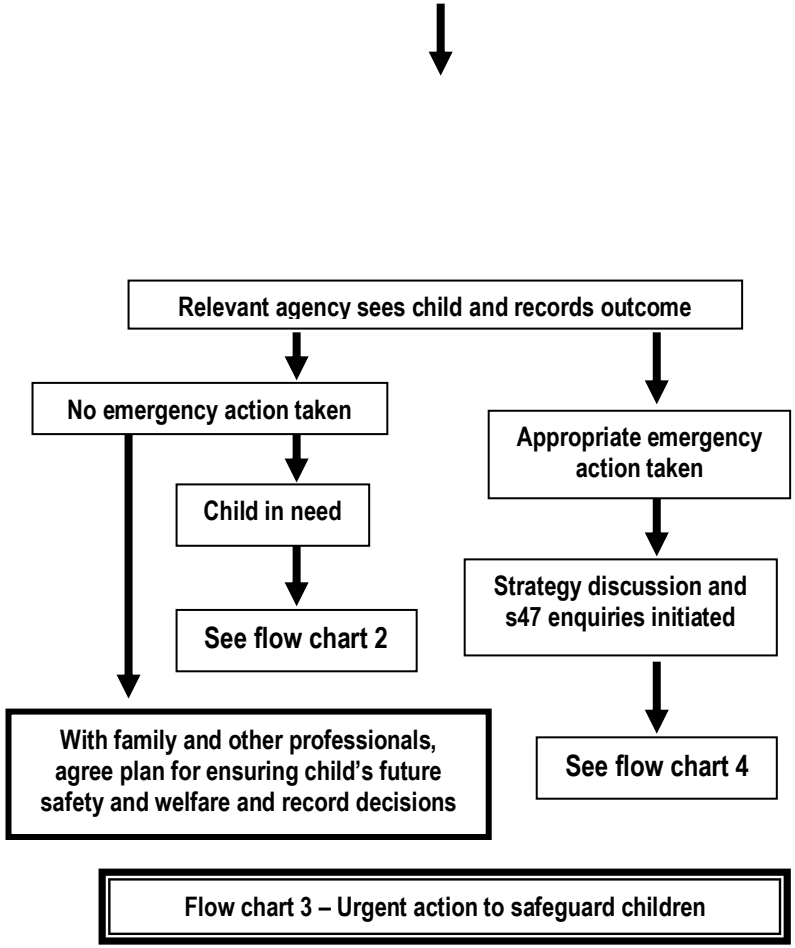
FAMILY and ENVIRONMENT

- Family history, functioning and well-being
- Wider family
- Housing, employment and financial considerations
- Social and community elements and resources, including education

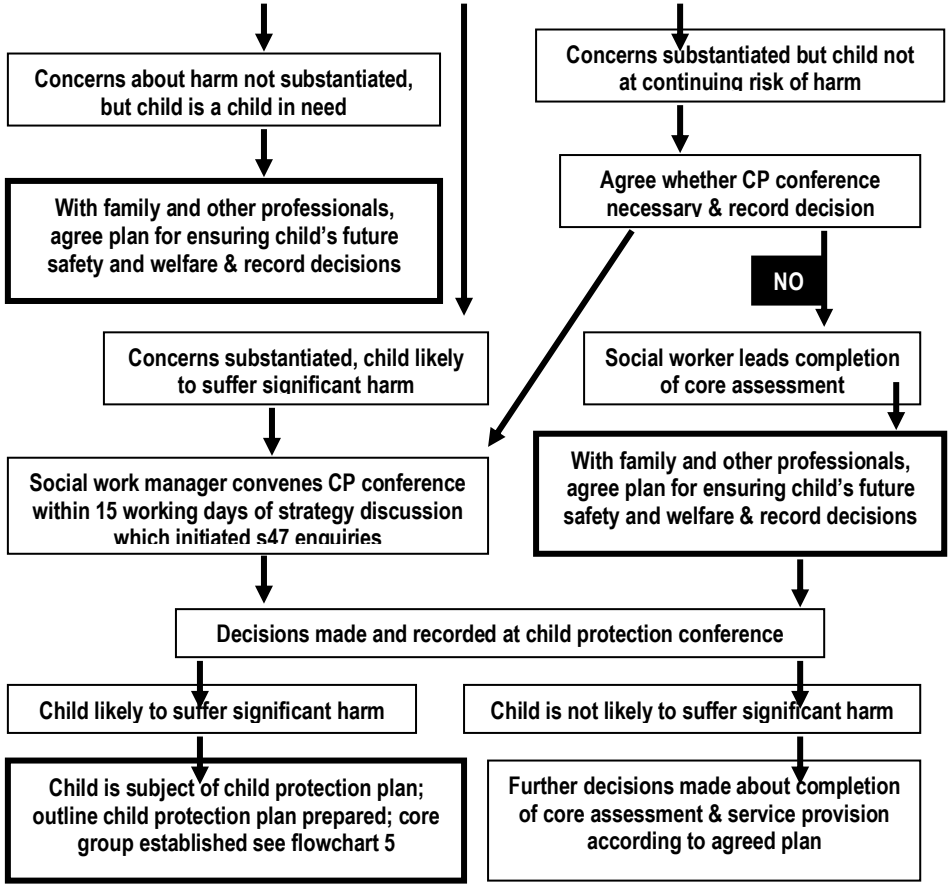
APPENDIX 4: WHAT TO DO IF YOU HAVE A CONCERN




Social worker and manager acknowledge receipt of referral and decide on next course of action within one working day
Feedback to referrer on next course of action
No further LA children's social care involvement at this stage, although other action may be necessary, e.g. onward referral, common assessment
Initial assessment required
Concerns about child's immediate safety
See flow chart 2 on initial assessment
See flow chart 3 on emergency action
Flow chart 1 - Referral
APPENDIX 4: WHAT TO DO IF YOU HAVE A CONCERN
Decision made that Emergency Action may be necessary to Safeguard Child
Immediate strategy discussion between LA children's social care, police and other agencies as appropriate
Relevant agency seeks legal advice and outcome recorded
Immediate strategy discussion makes decisions about:
Immediate safeguarding action
Information giving, especially to parents
Decide what services are required
In depth assessment required
Social worker leads core assessment; other professionals contribute
Concerns arise about child's safety
Further decisions made about service provision
Social worker co-ordinates provision of appropriate services, and records decisions
See flow chart 4
Review outcomes for child and when appropriate close the case.
Flow
STRATEGY DISCUSSION makes decisions about whether to initiate s47 enquiries and decisions are recorded
No further LA children's social care involvement at this stage, but other services may be required
Decision to commence core assessment under s17 of Children Act 1989
Decision to initiate s47 enquiries
Police investigate possible crime
Social worker leads core assessment under s47 of Children Act 1989 & other professionals contribute

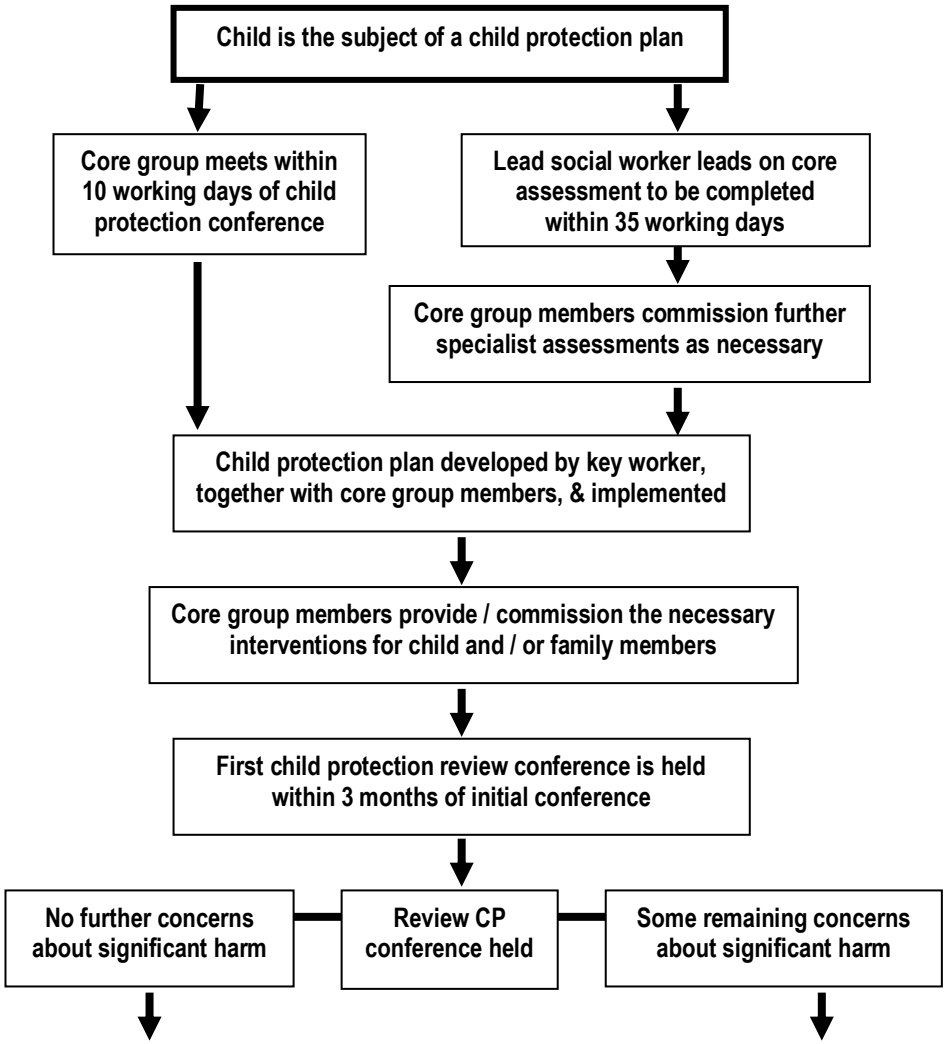


Flow chart 3 – Urgent action to safeguard children

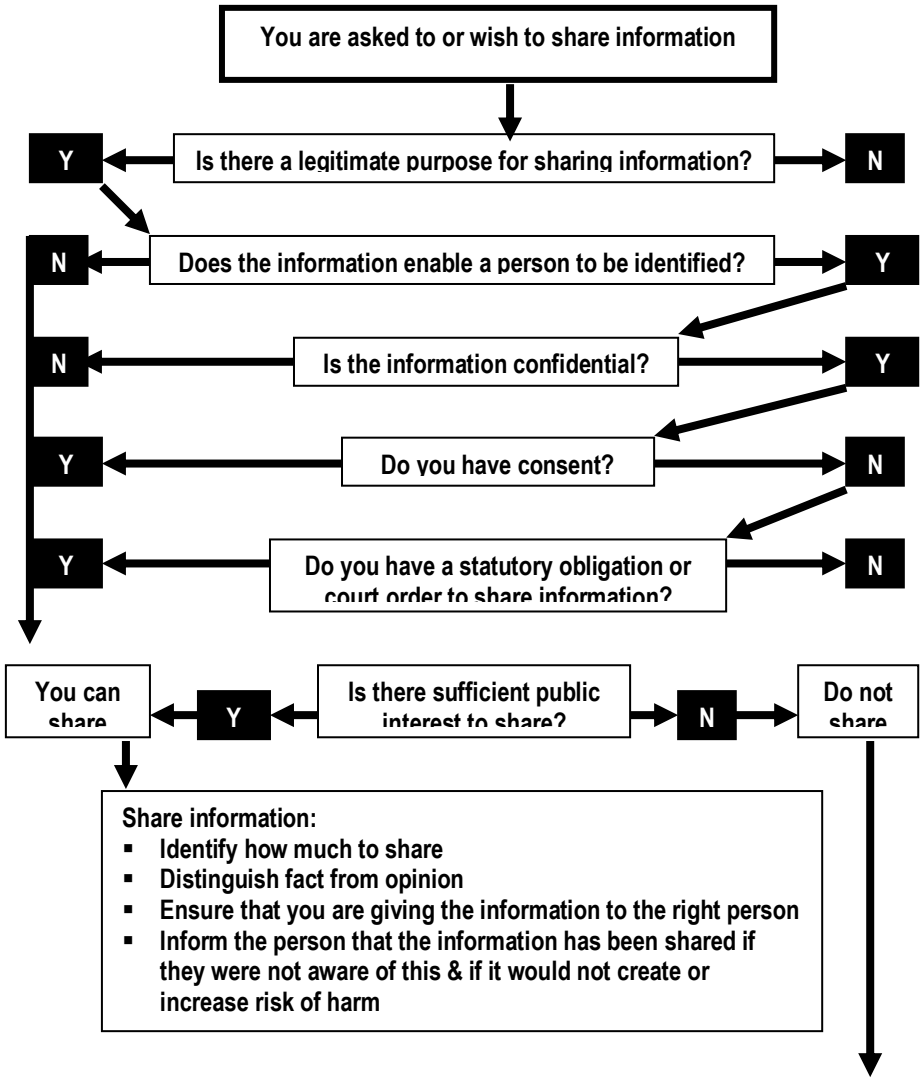


Flow chart 4 What happens after the strategy discussion?

APPENDIX 4: WHAT TO DO IF YOU HAVE A CONCERN



APPENDIX 5: Flow chart of key principles for information sharing



Child no longer the subject of CP plan & reasons recorded

↓

Further decisions made about continued service provision

Child remains subject of a CP plan which is revised & implemented

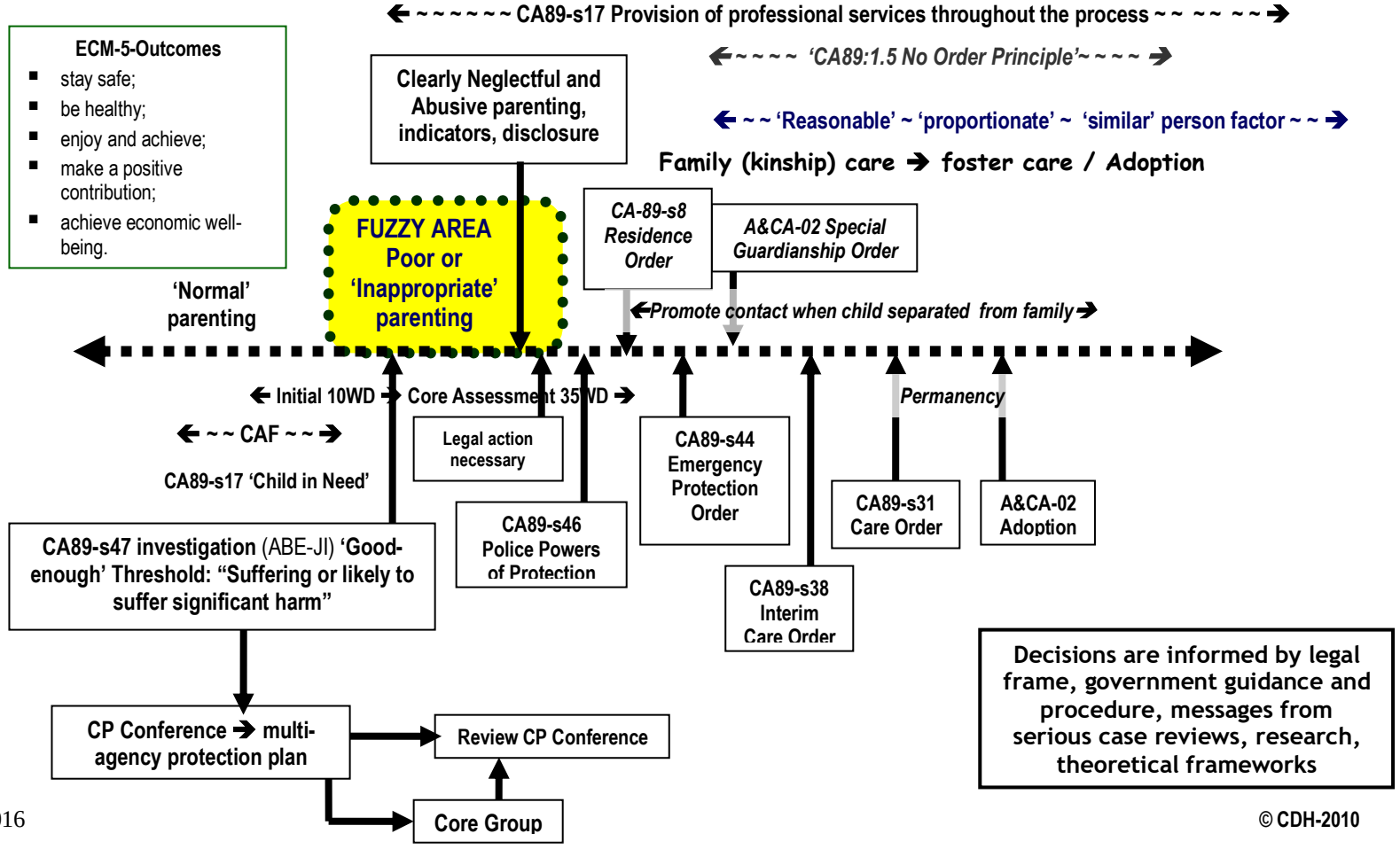
↓

Review conference held within 6 months of initial CP review conference

Record information sharing decision and your reasons, in line with your agency's procedures or local protocols

Seek advice from your manager, supervisor, child protection advisor or Caldicott Guardian if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded

APPENDIX 6: ABUSE CONTINUUM AND INTERVENTION THRESHOLDS



APPENDIX 7: A child-centred system The Government's response to the Munro review of child protection July 2011 (Munro, E. 2011 *The Munro Review of Child Protection: Final Report: A child-centred system* Department for Education)

<table>
<tr><td colspan="2">Table of Responses to Recommendations
Theme 1: Valuing professional expertise Recommendations 1, 2, 3 and 4</td></tr>
<tr><td colspan="2">Recommendation 1: The Government should revise both the statutory guidance, Working Together to Safeguard Children and The Framework for the Assessment of Children in Need and their Families and their associated policies to:
▪ distinguish the rules that are essential for effective working together, from guidance that informs professional judgment;
▪ set out the key principles underpinning the guidance;
▪ remove the distinction between initial and core assessments and the associated timescales in respect of these assessments, replacing them with the decisions that are required to be made by qualified social workers when developing an understanding of children's needs and making and implementing a plan to safeguard and promote their welfare;
▪ require local attention is given to:
• timeliness in the identification of children's needs and provision of help;
• the quality of the assessment to inform next steps to safeguard and promote children's welfare; and
• the effectiveness of the help provided;
▪ give local areas the responsibility to draw on research and theoretical models to inform local practice; and
▪ remove constraints to local innovation and professional judgment that are created by prescribing or endorsing particular approaches, for example, nationally designed assessment forms, national performance indicators associated with assessment or nationally prescribed approaches to IT systems.</td></tr>
<tr><td>Munro's argument: A radical reduction is required in the amount of central prescription and unnecessary bureaucracy to help professionals move from a compliance culture to one of learning. Social workers need more professional space to assess the needs of children and young people, and they need to spend more time with children to understand them and to provide the right help. Their work to understand children, young people and their families must be informed by evidence based research and theoretical frameworks.</td><td>Government response – Accept: The Government agrees that there needs to be a better balance between professional judgment and central prescription. The Government also agrees that the purpose of assessment is to understand the needs of children, young people and families and to provide timely and effective help to safeguard and promote the welfare of children. Targeted timescales for assessment have distorted the focus onto one small part of the child's journey rather than the whole journey from needing to receiving help.
Emerging evidence from the four trial authorities will be collated in autumn 2011 to develop the Government's revised policy for assessment. These trials will be extended until December 2011. The Secretary of State for Education is minded to extend this trial to a further five authorities who have asked for flexibilities under the community budget programme subject to their agreement to the conditions of the trial. Subject to evidence emerging from the trials, an amendment to Working Together to Safeguard Children will be made ahead of a full revision to the statutory guidance, to remove the prescription of timescales and the distinction between core and initial assessments. The parameters for good assessment set out in Professor Munro's recommendation will be included in the amendment to make clear that timeliness, quality of assessment and the effectiveness of help offered must be in place in all local frameworks, with arrangements clearly understood between partners. The revised Inspection Framework should seek evidence to</td></tr>
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The process of assessing families and children is driven by compliance with timescales and associated targets. This means there can be too much focus on initial activity resulting in 'drift' later on that draws attention away from the quality and impact of the help provided to children, young people and their families.	demonstrate that these arrangements are in place. Moving away from a culture of compliance by reducing central prescription and placing a greater emphasis on the appropriate exercise of professional judgment represents a fundamental system-wide change. It will take time for the necessary skills and knowledge to develop and for experience of new ways of working to become fully embedded and effective. The Government will support the sector-led improvement work being undertaken by the Children's Improvement Board (a partnership board set up by the Local Government Group, ADCS, SOLACE and the Department for Education) as we work with them to redress the balance between prescription and the exercise of professional judgment so that those working in child protection are able to stay child-centred.
Timescale: The Government will work in partnership with local government and leaders of children's services, the College of Social Work, the Association of Chief Police Officers, health service organisations' leaders, education and early years sectors, children's organisations in the voluntary and community sector, the inspectorates and others to revise *Working Together to Safeguard Children* and *The Framework for the Assessment of Children in Need and their Families* **by July 2012**. A young person's guide to the statutory guidance will also be produced. An interim amendment (timescales, removing distinction between initial/core assessments and articulating the parameters for good assessment) will be made to *Working Together* by **December 2011**.	
Recommendation 2: The inspection framework should examine the effectiveness of the contributions of all local services, including health, education, police, probation and the justice system to the protection of children.	
Munro's argument: The report focuses on child-centred practice and considers the child's journey from needing to receiving help. Inspection should examine the experiences of children, young people and families from the point of needing help to the offer of that help. This would include the role of all agencies engaged in helping and protecting children and families. Judgments on effectiveness should be based on outcomes. This recommendation reinforces the report's emphasis on the importance of the provision of early help and the need for external challenge to test the effectiveness of help. The final report also reaffirmed the recommendation in the interim report that the new inspection framework should be conducted on an unannounced basis.	**Government response – Accept:** The Government accepts that inspection should examine the contribution of all relevant local agencies to the protection of children. Further work will take place over the summer, involving the inspectorates and Government, to consider how the inspectorates could work together to achieve this within the available resources. This will take account of the sector-led improvement work being undertaken by the Children's Improvement Board and the work on quality improvement being taken forward as part of the NHS reforms. The Government also agrees with Professor Munro that the new inspection framework should be conducted on an unannounced basis. Ofsted will include proposals for unannounced inspections in their forthcoming consultation. In parallel, the Education Bill is taking forward provisions for the reform of school inspections – the safeguarding of pupils will continue to be considered under the 'leadership and management' theme of the revised school inspection framework.
Timescale: Ofsted intends to develop a new framework informed by **consultation in July 2011** in order to draw on the sectors' expertise. Ofsted intends to have the new framework in place by **May 2012.**	

Recommendation 3: The new inspection framework should examine the child's journey from needing to receiving help, explore how the rights, wishes, feelings and experiences of children and young people inform and shape the provision of services, and look at the effectiveness of the help provided to children, young people and their families.	
Munro's argument: This recommendation is at the heart of the review's call for a child-centred system and one that focuses on the **effectiveness** of help provided rather than more procedural or organisational issues.	**Government response – Accept:** The Government agrees that the experiences of children and young people, the quality and timeliness of response to them, and the effectiveness of help given, should be at the centre of a new inspection framework which itself should be informed by the sector-led improvement work of the Children's Improvement Board, and other relevant quality improvement work by partner organisations. Critically, inspection must examine the effectiveness of help provided at all stages including initial contact, early help, protection and longer-term help. Safeguarding peer reviews led by LGG are now well established. As LGG works with DfE through the Children's Improvement Board on the sector-led improvement offer, the positioning of peer review in the performance framework, particularly in relation to self evaluation and external inspection, will be developed further.
Timescale: Ofsted intends to develop a new framework informed by consultation in July 2011 in order to draw on the sectors' expertise. Ofsted intends to have the new framework in place by **May 2012.**	
Recommendation 4: Local authorities and their partners should use a combination of nationally collected and locally published performance information to help benchmark performance, facilitate improvement and promote accountability. It is crucial that performance information is not treated as an unambiguous measure of good or bad performance as performance indicators tend to be.	
Munro's argument : Performance information and associated targets have been given a disproportionate focus that has skewed the focus of management and professional practice. They have been over interpreted as evidence of good or bad practice and used without deep analysis about changes in the data. Most measures concern themselves with compliance and process and tell us little about the quality of practice, the workforce, children's experiences or their outcomes.	**Government response – Accept:** The Government accepts that performance information should be used as an important but not exhaustive measure of effectiveness. Data should be used locally to indicate where questions should be asked, and care must be taken to establish the nature and quality of frontline practice interaction with children and young people. The draft Munro dataset included in the final report provides a good basis for further work on outcomes. The SWRB is already making progress on data collection tools to help with workforce planning and other workforce data collection instruments are also available. Work on the Public Health Outcomes Framework will also be relevant. The Government will work with the Children's Improvement Board to finalise the draft data set which LSCBs, practitioners and managers will want to consider.
Timescale: The Government plans to work with the sector to confirm by **December 2011** what the suite of locally published performance information should be, taking account of the Public Health Outcomes Framework (due to be published **Autumn 2011).** The aim is for publication of the suite of new nationally collected performance information by **May 2012** with data then coming on-stream after that depending on individual collection arrangements and lead-in times.	
Theme 2: Sharing responsibility for the provision of early help Recommendations 8, 10 and 13	
Recommendation 8: The Government should work collaboratively with the Royal College of Paediatrics and	

Child Health, the Royal College of General Practitioners, local authorities and others to research the impact of health reorganisation on effective partnership arrangements and the ability to provide effective help for children who are suffering, or likely to suffer, significant harm.

Munro's argument: There is a risk that local health reforms fragment leadership and professional responsibility locally for safeguarding and child protection. The recommendation that government researches the impact of potential changes is designed to provide robust early evidence of any difficulties and to enable account to be taken of that feedback.	**Government response - Accept in principle:** The Government accepts the spirit of this recommendation, but wants to go further and establish a co-produced work programme, to ensure continued improvement and the development of effective arrangements to safeguard and promote children's welfare as central considerations of the health reforms. The Department of Health will work with the Department for Education, NHS bodies, local authorities, professional bodies and practitioners to agree a co-produced work programme. We anticipate that this will include: ▪ developing shared understanding of future roles and responsibilities; ▪ ensuring professional leadership and expertise are retained in the new system, including the continuing key role of designated and named professionals; ▪ clarifying future arrangements for partnership working, including the relationship between LSCBs and health and wellbeing boards; ▪ developing clinical commissioning groups; ▪ the NHS contribution to early help; ▪ future arrangements for training in safeguarding and child protection; ▪ the implications for the NHS of the proposed new inspection framework; and ▪ drawing on health sector learning on systems approaches to improving patient safety.

Timescale: The Department of Health and the Department for Education will work with NHS bodies, local authorities, professional bodies and practitioners to will publish a joint programme of work by **September 2011.**

Recommendation 10: The Government should place a duty on local authorities and statutory partners to secure the sufficient provision of local early help services for children, young people and families. The arrangements setting out how they will do this should:

- specify the range of professional help available to local children, young people and families, through statutory, voluntary and community services, against the local profile of need set out in the local Joint Strategic Needs Assessment (JSNA);
- specify how they will identify children who are suffering, or who are likely to suffer, significant harm, including the availability of social work expertise to all professionals working with children, young people and families who are not being supported by children's social care services and specify the training available locally to support professionals working at the front line of universal services;
- set out the local resourcing of the early help services for children, young people and families; and, most importantly
- lead to the identification of the early help that is needed by a particular child and their family, and to the provision of an 'early help offer' where their needs do not meet the criteria for receiving children's social care services.

Munro's argument: Preventative services do more to reduce abuse and neglect than reactive services. Coordination of services is important to reduce confusion, inefficiency and	**Government response - Accept in principle:** The Government recognises the State's duty to protect children from abuse and neglect and help to prevent it happening in the first place. Government also agrees that, from the perspective of a child, it is best if they receive help before damaging experiences cause them further harm or they are exposed to greater risks from that harm.

ineffectiveness in service provision. Help offered needs to be set in the context of known community need. For example, the number of parents with mental ill health, known to be violent or in treatment for substance misuse. There is a moral argument for minimising adverse experiences for children as early as possible. Evidence to the review, found that the increasing demand for children's social care services and the increased formal assessment activity is, in part, due to both a lack of understanding locally about what other help can be given if not social care and fear that a case of abuse or neglect will be missed. Child protection social work expertise at the boundary of universal or targeted services and social care is critical in helping other professionals to make decisions about what is safe for a child and what becomes too dangerous, therefore warranting a statutory response. This recommendation is also designed to help create a local system where there is shared accountability for the early help offered to children and families whose needs do not meet the threshold for a social care service. The review found that the provision of early help is often an assessment with little direct help provided in response. The needs of those families very often escalate and a child protection response is then required, the children being further damaged during the wait. An offer of help is central	But it also means that there should be clarity among all professionals working with children, young people and families about local arrangements to understand, make assessments of and help families who do not receive social care services, but who do require help. Common and shared assessment processes should be agreed and established locally among practitioners and agencies. Professional practice should drive and characterise the development and implementation of local agreements and processes about helping families early and there should be explicit and clear alignment with arrangements to make referrals to children's social care services. That is why the Government agrees with the principles of this recommendation. This means encouraging practitioners in everyday contact with children – such as teachers in schools – to create an environment in which children feel secure, able to express themselves and know where to turn to for help; and to have greater confidence to refer on to skilled social workers children who cause concern. Government therefore accepts all the principles of this recommendation that will promote transparency about local arrangements to help children, young people and families early, with improved coordination among statutory partners, support from local practitioners and clarity about local services available to help families. In making these local arrangements, there should be in place: ▪ sufficient provision of early help informed by the local profile of need; ▪ arrangements to identify children who are suffering, or likely to suffer, harm; ▪ access to child protection social work expertise for those professionals providing early help and at the boundary of statutory social care services; ▪ effective training accessible locally for those professionals providing early help; ▪ clear resourcing of local arrangements; and ▪ provision of an 'early help offer' to individual children and families. During summer 2011 further consideration will be given to how best to achieve these goals, and whether an additional statutory duty to secure early help for children and families is needed or whether alternative approaches would be more effective in securing an increase in the range and number of preventative services on offer to children and families. The Government will also consider the opportunities offered by the health reforms, including the emergent roles and responsibilities of health and wellbeing boards, the work underway on sector-led improvement. We will also consider the contributions of public health services; adult services providing support to families where poor mental health, domestic violence and substance misuse is a factor; and the role that

to any attempt to support a child and family when a need is first identified.	universal services such as early years settings and schools should play in the provision of early help.
Timescale: The Government will work with partners to identify the appropriate route to effect the responsibility for the provision of early help. **To be identified by September 2011**. Implementation will be dependent on the approach identified. Guidance on JSNA and joint health and wellbeing strategy to be published once the Health and Social Care Bill gains Royal Assent. New inspection framework to test efficacy of these arrangements will be **in place from May 2012.** It will be for local partners to determine at what pace early help offer frameworks should be in place locally, with plans quality assured by LSCBs.	
Recommendation 13: Local authorities and their partners should start an ongoing process to review and redesign the ways in which child and family social work is delivered, drawing on evidence of effectiveness of helping methods where appropriate and supporting practice that can implement evidence based ways of working with children and families	
Munro's argument: As central regulation and prescription is reduced, local leaders need to set about creating a delivery system which supports continuous improvement in the quality of help to vulnerable children and families. Involving service users in this process will be critical. Leaders and managers also need to support their workforce through evidence-based skills development and practice-focused supervision, and create conditions in which practitioners can spend most of their time involved in effective direct work with children and families.	**Government response - Accept**.: The Government accepts the case for redesigning the way in which child and family social work is delivered and recognises that this is already happening in a number of local areas. Local attention should be given to creating conditions which value the continuity of relationships with children and families, and promotes effective evidence-based social work practice. In parallel, managerial, procedural and bureaucratic processes are limited to those which enhance front line practice. It is a matter for local discretion, taking account of the views of service users, how redesign is taken forward and subsequently reviewed to test its ongoing effectiveness. The new inspection framework should ascertain independently the extent to which effective relationships with children and families form the basis of local help and protective services. DfE will work with the Children's Improvement Board to ensure that this remodelling is supported through the self-assessment and improvement tools that are being developed.
Timescale: It will be for local leaders to undertake self-assessment, taking account of the views of service users, and consider whether child and family social work services are appropriately configured so that they meet the needs of children and families. Changes will inevitably have to be made, at a **realistic pace determined locally**, and kept continually under review.	
Theme 3 – Developing social work expertise and supporting effective practice Recommendations 11, 12, 14 & 15	
Recommendation 11: The Social Work Reform Board's Professional Capabilities Framework should incorporate capabilities necessary for child and family social work. This framework should explicitly inform social work qualification training, postgraduate professional development and performance appraisal.	
Munro's argument: This recommendation underpins the further development of social work expertise and the quality of help and	**Government response - Accept**: The Government agrees that the skill base and competence of social workers working in child protection must be both

support that is given to children and families. It builds on the work of the SWRB. The report recommends that the specific capabilities for working in child protection and with families should be incorporated into training, professional development and appraisal. The criteria for excellence at each level of progression should also be clear, including the requirements for knowledge, critical reflection, analysis, intervention and skills.	explicit and a force for improving practice, training and professional development. Detailed work will need to be done with key partners, including the SWRB, the HPC (which is expected to take over responsibility for the regulation of social workers in 2012) and the College of Social Work to explore how best child and family specific capabilities will fit within the wider capabilities framework, and how to make effective links between the capabilities, initial education, CPD and performance management.
Timescale: The SWRB has already developed the Professional Capabilities Framework and is in the process of populating the various levels and capabilities. It is also developing an associated CPD framework. Ownership of both is expected to transfer to the College of Social Work around **November 2011 with a view to implementing by Autumn 2012.**	
Recommendation 12: Employers and higher education institutions (HEIs) should work together so that social work students are prepared for the challenges of child protection work. In particular, the review considers that HEIs and employing agencies should work together so that: ▪ practice placements are of the highest quality and – in time – only in designated Approved Practice Settings; ▪ employers are able to apply for special 'teaching organisation' status, awarded by the College of Social Work; ▪ the merits of 'student units', which are headed up by a senior social worker are considered; and ▪ placements are of sufficiently high quality, and both employers and HEIs consider if their relationship is working well.	

Munro's argument: Newly qualified social workers often emerge from degree courses without the necessary knowledge, skills and expertise and they are especially unprepared to deal with the challenges posed by child protection work. Evidence suggests that degree courses are not consistent in content, quality and outcomes for child protection and there are crucial elements missing in some courses, such as detailed learning about child development and attachment. Theory and research are not well linked to practice and there is a failure to align what is taught with the realities of contemporary social work practice. The Social Work Task Force identified a number of areas in education and training needing urgent attention which are being taken forward by the SWRB. The review endorsed these and, in addition highlighted remaining issues about how to provide sufficient incentives for employers to help them prioritise the teaching of social work students	**Government response - Accept.:** The Government agrees that effective partnership working between employers, the professional regulator and HEIs is key to securing effective social work education including the good quality placements that are necessary to set the highest standards for a career in social work. Significant development is in train to ensure that social work students are adequately equipped to deal with the challenges of child protection work. The SWRB is working with HEIs to improve the calibre of entrants to the profession and the quality of the education they receive. Government is exploring the benefits of new models of social work education such as the 'Step Up to Social Work' employer-led scheme, and will continue to monitor the range of available qualifying routes to ensure an adequate supply of quality practitioners. The Government is proposing through the Health and Social Care Bill to transfer the responsibility for setting professional standards for social workers to the HPC. In preparation for this, the HPC has established a Professional Liaison Group, including key stakeholder representation, to review standards. Employers also have a major role to play and the Government wants to seek assurance that this will be taken seriously. It is likely that some of this can only realistically be done in the medium- to longer-term and some authorities will face more challenges in delivering this than others, but we are reassured that the SWRB has already developed model arrangements for partnership and that these are already being tested in some areas. Such innovative and collaborative solutions will be key to success. We will ask the SWRB to consider how best to build on their work to take this and other relevant Munro recommendations forward. Government already provides support for practice placements through the Education Support Grant. The Department of Health has asked the College of Social Work to prepare proposals for how to make best use of this resource to improve availability and quality of practice placements and consultation is underway. The College should be well placed to consider the recommendation for 'teaching organisation status'.
Timescale: The Government will work with employers and HEIs to build partnership arrangements with the aim of having these **in place by the end of 2012**. The Government will ask the College of Social Work to develop plans for designated approved practice settings and teaching organisation status, and to consider the merits of student units by **summer 2012.**	
Recommendation 14: Local authorities should designate a Principal Child and Family Social Worker, who is a senior manager with lead responsibility for practice in the local authority and who is still actively involved in frontline practice and who can report the views and experiences of the front line to all levels of management**.**	

Munro's argument: It takes time to develop practice expertise but many social workers spend only a short time in frontline practice. Those who do stay in practice rarely have more than one or two opportunities to progress into more senior practice roles. The SWRB has stressed the need for an alternative career path to the managerial route. Professor Munro supported the view that experienced social workers should be able to follow a career path that takes them to very senior levels in the organisation without losing their prime focus on developing professional social work expertise. Further, the need for senior managers to make decisions about budget and resource can often be divorced from the practice implications that those decisions create. Senior and corporate teams need to understand the impact of their decisions on the frontline and therefore on children and families. The role of the Principal Child and Family Social Worker is intended to provide a voice on the professional and practice impact of management and leadership decisions. This is described in the review as a fundamental element of the system becoming open to feedback and adapting in consequence.	**Government response - Accept.:** Government accepts the need for an explicit link between management and practice. Government recognises that the role of the Principal Child and Family Social Worker is necessary for the system to respond to the needs of children and families and be open to feedback. The Government also supports Professor Munro's view that experienced social workers should be able to follow a career path that takes them to senior levels in the organisation without losing their prime focus on developing social work expertise. Over the summer, the Government will work with local authorities and the College of Social Work, to determine the relationships between the Principal Child and Family Social Worker and other professionals, the nature of the role Principal Child and Family Social Workers should play in improving practice and challenging poor practice. Local areas will not necessarily need to construct a new post but designate a professional social worker as practice lead. Strengthening the professional leadership of safeguarding and child protection practice locally is a key improvement priority arising from Professor Munro's review and is strongly endorsed by the Government. A number of localities are already taking forward this model and it may have wider application in the voluntary and other sectors. The College of Social Work will aim to convey the views and issues of all social workers, including Principal Child and Family Social Workers, to the Chief Social Worker. The College will provide CPD support founded on the Professional Capabilities Framework including a peer mentoring forum to support Principal Child and Family Social Workers in their roles and tasks. We will consider asking the College, with the SWRB, to provide a framework to guide the appointment of Principal Child and Family Social Workers for local authority, voluntary and private sector employers.
Timescale: We envisage most local authorities will choose to designate a Principal Child and Family Social Worker **by April 2012** and that all will have chosen to so **by July 2012.**	
Recommendation 15: A Chief Social Worker should be created in Government, whose duties should include advising the Government on social work practice and informing the Secretary of State's annual report to Parliament on the working of the Children Act 1989.	
Munro's argument: In addition to change in local systems, the review concluded that there is also a need to develop learning at a national level. The review looked at comparable models in other Government Departments, for example, the Chief Medical Officer in DH, and in other countries. On balance, the conclusion was that the system would benefit from having a Chief	**Government response - Accept in principle.:** The Government accepts the proposal for a Chief Social Worker to provide a permanent professional presence for social work within Government. The Government sees this role as being complementary to any corresponding professional body for example the College of Social work

Social Worker to provide a permanent professional presence for social work within government. The review describes the importance of central government developing the means to understand how its policies and procedures affect practice at the front line. As with the Government-based advisory roles in other departments or countries, the role of Chief Social Worker would be distinct from that of the corresponding professional body (in this case the College of Social Work).	The Government is clear that the scope of this post will be to cover children and adults and will report jointly to the Secretaries of State for Education and Health. There is underpinning detail that needs to be developed including: ▪ the comprehensive set of functions for the Chief Social Worker; ▪ their links with external bodies (including the College of Social Work); and ▪ how they would be brought into Government, and in which Department the post would be located.
Timescale: The Government plans for a Chief Social Worker to be in post by **late 2012.**	
Theme 4: Strengthening accountabilities and creating a learning system Recommendations 5, 6, 7 and 9	
Recommendation 5: The existing statutory requirements for each Local Safeguarding Children Board (LSCB) to produce and publish an annual report for the Children's Trust Board should be amended, to require its submission instead to the Chief Executive and Leader of the Council, and, subject to the passage of legislation, to the local Police and Crime Commissioner and the Chair of the health and wellbeing board.	
Munro's argument: LSCBs remain uniquely positioned and accountable within local areas to monitor how professionals and services are working together to safeguard and promote the welfare of children and young people. They are also well placed to identify emerging practice challenges and areas for improvement and development. This recommendation was made to secure the continuation of a proper account, about multi-agency effectiveness for safeguarding, every year to the most senior local leaders. It was also designed to reinforce the leadership priorities for safeguarding and child protection which are at risk of being lost or fragmented in the rapidly changing public service landscape.	**Government response - Accept : L**SCBs have a unique, system-wide, role to play in protecting children and young people and the Government believes that their role and impact should be strengthened. The Government also agrees that accountability for the safety and welfare of children must start with the most senior strategic local leaders and that the receipt of an annual report from the LCSB about the effectiveness of local early help and protective services is an important element of such accountability. There will be issues to resolve about local health and police leads in the future, but for now, it should be the case that the Chief Officers of Police Authorities and cluster PCT chief executives are considered as those local leaders. Given the existing statutory requirement, all local leaders will continue to have access to the published reports while the Government identifies a suitable legislative vehicle to amend the requirement to submit the report to the Children's Trust Board.
Timescale: The Government will identify the appropriate legislative vehicle as soon as practicable.	
Recommendation 6: The statutory guidance, *Working Together to Safeguard Children*, should be amended to state that when monitoring and evaluating local arrangements, LSCBs should, taking account of local need, include an assessment of the effectiveness of the help being provided to children and families (including the effectiveness and value for money of early help services, including early years provision), and the effectiveness of multi-agency training to safeguard and promote the welfare of children and young people.	
Munro's argument: This	**Government response - Accept in principle:** The Government strongly

recommendation drives at strengthening the 'challenge role' of LSCBs, making clear that there should be robust and regular monitoring of the effectiveness of help and protective services and the extent of multi - agency commitment and participation in the provision of this help. The role of the LSCB in the provision of multi-agency training is re-emphasised to support the role and function that all agencies locally have in safeguarding and protecting children and young people.	agrees that LSCBs are a fundamental aspect of local multi-agency arrangements to help and protect children and young people. They occupy a central position in being able to assess the effectiveness of local help and protective services, and it is important that this role is strengthened. Over the summer, we will work closely with the national LSCB chairs, ADCS and partner organisations, to consider existing and new mechanisms that could be in place locally for them to assess the effectiveness of early help and protective services. The Government will consider how the resources for training, including joint training, and increased monitoring should be made locally available with responsibility equally shared among statutory partners. We will also look at the extent to which LCSBs should identify establishments, locations or services in their areas (for example detention facilities, young offender establishments, ports or airports, refuges) that may require particular child protection services, and monitor the effectiveness of such specifically tailored provision.
Timescale: The Government will publish an amendment (role of LSCBs in monitoring effectiveness of early help and protective services) to *Working Together* by **December 2011.**	
Recommendation 7: Local authorities should give due consideration to protecting the discrete roles and responsibilities of a Director of Children's Services and Lead Member for children's services before allocating any additional functions to individuals occupying such roles. The importance, as envisaged in the Children Act 2004, of appointing individuals to positions where they have specific responsibilities for children's services should not be undermined. The Government should amend the statutory guidance issued in relation to such roles and establish the principle that, given the importance of individuals in senior positions being responsible for children's services, it should not be considered appropriate to give additional functions (that do not relate to children's services) to Directors of Children's Services and Lead Members for Children's Services unless exceptional circumstances arise.	
Munro's argument: Professor Munro expressed concern about the potential compromised accountability for leaders of children's services, through the addition of new responsibilities for major local services. The extent of public service reform around children's services and the attention that will be needed locally to reform the child protection system makes the role of a dedicated leader for children more important at this time. The review called for the spirit of the original legislation to be supported with DCSs only having additional duties in exceptional circumstances.	**Government response - Accept in principle:** The Government agrees that the roles and responsibilities of the DCS and Lead Member are of fundamental importance in the local leadership structures for children's services. It is important to maintain a clear line of sight through the organisation and for people to be clear on their roles and responsibilities. The Government will retain the existing statutory status of the DCSs and the Lead Member for children's services. The Department is working with local government, SOLACE and ADCS to revise the statutory guidance on the role of the DCS and the Lead Member. While final structures are matters for local determination, it is likely that the guidance will make very clear that in reviewing the span of responsibilities, there should be a local test of 'assurance' so that whole councils and corporate teams are able to consider the merits and possible risks of planning additional duties on the DCS. The leadership arrangements should be considered by Ofsted, alongside any redesign of services as part of inspections of children's services and the emerging programme of peer challenge and review.

Timescale: The Government will continue working with the sector on how to revise the statutory guidance on the role of the DCS and the Lead Member and will consult formally on the guidance in **autumn 2011**.

Recommendation 9: The Government should require LSCBs to use systems methodology when undertaking Serious Case Reviews (SCRs) and, over the coming year, work with the sector to develop national resources to:

- provide accredited, skilled and independent reviewers to jointly work with LSCBs on each SCR;
- promote the development of a variety of systems-based methodologies to learn from practice;
- initiate the development of a typology of the problems that contribute to adverse outcomes to facilitate national learning; and
- disseminate learning nationally to improve practice and inform the work of the Chief Social Worker (see chapter seven).

In the meantime, Ofsted's **evaluation of SCRs should end.**

Munro's argument: Current arrangements for SCRs reinforce a prescriptive approach towards practice. Too often, SCRs conclude human error is to blame rather than explain why professionals acted or failed to act as they did, Consequently, SCR recommendations tend to take the form of instructions to professionals of what they 'should', 'need', or 'must' do in specific situations in the future.

Professor Munro's recommended that LSCBs adopt 'systems' methodology in conducting SCRs in order to move beyond identifying what happened to explain why it happened. Systems methodology would improve the current Serious Case Review (SCR) process in areas such as:

- the lack of engagement by, and meaning for, front line practitioners;
- shallowness of learning that does not become embedded;
- a lack of consistency in the presentation of findings which makes thematic national learning and sharing of practice more difficult.

Government response - Consider further: The Government agrees that systems review methodology should be used by LSCBs when SCRs are undertaken and that there should be a group of accredited reviewers to support the local application of this methodology. Further, it agrees that these reviewers would contribute to national learning and thematic reviews of practice.

Current pilot work includes that taken forward by the Social Care Institute for Excellence (SCIE) and their 'Learning Together' model in a large number of LSCBs for areas of practice that do not meet current criteria for undertaking SCRs. These and other systems review models will inform the transition to systems review methodology.

The Government will give further consideration to this recommendation including:

- which organisation(s) would be able to take responsibility for recruiting the reviewers, accrediting their practice and deploying them to local areas;
- to whom the reviewers would be accountable; and
- the resourcing requirements.

The Government accepts in principle that Ofsted SCR evaluations should end but believes it is important to plan carefully the transition to new arrangements.

Timescale: During the **second half of 2011** the Government will, working with the sector, consider the evidence and opportunities for using systems review methodologies for Serious Case Reviews and the options for developing the national resources Professor Munro recommends.

Further consideration will be given over the summer to ending the evaluation of SCRs in their current form.

APPENDIX 4:

http://www.unicef.org.uk/Documents/Publications/Child_friendly_CRC_summary_final.pdf

unicef
UNITED KINGDOM

Our Rights

In 1989, governments across the world promised all children the same rights by adopting the UN Convention on the Rights of the Child. The Convention says what countries must do so that all children grow as healthy as possible, can learn at school, are protected, have their views listened to, and are treated fairly.

These are our rights.

Article 1
Everyone under the age of 18 has all the rights in the Convention.

Article 2
The Convention applies to everyone: whatever their race, religion or abilities, whatever they think or say, whatever type of family they come from.

Article 3
The best interests of the child must be a top priority in all things that affect children.

Article 4
Governments must do all they can to make sure every child can enjoy their rights.

Article 5
Governments must respect the rights and responsibilities of parents and carers to direct and guide their children as they grow up, so that they can enjoy their rights properly.

Article 6
Every child has the right to life. Governments must do all they can to make sure that children survive and develop to their full potential.

Article 7
Every child has the right to a legal name and nationality, as well as the right to know and, as far as possible, to be cared for by their parents.

Article 8
Governments must respect every child's right to a name, a nationality and family ties.

Article 9
Children must not be separated from their parents unless it is in their best interests (for example, if a parent is hurting a child). Children whose parents have separated have the right to stay in contact with both parents, unless this might hurt the child.

Article 10
Governments must act quickly and sympathetically if a child or their parents want to live together in the same country. If a child's parents live apart in different countries, the child has the right to visit both of them.

Article 11
Governments must do everything they can to stop children being taken out of their own country illegally or being prevented from returning.

Article 12
Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.

Article 13
Every child must be free to say what they think and to seek and receive all kinds of information, as long as it is within the law.

Article 14
Every child has the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Governments must respect the rights of parents to give their children information about this right.

Article 15
Every child has the right to meet with other children and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16
Every child has the right to privacy. The law should protect the child's private, family and home life.

Article 17
Every child has the right to reliable information from the media. This should be information that children can understand. Governments must help protect children from materials that could harm them.

Article 18
Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by giving them the help they need, especially if the child's parents work.

Article 19
Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

Article 20
If a child cannot be looked after by their family, governments must make sure that they are looked after properly by people who respect the child's religion, culture and language.

Article 21
If a child is adopted, the first concern must be what is best for the child. All children must be protected and kept safe, whether they are adopted in the country where they were born or in another country.

Article 22
If a child is a refugee or is seeking refuge, governments must make sure that they have the same rights as any other child. Governments must help in trying to reunite child refugees with their parents.

Article 23
A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community. Governments must do all they can to provide support to disabled children.

Article 24
Every child has the right to the best possible health. Governments must work to provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.

Article 25
If a child lives away from home (in care, hospital or in prison, for example), they have the right to a regular check of their treatment and the way they are cared for.

Article 26
Governments must provide extra money for the children of families in need.

Article 27
Every child has the right to a standard of living that is good enough to meet their physical, social and mental needs. Governments must help families who cannot afford to provide this.

Article 28
Every child has the right to an education. Primary education must be free. Secondary education must be available for every child. Discipline in schools must respect children's dignity. Richer countries must help poorer countries achieve this.

Article 29
Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

Article 30
Every child has the right to learn and use the language, customs and religion of their family, regardless of whether these are shared by the majority of the people in the country where they live.

Article 31
Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

Article 32
Governments must protect children from work that is dangerous or might harm their health or education.

Article 33
Governments must protect children from the use of illegal drugs.

Article 34
Governments must protect children from sexual abuse and exploitation.

Article 35
Governments must ensure that children are not abducted or sold.

Article 36
Governments must protect children from all other forms of bad treatment.

Article 37
No child shall be tortured or suffer other cruel treatment or punishment. A child should be arrested or put in prison only as a last resort and then for the shortest possible time. Children must not be in a prison with adults. Children who are locked up must be able to keep in contact with their family.

Article 38
Governments must do everything they can to protect and care for children affected by war. Governments must not allow children under the age of 15 to take part in war or join the armed forces.

Article 39
Children neglected, abused, exploited, tortured or who are victims of war must receive special help to help them recover their health, dignity and self-respect.

Article 40
A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to help from a lawyer and a fair trial that takes account of their age or situation. The child's privacy must be respected at all times.

Article 41
If the laws of a particular country protect children better than the articles of the Convention, then those laws must stay in place.

Article 42
Governments should make the Convention known to children and adults.

The Convention has 54 articles in total. Articles 43–54 are about how adults and governments work together to make sure that all children get all their rights.

Illustrations by Emily McCann
Find other useful resources at unicef.org.uk/resources

contacted.

Infection/Virus	Exclusion period	Comments
DIARRHOEA AND VOMITING ILLNESS		
General advice	Exclude until 48 hours after the diarrhoea and/or vomiting has stopped. Depending on the specific infection, exclusion may apply to: • young children; • those who may find hygiene practices difficult to adhere to; • those who prepare or handle food for others. Your local HPT will advise.	Diarrhoea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual. If blood is found in the diarrhoea then the patient should get advice from their GP.
Common Infections		
Norovirus	48 hours from last episode of diarrhoea and vomiting.	Discussion should always take place between the HPT and Nursery
Campylobacter	48 hours from last episode of diarrhoea and vomiting.	
Salmonella	48 hours from last episode of diarrhoea and vomiting.	
Less common infections		
Cryptosporidiosis	48 hours from last episode of diarrhoea and vomiting.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
E.Coli O157	Your local HPT will advise.	
Shigella (Bacillary Dysentry)	Your local HPT will advise.	
Enteric fever (Typhoid and paratyphoid)	Your local HPT will advise.	
RESPIRATORY INFECTIONS		
Coughs/colds	Until recovered.	Consider influenza during the winter months.
Flu (influenza)	Until recovered.	Severe infection may occur in those who are vulnerable to infection.
Tuberculosis (TB)	Consult with your local HPT.	Not easily spread by children. Requires prolonged close contact for spread.
Whooping cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.
RASHES/SKIN		
Athletes foot	None.	Athlete's foot is not serious. Treatment is recommended.
Chickenpox (Varicella zoster)	5 days from onset of rash.	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection may occur in vulnerable children.
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)	6 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP.
Hand, foot and mouth (coxsackie)	None.	Contact your local HPT if a large number of children are affected.
Impetigo (Streptococcal Group A skin infection)	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started.	Antibiotic treatment may speed healing and reduce infectious period.
Measles	4 days from onset of rash. Always consult with HPT.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Exclusion not usually required.	Treatment is required.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have same treatment; include the entire household and any other very close contacts. If further information is required, contact your local HPT.
Scarlet fever	24 hours after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped Cheek Syndrome (Erythrovirus B19)	None.	Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children.
Shingles (Varicella zoster)	Exclude only if rash is weeping and cannot be covered, e.g. with clothing.	Can cause chickenpox is those who have not had chickenpox. Pregnant staff should seek advice from their GP.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools.
OTHER INFECTIONS		
Conjunctivitis	None.	If an outbreak occurs contact local HPT.
Diphtheria	Exclusion will apply. Always consult with your local HPT	Preventable by vaccination. Your local HPT will organise all contact tracing.
Glandular Fever	If unwell.	
Head lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A or E	Exclude until 7 days after onset of jaundice (or seven days after symptom onset if no jaundice).	Your HPT will advise.
Hepatitis B and hepatitis C	None.	Blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis/septicaemia	Until recovered. HPT will advise.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing.
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPT will give advice on any action needed.
Meningitis viral	Until recovered.	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
Mumps	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None.	Treatment is required for the child and all household contacts.

References: Guidance on Infection Control in School and other Child Care Settings Poster, HPA, April 2010. Definition of diarrhoea http://www.who.int/topics/diarrhoea/en/

115 Club

Complaints Log

115 Club Site:

Ofsted URN:

15) INCIDENTS OF DISCRIMINATION LOG

115 Club

Incidents of Discrimination Log

115 Club Site:

Ofsted URN:

Appendix 6

115 Club Risk Assessment & Strategies to Reduce the risk of the spread of Covid-19

Risk Assessment and Strategies for 115 Breakfast, After School and Holiday Clubs held at host schools to reduce the risk of spreading of Covid-19.
Coronavirus disease Covid-19 is a new illness that can affect your lungs and airways. Symptoms can be mild, moderate, severe or fatal. The virus can also be asymptomatic (infected person shows no symptoms but is still able to transmit virus to others)

Hazard/Risk

- Risk of spreading Covid-19 Coronavirus causing mild to severe illness and possibly fatalities.
- Risk of infection from contact to others
- Risk of infection due to poor hygiene
- Risk of infection due to cross contamination
- Risk of infection while administering first aid or routine care
- Risk of spreading virus if someone has symptoms

Who is at Risk?

- Children attending Club
- Staff members
- Families collecting children
- Visitors
- School staff
- Vulnerable groups – Elderly, Pregnant workers, those with existing underlying health conditions
- Anyone else who physically comes in contact with you in relation to your business

Strategies & Controls

- Wearing Masks (additional measures added 10th March 2021)
- Social Distancing
- "Bubble" Groups
- Hygiene
- Ventilation & reducing surfaces being touched
- Cleaning
- Equipment
- Drop off and Collection time
- First Aid
- Illness & suspected Covid-19 cases

Club Leaders will assess their specific setting and adapt measures to ensure the safest possible practice. We will work closely with our host schools to follow the safest practice and support the measures that they have put into action specific to their unique situation.
Club Leaders must evaluate strategies in place and feedback to Club Office on at least a weekly basis.
115 Club will keep up to date with the latest Government Guidance and will amend their strategies and practice accordingly.

Wearing Masks – (Additional Measures added 10th March 2021)

- All 115 Club staff will always wear masks when indoors with the children and other staff and parents.
- When there is potential for there to be closer interaction with children, with other adults, including teachers, school reception staff, parents, and others, staff will also ensure they wear masks even if they are outside.

Social Distancing & Bubble Groups

- The government acknowledge that it may be difficult for children especially of the Early Years age group to maintain social distancing. This is even more difficult in the play setting. Our goal is to promote, encourage and remind children in our care to maintain social distancing. The Club will do this by:
- Whenever possible create smaller "Bubble" groups to reduce interaction between larger groups of children. We will work closely with the schools to make this practicable. The government refers to being able to do this "as far as possible" and thereby acknowledges the difficulties out of schools have, as they have different children attending each day.
- The "Bubble" groups will be assigned specific staff and those staff as much as possible will stay with the same Bubble group
- Where possible and if schools are able to give Club use of larger areas, for example school halls, we will set up "Year Group" or "Class Group" tables thereby continuing the "Bubble" groups that have been used by the schools.
- In existing Club rooms split rooms into specific areas again for enabling "Bubble" groups.
- Setting up of tables and layout of playrooms to encourage 2 metres separation
- Provide more structured activities thereby reducing movement in the play space
- Regularly reminding children to maintain their distance, making a game of it, e.g. five strides apart.
- Ensuring free play is done in small groups and in larger spaces.
- Selecting outdoor games which naturally enable 2 metre separation, badminton, tennis, obstacle courses, hop scotch, bowling, rounders. Adapt other games so as to encourage more distancing
- 115 Club staff will ensure that they maintain a 2-metre distance from each other whilst working.
- When in smaller rooms/areas, e.g. kitchens or store cupboards, 115 Club staff will ensure that only one member of staff is in that area at a time.

Hygiene

- On site Staff will remind children daily about hygiene. Children and staff will wash their hands:
- Before leaving home
- On arrival at Club
- After using the toilet
- After outdoor play and sporting activities
- When changing activity in the playroom
- Before food preparation
- Before eating any food, snack and lunch breaks
- Before leaving Club

Soap and water are more effective than hand sanitisers however hand sanitisers will be available at all times.

Ventilation & Reduction of Touched Surfaces

In order to reduce spread of virus, where it still remains possible whilst ensuring safeguarding is maintained we will:

- Open windows
- Prop doors open

Cleaning

All items used by the children are cleaned at the end of each Breakfast and After School Club session. During Holiday Club this will be done throughout the day at regular intervals (after am session and pm session or more if required).

- Wash and dry all snack items
- Wipe down all tables and surfaces used by children and staff using anti bac
- Use Milton sterilising tablets (soak for at least 15 mins) to sterilise all plastic toys used.
- Where available we can use dish washers to sterilise plastic toy equipment
- Wipe with anti bac all felt tip pens and pencils used
- Wipe with anti bac all other areas used by children, door handles etc
- All rooms used by Club will have all surfaces wiped, will be hoovered or mopped as usual. Where school cleaners normally come in after Club have used rooms we will liaise with them and agree on what we each have responsibility for cleaning
- During holiday club clean kitchen and toilet areas as usual
- 115 Club management will be monitoring cleaning procedures regularly

Equipment

In order to ensure that there is the least likelihood of spreading of the virus via any items of equipment or toys used by children, these are all cleaned at the end of each session.

For this reason, we shall:

- Use mainly plastic toys which can be cleaned easily
- Create small boxes (30 cm x 15 cm) of toy items, e.g. Lego, cars, figures, marbles etc. This will enable us to give small amounts for individual children to play with, which can then be cleaned before it would be used by another child the following day.
- Have available small packs of pencils; felt-tips and other stationary equipment so that children don't have to share.
- Avoid use of wooden toys, dressing up materials, cuddly toys, puzzles, cards etc.
- If such items are used, they will need to **not** be used again for at least 72 hours.

Drop off & Collection Time

- Ensure that families are able to maintain social distancing during these times.
- Make use of school 2 metre social distancing marking and use any one-way systems
- Have additional marked off boundaries if required
- Only allow one family member in with child/ren being dropped off or when coming to collect.
- Only allow one family in to drop off or collect at a time
- If possible, allow them to go out using a different door
- Provide sterilising hand gel

First Aid or other care

- Although staff should maintain 2 metre social distancing at all times, we will need to administer First Aid should a child have an accident.
- Whenever possible encourage children to clean wounds independently. This will need to be supervised however.

- Staff use provided PPE (gloves; face mask) when assisting children with First Aid needs
- Ensure all items like cold compresses are cleaned after use

Illness & Suspected Covid-19

Should a child in our care become ill or display symptoms of Covid-19 (high temperature and a continuous cough and loss of taste and smell)

- We will ring parent to collect child as soon as possible
- Child will wait for parent in separate room with member of staff supervising. Staff member will need to wear PPE (gloves & face mask). The location of "medical" room will be previously arranged with host school
- We will ensure child has access to tissues and a bin for disposal
- Ensure room is cleaned after child is collected
- 115 Club will inform host school at soonest opportunity

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