

# Courthouse Green Primary School

## Safeguarding and Child Protection Policy

**‘The safety of our children is our number one priority,**

**Safeguarding and promoting the welfare of children is everyone’s responsibility’**

**Date of Last Review:** July 2017  
**Reviewed by:** Sarah Malam & Kate Halfpenny  
**Agreed by Governors:** tbc  
**Shared with all Staff:** 5<sup>th</sup> September 2017  
**Frequency of Review:** Annually

**Date of Next Review:** 31<sup>st</sup> August 2018

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**LAC Designated Person:** Claire Jones (also second DDSL) – Assistant Headteacher - 02476688022

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**Local Authority Designated Officer (DO), for allegations against staff:**

**Mona Cook** at [LADO@coventry.gcsx.gov.uk](mailto:LADO@coventry.gcsx.gov.uk)

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## **1 Purpose and Aims**

- 1.1 Courthouse Green fully recognises its responsibilities for safeguarding children (child protection).
- 1.2 Our policy applies to all staff, volunteers, governors and visitors in the school.
- 1.3 There are five main elements to our policy:
  - Ensuring we practice safe recruitment in line with national legislation by using at least one suitably trained recruiter on all interview panels and by checking the suitability of staff and volunteers to work with children and ensuring any unsuitable behaviour is reported and managed using the Allegations Management procedures
  - Raising awareness of child protection issues and equipping children with the skills needed to keep them safe
  - Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse
  - Supporting pupils who have been abused in accordance with his/her agreed child protection plan
  - Establishing a safe environment in which children can learn and develop.
- 1.4 We recognise that because of the day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:
  - Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to
  - Ensure children know that there are adults in the school whom they can approach if they are worried
  - Include opportunities across the curriculum for children to develop the skills they need to recognise and stay safe from abuse.

## **2 Statutory Framework**

- 2.1 In order to safeguard and promote the welfare of children, we will act in accordance with the following legislation and statutory guidance:
  - The Children Act 1989 & 2004
  - The Education Act 2002 (Section 175 for Maintained Schools, Section 157 for Independent Schools, Academies and Free Schools.)
  - The Education (Pupil Information) (England) Regulations 2005
  - Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE, 2011)
  - Working Together to Safeguard Children (DfE 2015)
  - Keeping Children Safe in Education (DfE 2016), which is available at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/526153/Keeping\\_children\\_safe\\_in\\_education\\_guidance\\_from\\_5\\_September\\_2016.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526153/Keeping_children_safe_in_education_guidance_from_5_September_2016.pdf)
  - Procedures set out by the Coventry Safeguarding Children Board.

## **3 The Role of the Governing Body**

- 3.1 Part 2 of Keeping Children Safe in Education (DfE, 2016) sets out the responsibilities of governing bodies. As part of these overarching responsibilities the Governing Body will:
- 3.1.1 Through the Headteacher, remedy without delay any deficiencies or weaknesses in regard to child protection arrangements that are brought to the attention of the school management or Governing Body
  - 3.1.2 Ensure that a senior member of staff of the school's leadership team is identified to take the role of Designated Safeguarding Lead as defined in *Keeping Children Safe in Education*, and given in Appendix 1 of this document. A second member of staff, the Deputy Designated Safeguarding Lead, will fulfil this role when the DSL is unavailable.
  - 3.1.3 Ensure that the school has a nominated governor responsible for child protection, to take lead responsibility in the Governing Body for Safeguarding and Child Protection, and to provide support and challenge to the DSL to ensure that the work of the school conforms to this policy.
  - 3.1.4 Ensure that on arrival at school all visitors (including contractors) are provided with a leaflet making them aware of their responsibilities in being alert to the signs of abuse and their responsibility for referring any concerns to the Designated Safeguarding Lead or his/her Deputy, and the names of the Designated Safeguarding Leads and his/her Deputy.
  - 3.1.5 Make this policy available to parents and carers through the school website and ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus.
  - 3.1.6 Ensure that children and young people are taught about keeping themselves safe, in a way that is appropriate to their age. This will include raising their awareness of the types of abuse and neglect, and specific safeguarding issues (eg Child Sexual Exploitation), set out in Appendix 1.
  - 3.1.7 Ensure that the school contributes to inter-agency working in line with statutory guidance *Working Together to Safeguard Children* (DfE 2015). This includes providing a co-ordinated offer of early help<sup>1</sup> when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans. This covers a range of work such as:
    - Working with the named CAF Co-ordinator – Lucy Simper (North East Office – 02476786808) in Children & Family First regarding resistant families
    - Working to help identify children and young people who are privately fostered
    - Working with the Child Sexual Exploitation (CSE) Team
    - Working to help protect children from extremist and violent views through multi-agency work on the PREVENT agenda.
  - 3.1.8 Ensure that the school develops effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including:
    - Attendance at case conferences
    - Notifying Social Care immediately (on the first day of absence) if there is an unexplained absence of a child on a **Child Protection Plan**
    - Contacting the child's social worker directly if there is an unexplained absence of a child who is **Looked After**. This will then trigger actions identified in the 'Joint Police and Social Care Protocol for Dealing with Children Missing from Care'.
  - 3.1.9 Ensure that the school's Child Protection procedures are in accordance with Local Authority guidance and inter-agency procedures agreed through the Coventry Safeguarding Children Board.
  - 3.1.10 Ensure there is a staff behaviour (code of conduct) policy, which links to this Safeguarding and Child Protection Policy, and which is shared with all current staff and forms part of the induction training for new staff.
  - 3.1.11 Ensure that<sup>2</sup> any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation,

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<sup>1</sup> Inspected by Ofsted under leadership and management of safeguarding (Inspecting Safeguarding, Ofsted, April 2014. Paragraph 17)

<sup>2</sup> Following guidance from the LADO  
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dismissal or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer<sup>3</sup>.

- 3.1.12 Review this Safeguarding and Child Protection Policy, and its effectiveness, annually (no later than the date of next review given on the front cover).

#### **4. The Role of the Headteacher**

- 4.1 The Headteacher, supported by the Designated Safeguarding Lead, must ensure that this policy and associated procedures are followed by all staff.
- 4.2 Ensure that the school is alert to possible private fostering arrangements, and that in the school admission process, the parents/carers resident with each child or young person indicate whether they are parent, other relative (to be specified), friend of the family, or other (to be specified).
- 4.3 Ensure that educational visits are carried out in accordance with school guidelines and that staff accompanying them are fully trained in risk assessment procedures. Please see 'Educational Visits Policy'.

#### **5. The Role of the Safeguarding Lead**

- 5.1 The broad areas of responsibility of the Designated Safeguarding Lead involve managing referrals/cases and raising awareness of safeguarding and child protection amongst staff. Annex B of this document, drawn from *Keeping Children Safe in Education*, provides more detailed information on these areas of responsibility.
- 5.2 The Designated Safeguarding Lead will have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.
- 5.3 Ensure that a record of all children that staff at Courthouse Green have concerns about, regardless of level of intervention required – if any, is kept updated on a monthly basis and shared with governors (where data protection permits), the headteacher, staff and partner agencies as appropriate. These records must include children who are part of level 2 or 3 CAFs or CiN and CP plans.
- 5.4 In making decisions on whether to refer child protection concerns/disclosures to Children's Social Care the Designated Safeguarding Lead must use Coventry's Children's Social Care Thresholds and Practice Standards, available at: <http://coventryscb.proceduresonline.com/>  
The DSL will consult with the Referral and Assessment Service if still unsure on whether to refer.

#### **6. The Role & Responsibilities of all Staff within School**

- 6.1 All staff and volunteers must read this policy and Part One of *Keeping Children Safe in Education* (Appendix 1) and ensure they are aware of their responsibilities for safeguarding and child protection in being alert to the signs of abuse and of their responsibility to report and record any concerns or disclosures.
- 6.2 All staff and volunteers must act in accordance with this policy if a child he/she presents with indicators of abuse (see Appendix 1 for details). Procedures for reporting concerns are given in sections 5 and procedures for dealing with a disclosure are given in section 6 of this document.

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<sup>3</sup> Working Together to Safeguard Children (DfE 2015) states "If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason."

- 6.3 If concerns or allegations regarding a member of staff or the Headteacher then the processes outlined in **section 15** of this document must be followed.
- 6.4 Educational visitors to Courthouse Green should be DRB checked and accompanied in school if this is not shown on entrance to school – in accordance with ‘Visitors in school policy’.
- 6.5 All staff have a responsibility to keep themselves and others safe while at Courthouse Green. This includes following site health and safety policy and signing themselves in and out of site premises. ‘Health and Safety Policy 2016’.

## **7 Safeguarding Training**

- 7.1 The Headteacher must undertake training on child protection at least once every three years (statutory requirement), at LSCB level 1 or above. If the Headteacher is the Designated Safeguarding Lead then he/she shall meet the training requirements set out in 7.2 below.
- 7.2 In addition to basic child protection training the Designated Safeguarding Lead must attend the LSCB’s Level 2 *Working Together to Safeguard Children* training, and then undertake DSL refresher safeguarding training at least annually.
- 7.3 The Deputy Designated Safeguarding Lead must meet the training requirements in section 7.2.
- 7.4 Any newly appointed Designated Safeguarding Lead must attend the LSCB’s Level 2 *Working Together to Safeguard Children* training before taking lead responsibility for safeguarding. The deputy Designated Safeguarding Lead will take a leading role on safeguarding for the short time that the Designated Safeguarding Lead is waiting to receive training.
- 7.5 All other staff, who work with children, will undertake safeguarding and child protection training at Level 1 (this should be carried out by the Designated Safeguarding Lead in School) to equip them to carry out their responsibilities for child protection effectively. This must be kept up to date by refresher training at three yearly intervals, and temporary staff and volunteers who work with children must be made aware of the school’s arrangements for child protection and their responsibilities.
- 7.6 All new members of staff will receive child protection training as indicated in 7.5 above as part of their induction programme
- 7.7 Briefings and updates on child protection and safeguarding procedures (including the signs of abuse and procedures for reporting concerns and disclosures) will be provided on a regular basis, at least annually, but more frequently when necessary, to ensure that all members of staff are familiar with any changes to the school policy as they occur
- 7.8 At least one member of every appointments panel will have gained accreditation through Safer Recruitment training. The school will ensure that there are always sufficient numbers of suitably trained staff or governors in post.

## **8 Promoting Children and Young People’s Well-being**

- 8.1 The school will teach children about safeguarding and ensure that the school contributes to inter-agency working in line with statutory guidance *Working Together to Safeguard Children* (DfE 2015). This includes providing a co-ordinated offer of early help<sup>4</sup> when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.
- 8.2 The model sets out a single assessment, planning and review pathway for all children and young people, ensuring that needs are identified earlier and addressed on a multi-agency basis, the Common Assessment Framework (CAF)
- 8.3 Child Protection procedures shall be seen within the context of this broader framework as a response when there is a perceived need to protect a child or young person who is at risk of significant harm
- 8.4 All children in years R-6 will be taught the Protective Behaviours curriculum as part of PHSCE delivery. Children will also be taught about e-safety, cyberbullying, healthy lifestyles (including becoming mentally

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<sup>4</sup> Inspected by Ofsted under leadership and management of safeguarding (Inspecting Safeguarding, Ofsted, April 2014. Paragraph 17)

healthy), the dangers of extremism, FGM and CSE as appropriate to their age range during PHSCE, year group and full school assemblies. PHSCE curriculum overview provides explicit reference to when each child is taught about British Values, Mental well-being and developing positive and healthy relationships. Some of these issues are developed further in the following policies – ‘Anti radicalisation Policy 2015’, ‘E-Safety Policy 2015’ ‘Behaviour Policy 2015’ ‘Attendance Policy 2016’.

- 8.5 All children will be taught to recognise forms of abuse – physical, emotional, neglect and sexual as well as – homophobic, racist, gender based violence, bullying and radicalisation. They also will be taught to understand what procedures to follow should they encounter such abuse in themselves or their peers.
- 8.6 Children are often given the opportunity to work with learning mentors or other members of the intervention team, as well as partner agency workers (social workers and key workers). Often this is part of a plan to improve their well being. The work is always planned and wherever possible, parents are informed beforehand. Gathering children’s wishes and feelings is an essential part of working with children and families and all of our intervention team are highly trained in this work.
- 8.7 The attendance lead and DSL will ensure attendance in school is closely monitored. Parents or carers will be spoken to on first day of absence and rigorous processes will be in place to ensure that children are in school as regularly as possible (See attendance policy 2017)

## **9 Dealing with concerns or disclosures regarding a child or young person**

- 9.1 All staff and volunteers must be aware that the main categories of abuse are:
  - Physical abuse
  - Emotional abuse
  - Sexual abuse
  - Neglect

These categories are described in more detail in Appendix 3 and signs indicating the possibility of abuse are described in Appendix 4. The abuse may be instigated by one or more adults, and/or other children and young people.

- 9.2 If any member of staff has a concern that a child in their care has suffered any of these forms of abuse, they must report their concerns to, and seek advice from the Designated Safeguarding Lead, or in his/her absence, the Deputy Designated Safeguarding Lead, as soon as possible, and never later than the end of the working day. If there is concern as to whether it is safe to allow the child to go home that day, then all effort must be made to inform the designated safeguarding lead immediately so that the Referral and Assessment Service can be informed and the necessary protective measures implemented.
- 9.3 A child may disclose sensitive information at any time of the day, and in particular this may occur outside of normal lesson time, e.g. break periods or during before/after school club sessions. It is therefore imperative that **all** the staff is aware of the signs and behaviour which **may** indicate abuse, as noted in 9.1.
- 9.4 All staff must:
  - Recognise that a disclosure may come directly from the child, or from a third party, e.g. friend, neighbour, other family member. Alternatively, it may be through the suspicion of staff based on a variety of symptoms and knowledge of possible indicators of abuse
  - Take seriously any disclosures made to them and provide reassurance to the discloser through their responses and behaviour.

- 9.5 When receiving a disclosure from a child that he/she has been abused in some way the member of staff must:

- Find time and, if necessary, a suitable place to listen to the child, when information about possible abuse comes to light.
- Listen to what is being said without displaying shock or disbelief.
- Not make false promises which may not be able to be fulfilled and do not promise confidentiality. If the child asks that information is kept secret, it is important that you tell the child in a manner appropriate to the child's age/stage in development that you cannot promise complete confidentiality – instead you must explain that you may need to pass information to other professionals to help keep the child, or other children, safe.
- Allow the child to talk freely. Do not cross examine, interview, probe or ask to see any injury that is not visible. Listen, only asking questions when necessary to clarify.
- Not criticise the alleged perpetrator.
- Reassure the child that what has happened is not his or her fault.
- Stress that it was the right thing to tell.
- Explain what has to be done next and who has to be told.
- Find out just enough to be sure of the need to refer, and keep any questions open rather than closed. Education is a referrer, not an investigative agency for child protection matters. An incident may eventually end up as a court case and children's evidence can all too easily be compromised by leading questions or repeated recital.
- Make records that are factual, accurate and relevant and avoid subjective judgements. It is not the school's responsibility to 'check out' what any child tells nor should any abuser be questioned.
- Sign and date the record of the disclosure. (CPOMS log in staff name will suffice but must be recorded promptly)

9.6 The member of staff who has the concern or received the disclosure must report the concern/disclosure to the Designated Safeguarding Lead, or in his/her absence, the Deputy Designated Safeguarding Lead, immediately. The member of staff must provide the DSL with a written record of the disclosure as soon as is possible (but must be during that working session ie- morning break, lunch etc). This will be completed via CPOMS and MUST be recorded under the member of staff's own log in.

9.7 The same approach to receiving a disclosure must be taken if the discloser is not the allegedly abused child but another child or an adult.

9.8 The Designated Safeguarding Lead must place the concern on the school's safeguarding file for the child (creating one if necessary).

9.9 When the Designated Safeguarding Lead, or in his/her absence, the Deputy Designated Safeguarding Lead, has been informed, he/she shall make the decision whether or not to refer the concern to Social Care. On the question of how to decide whether to refer to Social Care, the Coventry Safeguarding Children Board's document 'Children's Social Care Thresholds and Practice Standards' states:

**“Professionals in all agencies have a responsibility to refer a child to Children's Social Care when it is believed or suspected that the child:**

- **Has suffered significant harm; or**
- **Is likely to suffer significant harm.**

**All referrals to Children’s Social Care must be made in writing using the Multi-Agency Referral Form or CAF assessment where one has been completed. A history of key events is useful when communicating concerns so that any emerging patterns are recognised.”** (Section 8, p.6)

The full Children’s Social Care Thresholds and Practice document is available at:

<http://coventryscb.proceduresonline.com/>

The Referral and Assessment Service will be consulted when there is uncertainty about whether to refer.

- 9.10 Referrals must be made as soon as possible and the appropriate forms completed and sent at the same time. Referrals to Children's Social Care must be made to the citywide Referral and Assessment Service at

**Children's Social Care Referral and Assessment Service**  
**4<sup>th</sup> Floor Broadgate House,**  
**Broadgate,**  
**Coventry,**  
**CV1 1NG.**

Telephone: 024 7678 8555 (the same telephone number as previously)

Send online referrals to: [RAS@coventry.gcsx.gov.uk](mailto:RAS@coventry.gcsx.gov.uk)

- 9.11 Additional referral guidance is provided in Appendix 5.

## **10 Confidentiality**

- 10.1 Safeguarding information should be treated as confidential and only shared as part of the agreed school and Coventry Safeguarding Children Board protocols
- 10.2 All staff/volunteers in school have a responsibility to share relevant information about the protection of children with other professionals.
- 10.3 Staff / volunteers who receive information about children and their families in the course of their work shall only share that information only within appropriate contexts.

## **11 Communication with Parents / Carers**

- 11.1 Parents and carers will be made aware of the school policy through published information and in initial meetings with parent and carers of new children. Parents and carers will be informed that in certain circumstances there may be a need to contact other agencies without first notifying them. This decision will be made in partnership between Education Services and Social Care Services. It will be made clear that this is a legal obligation and not a personal decision.

## **12 Recording Keeping**

- 12.1 The completed forms/records will be kept for the duration of the child's school career and where a child changes school the forms/records will be copied to the Designated Safeguarding Lead at the receiving school. The school will retain a receipt for the records signed by the receiving school.
- 12.2 The information contained will be regarded as confidential. Any request for access to the information by non-Coventry Safeguarding Children Board Agencies (e.g. Solicitor, investigating agent) will be referred to the Head teacher/Child Protection Designated Senior Person who is advised to seek legal advice before acting.

## **13 Safer Recruitment**

13.1 The School will comply with the guidance set out in Part 3 of Keeping Children Safe in Education.

13.2 Although not a statutory requirement, at least one member of every appointments panel will have gained accreditation through Safer Recruitment training.

#### **14 Dealing with concerns regarding school staff or volunteers (See Appendix 7 for Professional Abuse Flow Chart)**

14.1 To reduce the risk of inappropriate or unprofessional behaviour towards children, all staff and volunteers must be aware of safer working practice and must be familiar with the Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

14.2 A concern, sometimes referred to as an allegation, is any information which indicates that a member of staff/volunteer may have failed to meet the requirements set out in the staff behaviour (code of conduct) policy, or may have:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children<sup>5</sup>.

14.3 This applies to any child the member of staff/volunteer has contact with in their personal, professional or community life.

14.4 All members of staff/volunteers must report any such concerns to the Designated Safeguarding Lead (or in his/her absence to the Deputy DSL), unless the concern relates to these members of staff (in which case they should report directly to the Headteacher). Failure to report it in accordance with procedures is a potential disciplinary matter.

14.5 The person to whom a concern or allegation is reported must take the matter seriously, keep an open mind, and must:

- Find time and, if necessary, a suitable place to listen to the person's concerns or allegations.
- Listen to what is being said without displaying shock or disbelief.
- Not make false promises which may not be able to be fulfilled and do not promise confidentiality. If the person asks that information is kept secret, it is important that you tell the person that you cannot promise complete confidentiality.
- Allow the person to talk freely. Do not cross examine, interview, or probe. Listen, only asking questions when necessary to clarify.
- Not criticise the alleged perpetrator.
- Stress that it was the right thing to share the concerns.
- Explain what has to be done next and who has to be told.
- Make records that are factual, accurate and relevant and avoid subjective judgements. It is not the school's responsibility to 'check out' what any child tells nor should any abuser be questioned.

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<sup>5</sup> These 3 points, drawn from *Keeping Children Safe in Education* (DfE 2016), represent the LSCB threshold for position of trust strategy meetings  
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- Sign and date the record of the disclosure.

- 14.6 The member of staff must provide the Designated Safeguarding Lead (or in his/her absence, his/her deputy) with a signed, dated **written** record of their concerns, using the agreed school concern pro forma, without delay.
- 14.7 The DSL or Deputy DSL receiving the concern/allegation must not unilaterally determine its validity, and must report the concern/allegation to the Headteacher immediately.
- 14.8 The Headteacher will not investigate the concern itself, or take written or detailed statements, but will assess whether the concern meets any of the three criteria set out in **section 14.2** above. If any of the criteria are met then the Headteacher **must contact the LADO within one working day**<sup>6</sup>, and provide the LADO with **written** confirmation of the concern. The name and contact telephone of the LADO are given on the front cover of this policy.
- 14.9 The Headteacher shall, as soon as possible, **following briefing** from the LADO inform the subject of the concern.
- 14.10 If concern is raised regarding the Headteacher, then the Chair of Governors will be contacted, whose name and contact telephone number are given on the front cover of this policy.
- In the absence of the Chair of Governors, the Vice Chair will be contacted, whose name and contact telephone are given on the front cover.
- 14.11 In the event concern regarding the Headteacher the Chair of Governors (or the Vice Chair) shall contact the LADO (within one working day), whose contact details are given on the front cover of this policy.

## **15 Special Circumstances**

### **15.1 Children who are looked after**

The most common reason for children becoming looked after is as a result of abuse or neglect. The school ensures that staff have the necessary skills and understanding to keep looked after children safe and ensures that appropriate staff have information about a child's looked after status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child. The designated teacher for looked after children and the DSL hold details of the child's social worker and the name and contact details of the Local Authority's virtual head for children who are looked after.

### **15.2 Children who require physical intervention**

At times some of our children require physical intervention. This is only ever used when the child is a danger to themselves or others. Staff in school are trained in safe handling and use specific techniques to keep themselves and the child safe whilst physically moving them. For further information, please refer to 'Safe Handling Policy 2015'.

### **15.3 Children requiring intimate care**

Some of our children require extra support - Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. Staff can find further guidance on this in 'Intimate Care Policy 2016'.

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<sup>6</sup> Working Together to Safeguard Children (2016)  
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# APPENDIX 1: Part One of *Keeping Children Safe in Education (DfE 2016)*

## Part one: Safeguarding information for all staff What school and college staff should know and do

### A child centred and coordinated approach to safeguarding

1. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance Working together to safeguard children.
2. Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.
3. No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
5. Children include everyone under the age of 18.

### The role of school and college staff

6. School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.
7. **All** school and college staff have a responsibility to provide a safe environment in which children can learn.
8. Each school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.
9. **All** school and college staff should be prepared to identify children who may benefit from early help.<sup>3</sup> Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment.
10. **Any staff member** who has a concern about a child's welfare should follow the referral processes set out in paragraphs 21-27. Staff may be required to support social workers and other agencies following any referral

<sup>3</sup> Detailed information on early help can be found in Chapter 1 of Working together to safeguard children  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> .

11. The Teachers' Standards 2012 state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.<sup>4</sup>

### **What school and college staff need to know**

12. **All** staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include:

- the child protection policy;
- the staff behaviour policy (sometimes called a code of conduct); and
- the role of the designated safeguarding lead.

Copies of policies and a copy of Part one of this document (Keeping children safe in education) should be provided to staff at induction.

13. **All** staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

14. **All** staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

15. **All** staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989<sup>5</sup> that may follow a referral, along with the role they might be expected to play in such assessments.<sup>6</sup>

<sup>4</sup> The Teachers' Standards <https://www.gov.uk/government/publications/teachers-standards> apply to: trainees working towards QTS; all teachers completing their statutory induction period (newly qualified teachers [NQTs]); and teachers in maintained schools, including maintained special schools, who are subject to the Education (School Teachers' Appraisal) (England) Regulations 2012.

<sup>5</sup> Under the Children Act 1989, local authorities are required to provide services for children in need in their area for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take. This can include:

Section 17- A child in need is defined under section 17(10) of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health or development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Section 47- If the local authority have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm they have a duty to make enquires under section 47 to enable them to decide whether they should take any action to safeguard and promote the child's welfare. This duty also applies if a child is subject to an emergency protection order (under section 44 of the Children Act 1989) or in police protective custody under section 46 of the Children Act 1989.

<sup>6</sup> Detailed information on statutory assessments can be found in Chapter 1 of Working together to safeguard children <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

16. **All** staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead and children's

social care. Staff should never promise a child that they will not tell anyone about an allegation- as this may ultimately not be in the best interests of the child.

### **What school and college staff should look out for:**

17. **All** school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Types of abuse and neglect, and examples of safeguarding issues are described in paragraphs 35-44 of this guidance.

18. Departmental advice: What to do if you are worried a child is being abused- Advice for practitioners provides more information on understanding and identifying abuse and neglect. Examples of potential signs of abuse and neglect are highlighted throughout the advice and will be particularly helpful for school and college staff. The NSPCC website also provides useful additional information on types of abuse and what to look out for.

19. Staff members working with children are advised to maintain an attitude of '**it could happen here**' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the **best** interests of the child.

20. Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure they should always speak to the designated safeguarding lead.

### **What school and college staff should do if they have concerns about a child?**

21. If staff members have any **concerns** about a child (as opposed to a child being in immediate danger - see paragraph 28) they will need to decide what action to take. Where possible, there should be a conversation with the designated safeguarding lead to agree a course of action, although any staff member can make a referral to children's social care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board.

22. If anyone other than the designated safeguarding lead makes the referral they should inform the designated safeguarding lead, as soon as possible. The local authority should make a decision within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming. The online tool 'Reporting child abuse to your local council' <https://www.gov.uk/report-child-abuse-to-local-council> directs you to your local children's social care contact number.

23. See page 10 for a flow chart setting out the process for staff when they have concerns about a child.

24. If after a referral the child's situation does not appear to be improving the designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

25. If early help is appropriate the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.

26. If early help and or other support is appropriate the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving.

27. If a **teacher** 7, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18 the **teacher** must report this to the police. **See Annex A for further details.**

## **What school and college staff should do if a child is in danger or at risk of harm**

28. **If a child is in immediate danger or is at risk of harm a referral should be made to children's social care and/or the police immediately.** Anyone can make a referral. Where referrals are not made by the designated safeguarding lead the designated safeguarding lead should be informed, as soon as possible, that a referral has been made. Reporting child abuse to your local council directs you to your local children's social care contact number.

## **Record keeping**

29. All concerns, discussions and decisions made and the reasons for those decisions should be recorded in **writing**. If in doubt about recording requirements staff should discuss with the designated safeguarding lead.

## **Why is all of this important?**

30. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.<sup>8</sup>

## **What school and college staff should do if they have concerns about another staff member?**

31. If staff members have concerns about another staff member then this should be referred to the headteacher or principal. Where there are concerns about the headteacher or principal this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school as appropriate. In the event of allegations of abuse being made against the headteacher, **where the headteacher is also the sole proprietor of an independent school, allegations should be reported directly to the Designated Officer(s) at the local authority.** Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them. Full details can be found in Part four of this guidance.

## **What school or college staff should do if they have concerns about safeguarding practices within the school or college**

32. All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or college's safeguarding regime and that such concerns will be taken seriously by the senior leadership team.

33. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.

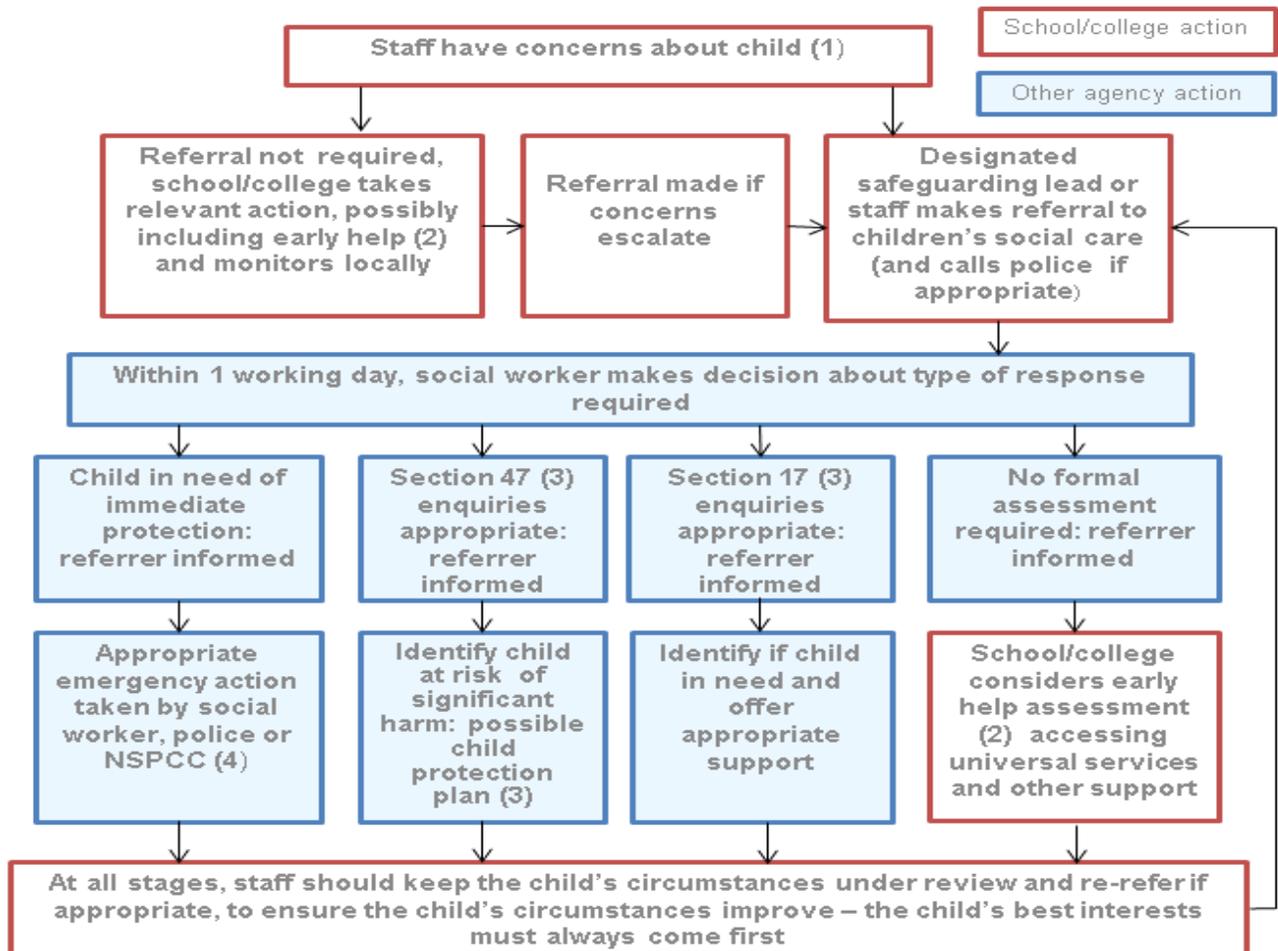
34. Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- General guidance can be found at- Advice on whistleblowing
- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk) <sup>9</sup>

<sup>7</sup> Section 5B(11) of the FGM Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides the definition for the term 'teacher': "teacher" means – (a) in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

<sup>8</sup> New learning from serious case reviews: a two year report for 2009-2011<sup>9</sup> Alternatively, staff can write to: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain, Road, London EC2A 3NH.

## Actions where there are concerns about a child



1. In cases which also involve an allegation of abuse against a staff member, see Part four of this guidance.
2. Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of Working together to safeguard children <https://www.gov.uk/government/publications/working-together-to-safeguard-children--> provides detailed guidance on the early help process.
3. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include s17 assessments of children in need and s47 assessments of children at risk of significant harm. Full details are in Chapter one of Working together to safeguard children. <https://www.gov.uk/government/publications/working-together-to-safeguard-children-->
4. This could include applying for an Emergency Protection Order (EPO).

## Appendix 2 - Types of abuse and neglect

35. **All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.**

36. **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

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

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

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

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

## Specific safeguarding issues

41. **All** staff should have an awareness of safeguarding issues- some of which are listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.

42. **All** staff should be aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. Staff should be clear as to the school or college's policy and procedures with regards to peer on peer abuse.

43. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the TES, <https://www.tes.com/teaching-resources> MindEd <https://www.minded.org.uk/course/view.php?id=402> and the NSPCC <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/> websites. School and college staff can access government guidance as required on the issues listed below via GOV.UK and other government websites:

- bullying including cyberbullying <https://www.gov.uk/government/publications/preventing-and-tackling-bullying>
- children missing education – and Annex A <https://www.gov.uk/government/publications/children-missing-education>
- child missing from home or care <https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>
- child sexual exploitation (CSE) – and Annex A <https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited>
- domestic violence <https://www.gov.uk/guidance/domestic-violence-and-abuse>
- drugs <https://www.gov.uk/government/publications/drugs-advice-for-schools>
- fabricated or induced illness <https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>
- faith abuse <https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>
- female genital mutilation (FGM) – and Annex A <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>
- forced marriage- and Annex A <https://www.gov.uk/guidance/forced-marriage>
- gangs and youth violence <https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence>
- gender-based violence/violence against women and girls (VAWG) <https://www.gov.uk/government/policies/violence-against-women-and-girls>
  - hate <http://educateagainsthate.com/>

- mental health <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- missing children and adults strategy <https://www.gov.uk/government/publications/missing-children-and-adults-strategy>
- private fostering <https://www.gov.uk/government/publications/children-act-1989-private-fostering>
- preventing radicalisation – and Annex A <https://www.gov.uk/government/publications/prevent-duty-guidance>
- relationship abuse <https://www.disrespectnobody.co.uk/relationship-abuse/what-is-relationship-abuse/>
- sexting <https://www.disrespectnobody.co.uk/sexting/what-is-sexting/>
  - trafficking <https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>

**44. Annex A contains important additional information about specific forms of abuse and safeguarding issues. School leaders and those staff that work directly with children should read the Annex.**

## **APPENDIX 3: Indicators of Abuse**

**NB. This guidance is provided as a useful reminder of the indicators of abuse but should be always be considered within the context of a comprehensive training programme and not as a substitute for more in depth consideration**

There are four categories of abuse, which may result in a child being placed on the Child Protection Register. They are:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

### **Indicators of Physical Abuse**

Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Unexplained injuries including burns, particularly if they are recurrent
- Improbably excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which seems excessive
- Bald patches
- Withdrawal from physical contact
- Arms and legs covered, even in hot weather
- Fear of returning home
- Fear of medical help
- Self-destructive tendencies
- Aggression towards others
- Running away

### **Indicators of Emotional Abuse**

Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Physical and/or mental and/or emotional development lags
- Admission of punishment that appears excessive
- Over-reaction to mistakes
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour eg. thumb sucking, hair twisting, rocking
- Self-mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Running away

- Compulsive stealing or scavenging.

### **Indicators of Sexual Abuse**

Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Sudden changes in behaviour or in school performance
- Displays of affection in a sexual way, inappropriate to age
- Tendency to cling or need reassurance
- Regression to younger behaviour eg. thumb sucking, acting like a baby, playing with discarded toys
- Complaints of genital itching or pain, or anal pain
- Distrust of a familiar adult, or anxiety about being left with a relative, babysitter or lodger
- Unexplained gifts or money
- Depression and withdrawal
- Apparent secrecy
- Bedwetting, daytime wetting and/or soiling
- Sleep disturbances, nightmares
- Chronic illness, eg. throat infection, venereal disease or other STD
- Anorexia, bulimia
- Unexplained pregnancy
- Fear of undressing, eg. for sport
- Phobias or panic attacks

### **Indicators of Neglect**

Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused.

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing or scavenging.

# APPENDIX 4: REFERRAL GUIDANCE

## REASONS WHY SOME PEOPLE HESITATE TO REPORT ABUSE

The following list contains a range of reasons why people commonly hesitate to report abuse. It is provided for information, but be aware that none of these reasons is a justification for failing to report a child protection concern or disclosure.

- The child asks you to keep silent – keep a secret
- Fear of breaking up the family
- Fear of exposing the child to further abuse
- Fear of breaking a trusting relationship with child/family
- Painful memories of your own abusive experiences
- Fear of reprisals to yourself/your children/family
- Fear of presenting evidence in court
- Afraid of misinterpreting or overreacting to the situation
- Assuming another agency is dealing with the problem
- The 'rule of optimism' – everything will work out OK
- Assuming one parent/carer will protect
- Believing the child is fantasising/lying
- Being persuaded by the child's retraction
- Allowing a temporary improvement in the child's situation to distract you from the reality of continuing abuse
- Being unable to comprehend the unbelievable nature of the disclosure
- Not understanding procedures

## WHY CHILDREN CAN'T TELL ABOUT ABUSE

- Threats from abuse – withdrawal of 'favours' or physical threats – may be implicit derived from abuse of power
- Threats from peers also involved in abuse
- May think s/he is to blame and fear arrest
- Fear the loss of the child's world – family, school etc.
- May be emotionally dependent on abuser
- May have compartmentalised abuse
- Thinks won't be believed
- Low sense of self-esteem makes disclosure difficult
- May not realise sexual abuse is a crime – thinks its normal
- May not wish to betray abuser
- May fear exposure and particularly public exposure
- May be ambivalent about sexual identity or feel guilt about taking part in abuse
- Lack of faith in justice system particularly for children with disabilities and from ethnic minorities
- Hasn't got adult permission to tell
- Lack of appropriate language skills

## WHY REFER?

- Children have the right to be safe
- Adults have a responsibility to protect children
- Abuse is damaging
- Child abuse exists in a world of secrecy and silence – the cycle of abuse has to be broken
- You only have one small piece of a jigsaw
- Children rarely lie about abuse

- An abuser may well abuse many other children who also have a right to protection

For guidance and support, contact the Children's Social Care Referral and Assessment Service Telephone: 024 7678 8555.

### **MAKING A DECISION**

Further guidance on making a decision is provided in the Children's Social Care, Thresholds and Practice Standards, available at:

<http://coventryscb.proceduresonline.com/>

**APPENDIX 5 - Proforma for Report form Child Protection Conference  
(one form per child)  
To be used when writing a report for a CP conference.**

<b>Full Name of Pupil:</b>		<b>DOB:</b>	<b>Class/Form:</b>	<b>Additional needs:</b>
<b>Gender:</b>		<b>Ethnicity:</b>		
<b>Home Address:</b>			<b>Telephone:</b>	
			<b>E mail:</b>	
	<b>What are you worried about?</b>	<b>What is working well?</b>	<b>What needs to happen?</b>	
<b>Presentation of Child</b> (appropriate uniform/shoes/cleanliness/hair/general health)				
<b>Eating</b> (appetite, FSM, breakfast club, toileting, etc.)				
<b>Education/Attainment</b>				
<b>Attendance</b>				
<b>Child's Voice</b>				
<b>Child interaction in school</b>				
<b>Parent/Carer interaction with school</b>				
<b>Child/Parent-Carer interaction</b>				
<b>Parent engagement</b> (bringing/collecting from school/attending meetings, parents evenings, etc.)				
<b>Peer Relationships</b>				
<b>SEND</b>				
<b>Any additional concerns/changes in behaviour? Any patterns of the day/time/month?</b>				

# APPENDIX 6 –

## Professional Abuse Flow Chart

An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

**Working Together to Safeguard Children 2016**

**It is your duty to report concerns to the Manager or Safeguarding Officer. If you feel that your concern has not been dealt with appropriately you have a duty to report your concern directly.**

**If an allegation is made against any adult who comes into contact with children in either a paid or unpaid capacity in the setting, the child minder or any person in the child minder setting**

**Childcare provider contacts the**  
1. LADO 024 76833443  
2. Ofsted 0300 123 1231

**REMEMBER!**

**Is the child safe?**

**Document everything**

**Do not investigate**

**LADO to be consulted on initial planning and whether the member of staff/person concerned is to be informed of the allegation; the LADO will ask you to complete a referral form to be returned to the secure GSCX email address [LADO@coventry.gcsx.gov.uk](mailto:LADO@coventry.gcsx.gov.uk) . If there is an offence or on-going risk to the child you must make a referral to Social Care 024 76788555 or contact the Emergency Duty Team - Out of Hours 76832222 and or the Police)**

**Position of Trust (PoT) meeting may be convened to consider allegation and plan any further enquiries/investigation – this is a multi-agency meeting which may include the Police and Ofsted and is chaired by the LADO to exchange information and to decide on formal investigation processes. There are occasions when investigations are in process before a PoT is convened these are usually when the allegation has been made directly to the Police**

**Allegation is unfounded setting/CQRA to support member of staff/child minder returning to work**

**Allegation is founded, disciplinary procedures apply and any potential criminal proceedings.**

**Manager/Senior Officer to make a referral to DBS. In the event of Child minder settings Ofsted will withdraw registration and will liaise on the referral to the DBS - 01325953795**

## APPENDIX 7

### Instructions for CPOMS logging 2017

CPOMS is the system we use for reporting any safeguarding concerns. It is vital that everyone follows the same procedures when using this system. Listed below are reminders for you so that you know what to do each time. You may also log conversations with parents on CPOMS if you feel that they are relevant to the inclusion team – parent lost job, benefits stopped, parents separated etc.

1. Log in to CPOMS (<https://courthousegreen.CPOMS.net>)
2. Add incident
3. Type in the name of the child you wish to report on (a list of options will appear, please click the right one as we cannot delete incidents)
4. Begin writing up the incident. Use the questions below as a prompt if necessary.  
WHAT HAPPENED?  
WHERE DID IT HAPPEN?  
WHEN DID IT HAPPEN?  
WHO WAS PRESENT WHEN IT HAPPENED?  
HAS IT HAPPENED BEFORE?  
WHAT HAPPENED AFTERWARDS?  
WHAT HAPPENED BEFOREHAND?  
HAVE YOU TOLD ANYONE ELSE?  
IT IS OK TO STATE WHY YOU ARE CONCERNED BY THIS
5. You must use the body injury map feature if explaining a physical injury or disclosure of one.
6. Choose a category. You click 'cause for concern' and also whether you have this info via a 'pupil contact' or a 'parent contact'. There is no need to click any other category as that will be done when it gets to Kate Halfpenny, Sarah Malam, Harriet Owen or Claire Jones.
7. Choose which staff to alert – ALWAYS Kate Halfpenny but also Sarah, Harriet and Claire when Kate is not in school. It may also be helpful to alert the intervention team if you know that the child or family is being worked with by one of them.
8. Add incident
9. If you have an action to add (you may have spoken to parent at home time about the disclosure, you may have logged something in SIMs, discussed with colleague etc) you can then add this by clicking add action. Again, alert Kate Halfpenny (and Sarah or Claire if appropriate). PLEASE LOG ANY ACTIONS PROMPTLY AS IT IS IMPERATIVE THAT KATE AND SARAH KNOW WHAT HAS ALREADY BEEN DONE TO ADDRESS A CONCERN.
10. Be aware that once you have added an incident, it is quite likely that you will receive an action from me. CHECK YOUR EMAIL OR CPOMS DASHBOARD FOR ACTION ALERTS.
11. You may get an action related to someone else's incident alert. Please don't assume that there is nothing to check if you haven't reported anything.
12. Follow up any actions as requested and log outcome as another action for the same incident. Do not create another incident for the logging of actions.

You will notice that when it comes back to you, categories and agencies may well have been clicked. You will also be able to see other people's incident reports on occasion. Please remember that this information is both sensitive and confidential, please do not discuss anything with other staff members or leave the page open in view at school or public places. Any queries, please ask Kate Halfpenny. CPOMS is completely secure – you may use full names when making reports. Please do not use initials as logs are used for court reports and we need to be able to demonstrate that we are factually correct. You can also access CPOMS from any internet connection (still secure).

## **Instructions for logging in to CPOMS – 1<sup>st</sup> Time**

1. Open the CPOMS page – <https://courthousegreen.CPOMS.net>
2. Click reset password – this will take you to another window
3. Enter your school email address
4. An email will be sent to your account with details of your password
5. Copy the password
6. Go back to the initial log in page (step 1)
7. Enter email address and paste the password in
8. You will then be given the option to change your password – you must do this
9. Use your Merilock key to log in – insert, click in text box, press brass circle on key. **THIS WILL ALLOW YOU TO ACCESS BEHAVIOUR AND SEN FILES BUT NOT UNRESTRICTED ACCESS TO SAFEGUARDING INFO.**
10. This will then take you to your dashboard

Follow instructions from THIS POLICY on how to report an incident.

**ONCE YOU HAVE CLICKED 'MARK AS READ' – YOU WILL NOT BE ABLE TO READ IT AGAIN!**

# Appendix 8 – Levels of Need (Thresholds)

## Description of Thresholds / Levels of Need

**LEVEL 1** These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

1 Child's Developmental Needs:	
<p><b>Health, e.g.</b></p> <ul style="list-style-type: none"> <li>• Physically well;</li> <li>• Adequate diet/hygiene/clothing;</li> <li>• Developmental checks/immunizations up-to-date;</li> <li>• Regular dental and optical care;</li> <li>• Health appointments are kept;</li> <li>• Developmental milestones met;</li> <li>• Speech and language development met.</li> </ul> <p><b>Education, e.g.</b></p> <ul style="list-style-type: none"> <li>• Skills/interests;</li> <li>• Success/achievement;</li> <li>• Cognitive development;</li> <li>• Access to books/toys, play /leisure.</li> </ul> <p><b>Emotional and Behavioural Development, e.g.</b></p> <ul style="list-style-type: none"> <li>• Feelings and actions demonstrate appropriate responses;</li> <li>• Good quality early attachments;</li> <li>• Able to adapt to change;</li> <li>• Able to demonstrate empathy.</li> </ul>	<p><b>Identity, e.g.</b></p> <ul style="list-style-type: none"> <li>• Positive sense of self and abilities;</li> <li>• Demonstrates feelings of belonging and acceptance;</li> <li>• A sense of self;</li> <li>• An ability to express needs.</li> </ul> <p><b>Family and Social Relationships, e.g.</b></p> <ul style="list-style-type: none"> <li>• Stable and affectionate relationships with care givers;</li> <li>• Good relationships with siblings;</li> <li>• Positive relationships with peers.</li> </ul> <p><b>Social Presentation, e.g.</b></p> <ul style="list-style-type: none"> <li>• Appropriate dress for different settings;</li> <li>• Good level of personal hygiene.</li> </ul> <p><b>Self-care Skills, e.g.</b></p> <ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills.</li> </ul>
2 Parenting Capacity:	3 Family and Environmental Factors:
<p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>• Provide for child's physical needs, e.g. food, drink, and</li> </ul>	<p><b>Family History and Functioning</b></p> <ul style="list-style-type: none"> <li>• Good relationships within family, including when parents are</li> </ul>

appropriate clothing, medical and dental care.

**Ensuring Safety**

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

**Emotional Warmth**

- Show warm regard, praise and encouragement.

**Stimulation**

- Facilitates cognitive development through interaction and play;
- Enable child to experience success,

**Guidance and Boundaries**

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

**Stability**

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

separated;

- Few significant changes in family composition.

**Wider Family**

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

**Housing**

- Accommodation has basic amenities and appropriate facilities.

**Employment**

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

**Income**

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

**Family's Social Integration**

- Family feels integrated into the community;
- Good social and friendship networks exist.

**Community Resources**

- Good universal services in neighbourhood.

**LEVEL 2 These are children and young people whose needs require some extra support from a targeted service.**

**1 Child's Developmental Needs:**

**Health, e.g.**

- Defaulting on immunizations/checks;
- Is susceptible to minor health problems;
- Slow in reaching developmental milestones;
- Minor concerns re diet/hygiene/clothing (low level neglect);
- Starting to default on health appointments;
- Young Person/Teenage pregnancy;
- Child of Young Person/Teenage pregnancy;
- Low level self-harm.

**Education, e.g.**

- Have some identified learning needs that place him/her on "School Action" or "School Action Plus" of the Code of Practice;
- Poor punctuality;
- Pattern of regular school absences - 95-85%;
- Not always engaged in learning, e.g. poor concentration, low motivation and interest;
- Not thought to be reaching his/her educational potential;
- Reduced access to books/toys.

**Emotional and Behavioural Development, e.g.**

- Some difficulties with peer group relationships and with adults (within family, school and neighbourhood settings);
- May experience stigma/bullying within school or neighbourhood after parent is imprisoned;
- Some difficulties with peer group relationships and with adults;
- Significant change in behaviour/demeanour.

- Some low level criminal and/or anti-social behaviour;
- Some evidence of inappropriate responses and actions;
- Pattern of sexual activity or inappropriate sexual behaviour / relationships;
- Can find managing change difficult;
- Starting to show difficulties expressing empathy;
- Could become withdrawn or express different patterns of behaviour after witnessing arrest or imprisonment of family member;
- More than the minimal alcohol consumption below the age of 15 years old;
- Use of illegal drugs including cannabis;
- Association with others involved in unsupervised alcohol consumption;
- Excluded from school for a drug/alcohol related incident.

**Identity, e.g.**

- Some insecurities around identity expressed, e.g. low self-esteem for learning;
- May experience bullying around "difference".

**Family and Social Relationships, e.g.**

- Some support from family and friends;
- Has some difficulties sustaining relationships.

**Social Presentation, e.g.**

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

	<p><b>Self-care Skills, e.g.</b></p> <ul style="list-style-type: none"> <li>• Not always adequate self-care, e.g. poor hygiene;</li> <li>• Slow to develop age-appropriate self-care skills.</li> </ul>
<p><b>2 Parenting Capacity:</b></p>	<p><b>3 Family and Environmental Factors:</b></p>
<p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>• Parental engagement with services is poor/inconsistent;</li> <li>• Parent requires advice on parenting issues;</li> <li>• Professionals are beginning to have some concerns around child's physical needs being met.</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>• Some exposure to dangerous situations in the home or community;</li> <li>• Parental stresses starting to affect ability to ensure child's safety.</li> </ul> <p><b>Emotional Warmth</b></p> <ul style="list-style-type: none"> <li>• Inconsistent responses to child by parent(s);</li> <li>• Slow to develop other positive relationships.</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• Spends considerable time alone, e.g. watching television;</li> <li>• Child is not often exposed to new experiences.</li> </ul> <p><b>Guidance and Boundaries</b></p> <ul style="list-style-type: none"> <li>• Can behave in an anti-social way in the neighbourhood, e.g. petty crime;</li> <li>• Parent/carer offers inconsistent boundaries.</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Key relationships with family members not always kept up;</li> <li>• May have different carers;</li> <li>• Starting to demonstrate difficulties with attachments;</li> <li>• Could be experiencing anxiety due to parent being imprisoned.</li> </ul>	<p><b>Family History and Functioning</b></p> <ul style="list-style-type: none"> <li>• Family conflicts that involve the children and have an emotional impact (current or historic domestic violence);</li> <li>• Has experienced loss of significant adult, e.g. through bereavement or separation;</li> <li>• May be needed to look after younger siblings (young carers) or assume role of carer for parent following imprisonment of other parent;</li> <li>• Parent has physical/mental health difficulties;</li> <li>• Drug / alcohol issues;</li> <li>• Fluid household.</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>• Some support from friends and family.</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Adequate/poor housing;</li> <li>• Family seeking asylum or refugees;</li> <li>• Transient families;</li> <li>• Families in temporary accommodation;</li> <li>• Accommodation could be threatened due to change in circumstance when family member is imprisoned.</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Periods of unemployment of the wage earning parent(s);</li> <li>• Parents have limited formal education;</li> <li>• Parents starting to feel stressed around unemployment or work situation.</li> </ul> <p><b>Income</b></p>

	<ul style="list-style-type: none"> <li>• Low income / poor financial management;</li> <li>• Change to family income.</li> </ul> <p><b>Family's Social Integration</b></p> <ul style="list-style-type: none"> <li>• Family may be new to the area;</li> <li>• Some social exclusion experiences.</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>• Adequate universal resources but family may have access issues.</li> </ul>
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**LEVEL 3** These are children and young people whose needs are more complex. This refers to the range of needs and depth or significance of the needs.

**1 Child's Developmental Needs:**

<p><b>Health, e.g.</b></p> <ul style="list-style-type: none"> <li>• Concerns re diet, hygiene, clothing (neglect);</li> <li>• Has some chronic health problems;</li> <li>• Missing routine and non-routine health appointments;</li> <li>• Overweight/underweight (eating disorders)/enuresis/soiling;</li> <li>• Smokes, substance/alcohol misuse;</li> <li>• Developmental milestones are unlikely to be met;</li> <li>• Some concerns around mental health;</li> <li>• Early teenage pregnancy;</li> <li>• Instances of self-harm.</li> </ul> <p><b>Education, e.g.</b></p> <ul style="list-style-type: none"> <li>• Identified learning needs and may have a Education, Health and Care Plan;</li> <li>• Not achieving key stage benchmarks;</li> <li>• Poor school attendance and punctuality (i.e. below 85% attendance);</li> <li>• Some fixed term exclusions;</li> </ul>	<ul style="list-style-type: none"> <li>• Has attended Accident and Emergency dept. due to intoxication;</li> <li>• Disclosure of self-medication to deal with mental health problems.</li> </ul> <p><b>Identity, e.g.</b></p> <ul style="list-style-type: none"> <li>• Is subject to discrimination, e.g. racial, sexual or due to disabilities;</li> <li>• Demonstrates significantly low self-esteem in a range of situations.</li> </ul> <p><b>Family and Social Relationships, e.g.</b></p> <ul style="list-style-type: none"> <li>• Has lack of positive role models;</li> <li>• Misses school or leisure activities;</li> <li>• Peers also involved in challenging behaviour;</li> <li>• Involved in conflicts with peers/siblings;</li> <li>• Regularly needed to care for another family member (young carer);</li> <li>• No contact with imprisoned family member.</li> </ul> <p><b>Social Presentation, e.g.</b></p>
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<ul style="list-style-type: none"> <li>• No interests/skills displayed;</li> <li>• NEET (16/18 Not in Employment/Education/Training).</li> </ul> <p><b>Emotional and Behavioural Development, e.g.</b></p> <ul style="list-style-type: none"> <li>• Finds it difficult to cope with anger, frustration and upset;</li> <li>• Disruptive/challenging behaviour at school or in neighbourhood and at home (anti-social and/or criminal behaviour);</li> <li>• Cannot manage change e.g. - changes to family unit;</li> <li>• Unable to demonstrate empathy;</li> <li>• Inappropriate sexual behaviour / relationships;</li> <li>• Changes in behaviour and demeanour.</li> </ul>	<ul style="list-style-type: none"> <li>• Is provocative in behaviour/appearance;</li> <li>• Clothing is regularly unwashed;</li> <li>• Hygiene problems.</li> </ul> <p><b>Self Care Skills, e.g.</b></p> <ul style="list-style-type: none"> <li>• Poor self-care for age, including hygiene;</li> <li>• Precociously able to care for self.</li> </ul>
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<b>2 Parenting Capacity:</b>	<b>3 Family and Environmental Factors:</b>
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<p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>• Difficult to engage parents with services - Parent is struggling to provide adequate care (neglect);</li> <li>• Parental experience of being in care;</li> <li>• Professionals have serious concerns of care.</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>• Perceived to be a problem by parents;</li> <li>• May be subject to neglect;</li> <li>• Experiencing unsafe situations.</li> </ul> <p><b>Emotional Warmth</b></p> <ul style="list-style-type: none"> <li>• Receives erratic or inconsistent care;</li> <li>• Has episodes of poor quality of care;</li> <li>• Parental instability affects capacity to nurture;</li> <li>• Has no other positive relationships.</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• Not receiving positive stimulation, with lack of new experiences or activities (lack of constructive leisure/play activities).</li> </ul> <p><b>Guidance and Boundaries</b></p>	<p><b>Family History and Functioning</b></p> <ul style="list-style-type: none"> <li>• Incidents of domestic violence (current or historic);</li> <li>• Acrimonious divorce/separation;</li> <li>• Breakdown of family unit due to parent/family members imprisonment or offending behaviour;</li> <li>• Family have serious physical and mental health difficulties and/or drug/alcohol related use;</li> <li>• Fluid household.</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>• Family has poor relationship with extended family / little communication / is socially isolated.</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Poor state of repair, temporary or overcrowded;</li> <li>• Temporary accommodation;</li> <li>• Asylum seeking/refugee/newly arrived/transient families.</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Parents stressed due to unemployment / "overworking";</li> <li>• Parents lack skills to obtain employment.</li> </ul> <p><b>Income</b></p>
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<ul style="list-style-type: none"> <li>• Erratic or inadequate guidance provided;</li> <li>• Parent does not offer a good role model, e.g. by behaving in an anti-social way.</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Has multiple carers/been 'looked after' by Local Authority.</li> </ul>	<ul style="list-style-type: none"> <li>• Serious debts/poverty impact on ability to meet needs.</li> </ul> <p><b>Family's Social Integration</b></p> <ul style="list-style-type: none"> <li>• Parents socially excluded;</li> <li>• Lack of a support network.</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>• Poor quality universal resources and access problems to these and targeted services.</li> </ul>
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**LEVEL 4 These are children and young people whose needs are complex and enduring and cross many domains.**

<b>1 Child's Developmental Needs:</b>	
<p><b>Health, e.g.</b></p> <ul style="list-style-type: none"> <li>• Has severe/chronic health problems;</li> <li>• Persistent substance/alcohol misuse/smoking;</li> <li>• Developmental milestones unlikely to be met;</li> <li>• Early teenage pregnancy;</li> <li>• Serious mental health issues / alcohol / drug dependency;</li> <li>• Concern about Female Genital Mutilation.</li> </ul> <p><b>Education, e.g.</b></p> <ul style="list-style-type: none"> <li>• Is out of school persistent absence below 85%;</li> <li>• Permanently excluded from school or at risk of permanent exclusion;</li> <li>• Has no access to leisure activities;</li> <li>• NEET (16/18 Not in Employment / Education / Training).</li> </ul> <p><b>Emotional and Behavioural Development, e.g.</b></p> <ul style="list-style-type: none"> <li>• Regularly involved in anti-social/criminal activities - witnessing the arrest of family member;</li> <li>• Puts self or others in danger, e.g. missing;</li> <li>• Suffers from periods of depression;</li> </ul>	<p><b>Identity, e.g.</b></p> <ul style="list-style-type: none"> <li>• Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability;</li> <li>• Is socially isolated and lacks appropriate role models.</li> </ul> <p><b>Family and Social Relationships, e.g.</b></p> <ul style="list-style-type: none"> <li>• Periods of being accommodated by the Local Authority;</li> <li>• Family breakdown related in some way to child's behavioural difficulties;</li> <li>• Subject to physical, emotional or sexual abuse or neglect;</li> <li>• Is main carer for family member;</li> <li>• Concern about forced marriage.</li> </ul> <p><b>Social Presentation, e.g.</b></p> <ul style="list-style-type: none"> <li>• Poor and inappropriate self-presentation;</li> <li>• Missing from home /risk of sexual exploitation.</li> </ul> <p><b>Self Care Skills, e.g.</b></p> <ul style="list-style-type: none"> <li>• Neglects to use self-care skills due to alternative priorities, e.g. substance misuse.</li> </ul>

- Self-harming or suicide attempts;
- Inappropriate sexual behaviour / relationships - sexual exploitation.

**2 Parenting Capacity:**

**3 Family and Environmental Factors:**

**Basic Care**

- Parents unable to provide "good enough" parenting that is adequate and safe;
- Parents' mental health problems or substance misuse significantly affect care of child;
- Parents unable to care for previous children.

**Ensuring Safety**

- There is instability and violence in the home continually;
- Parents involved in crime or in prison;
- Parents unable to keep child safe;
- Parents have drug / alcohol dependency;
- Victim of crime;
- Trafficked child;
- Parent unable to prioritise child's need above their own.

**Emotional Warmth**

- Parents inconsistent, highly critical or apathetic towards child;
- Poor / disorganised attachment.

**Stimulation**

- No constructive leisure time or guided play;
- Lack of toys.

**Guidance and Boundaries**

- No effective boundaries set by parents;
- Regularly behaves in an anti-social way in the neighbourhood.

**Stability**

- Beyond Parental control;
- Has no-one to care for him/her.

**Family History and Functioning**

- Significant parental control discord and persistent domestic violence;
- Poor relationships between siblings;
- Family has serious / chronic mental health issues.

**Wider Family**

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

**Housing**

- Physical accommodation places child in danger;
- Transient;
- Temporary accommodation.

**Employment**

- Chronic unemployment that has severely affected parents' own identities;
- Family unable to gain employment due to significant lack of basic skills or long-term difficulties, e.g. substance misuse.

**Income**

- Extreme poverty / debt impacting on ability to care for child.

**Family's Social Integration**

- Family chronically socially excluded;
- No supportive network.

**Community Resources**

- Poor quality services with long-term difficulties with accessing target populations.