


Written: 1996

Most recently updated: July 2020 (the policy is reviewed annually)

Ratified by Executive Committee March 2021 (signature of Chair):



Signature of safeguarding Officer:



Policy and Procedures for the Safeguarding of Children and Adults at Risk

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Safeguarding of Children and Adults at Risk

Policy Statement

The purpose of this policy is to protect children, young people and adults at risk of abuse and neglect who receive Markfield's services (this includes the children of adults who use our advice services), and to provide workers with the overarching principles that guide our approach to the protection of children and adults at risk.

Markfield believes that no child, young person or adult should ever experience abuse of any kind. We have a responsibility to promote the welfare of all children, young people and adults at risk to keep them safe. We are committed to practice in a way that protects them.

This policy applies to all staff, trustees, volunteers, agency staff and people on placement. It also applies to the beneficiaries of the charity and any other people who come into contact with Markfield in the course of the work of the charity. This is in line with the Charities Commission guidance 2018, which extends the safeguarding duties of charities.

Legal framework

This policy has been drawn up on the basis of legislation that seeks to protect children and adults at risk, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Adoption and Children Act 2002
- Sexual Offences Act 2003
- Children Act 2004
- Disability Discrimination Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Care Act 2014
- Charity Commission (revised Guidance Oct 2018)

It is also based on relevant government guidance on safeguarding children including:

- The London Child Protection Procedures 2015
- The London Threshold Document 2015
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2015
- What to do if you're worried a child is being abused: Advice for practitioners 2015
- Care and Support Statutory Guidance 2014.
- Charity Commission (revised Guidance Oct 2018)

- Keeping Children safe in Education 2020
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- Working Together to Safeguard Children 2020
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

We are committed to reviewing our policy and good practice annually. We will update our policy and practice if the law changes, and will use guidance from the Local Safeguarding Children Board and Safeguarding Adults Board.

Roles and responsibilities

Markfield always has one worker who is called the Safeguarding Officer. This person has relevant training and experience about keeping children, young people and vulnerable adults safe. Anyone can talk to the Safeguarding Officer for advice and guidance.

Safeguarding Officer from June 2017 is: Sarah Miller

**Her phone number is 0203 667 5225
or via the on call number out of office hours in the case of immediate safeguarding concerns
07919 812 011**

**The Deputy Safeguarding Officer from April 2019 is: Roz Corrigan
Her number is 0203 667 5227**

**The Lead Trustee for safeguarding is: Michelle Simmons Safo
(contact her via enquiries@markfield.org.uk)**

Lead Trustee for safeguarding

The Executive Committee has overall responsibility to ensure that this policy is adhered to. All trustees undergo training in safeguarding. The lead person on the Trustee Board who oversees safeguarding is **Michelle Simmons-Safo**. The Safeguarding Officer will meet regularly with the Lead trustee for safeguarding, and will supply an annual report to trustees about safeguarding procedures in practice.

Markfield works closely with service users, carers and other local organisations to stop people being abused and harmed. The Safeguarding Officer will decide when we need to ask for help or advice to keep someone safe. The Safeguarding Officer and Director will also decide if we need to tell anyone else that someone has been harmed.

At Markfield we recognise that:

- Abuse can happen to anyone
- Abuse can happen anywhere
- Abuse can be done by anyone

This is why everyone at Markfield must understand:

- What abuse is
- Ways to tell if abuse might be happening
- How to keep children, young people and adults at risk safe
- What to do if you think someone is being abused or harmed.

Safeguarding Children and Young People

At Markfield the welfare of the child is paramount, as enshrined in the Children Act 1989. We recognise that:

- All children, regardless of age, disability, sex, racial heritage, religious belief or sexual orientation, have a right to equal protection from all types of harm or abuse
- Some children are more vulnerable to being abused because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carer's and other agencies is essential in promoting young people's welfare.

We will seek to keep children and young people safe by:

- Valuing them, listening to and respecting them
- Adopting child protection practices through procedures and a code of conduct for staff and volunteers
- Developing and implementing an effective 'e-safety' policy (for promoting safety when using the internet) and related procedures
- Providing effective management for staff and volunteers through supervision, support and training
- Recruiting staff and volunteers safely, ensuring all necessary checks are made
- Sharing information about child protection and good practice with children, parents, staff and volunteers
- Sharing concerns with agencies who need to know, and involving parents and children appropriately.

Definitions & Key Principles

Our Safeguarding policy and procedures aim to meet the following two key principles:

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

Working together to safeguard children 2015

What we mean by 'safeguarding'

- 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
- Taking action to enable all children to have the best outcomes.

What we mean by '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.

What we mean by 'significant harm'

For England and Wales, harm is defined under section 31 of the Children Act 1989 as:

"ill treatment or the impairment of health or development". To decide whether harm is significant, the health and development of the child is "compared with that which could **reasonably be expected of a similar child**".

This was also extended in the Adoption and Children Act 2002 to include:

"impairment suffered from seeing or hearing the ill treatment of another"

What we mean by 'child'

The legislation relating to safeguarding children defines a child as anyone under the age of 18.

Why disabled children may be more vulnerable to abuse

Research suggests that disabled children are at an increased risk of abuse and may be more vulnerable to significant harm through abuse and / or neglect than children who do not have a disability (London Child Protection Procedures 2015).

Disabled children may be especially vulnerable for a number of reasons:

- Many disabled children have an increased likelihood of being socially isolated
- Some children have speech, language and communication needs which may make it harder for other people to understand their wishes and feelings and/or may make it difficult for them to tell others what is happening
- Some children may have many different carers and agencies in their life
- Some children need practical assistance with daily living including intimate personal care which increases their risk of exposure to abusive behaviour
- Some children have an impaired capacity to resist or avoid abuse; this may be because they have not learned how to keep themselves safe or are physically unable to get away from harmful situations
- Some children need help to move around and this might be done in a harmful way
- Some children need medication, therapy programmes, health procedures or equipment, and this might be done in a harmful way
- Children may not have access to someone they can trust to disclose they have been abused
- Disabled children are especially vulnerable to bullying and intimidation.

Signs of abuse

People don't always tell you they have been abused or harmed. There are many other signs of abuse. Markfield workers should be aware of these. Although they do not always mean that abuse has happened, these signs must not be ignored. Always talk about them with the relevant session leader, a manager, or the Safeguarding Officer named at the start of this policy.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed
- Children with clothes which are ill-fitting and/or dirty

- Children with consistently poor hygiene
- Children who make strong efforts to avoid particular people
- Children who don't want to change clothes in front of others or participate in physical activities
- Children who are having problems at school, for example, a sudden lack of concentration and learning or who are regularly missing school
- Children who often appear to be tired and hungry
- Children who talk about being left home alone, with inappropriate carers or with strangers
- Children who do not reach developmental milestones, such as learning to speak or walk, late, with no medical reason
- Children who are regularly missing from school or education
- Children who are reluctant to go home
- Parents who are dismissive and non-responsive to practitioners' concerns
- Children who are concerned for younger siblings without explaining why
- Children who talk about running away
- Children who shy away from being touched or flinch at sudden movements.

What to do if you are worried a child is being abused, a guide for practitioners 2015

Signs of possible abuse in disabled children

Examples of some of the specific risk factors and signs of abuse in relation to disabled children are:

Emotional and physical health:

- Carer is persistently not following prescribed feeding plan and the child:
 - is losing weight and is not hydrated, or
 - is becoming substantially overweight leading to health problems
- Attempts are not being made to keep the child's gastrostomy site and contractures clean and dry.
- Mental health issues are induced by the negativity of carers to the child, emotional / verbal abuse, constantly critical, unrealistic expectations (either too high or too low),

Equipment:

- The equipment persistently used by the child is not appropriate and is not prescribed for the child.

Medication management:

- Carers are not complying with the prescribed medication plan or are habitually late or miss appointments, are not engaged or do not attend medical appointments

Toileting:

- Carers are using toileting strategies that are not appropriate to the child's age, or their level of awareness and which fail to protect their dignity, eg keeping a child in nappies when they could be continent

Physical harm:

- Child is at risk of being exorcised due to their disability, including branding injuries.
- Child is made to attempt to walk in a spiritual religious ceremony when they are a wheelchair user.
- Child is not permitted independence and this dependency and reliance on others is not necessary but enforced.

Identity

- Carers scapegoat disabled child – inhibiting positive identity / self-image
- Carers believe the child will be healed or is possessed by a spirit, and they exercise their beliefs in a way that is harmful to the child.
- Carers do not accept the child's diagnosis and refuse to make any adjustments appropriate to the child.

This is an extract from the Haringey Safeguarding Children's Board Disabled Children's Threshold document 2018

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Types of abuse

The essential responsibility of Markfield workers is to be alert and to share information or concerns with the right people. At Markfield it is not our role to determine whether abuse is taking, or has taken place, and it is not our role to categorise a type of abuse. It can be useful to understand the main categories of abuse (outlined below) and to understand that more than one type of abuse may happen at once.

Emotional abuse

When someone is being harmed, some level of emotional abuse is usually involved, but emotional abuse can happen on its own. Emotional abuse could be:

- Making someone feel worthless, unloved, or not good enough
- Not giving someone opportunities to express their views
- Making them feel very frightened or insecure
- Teasing, shouting at, or threatening someone

- Overprotection and limitation of exploration and learning
- Stopping someone from making choices and never letting them take risks and try new things
- Keeping them away from their friends, family and support networks
- Ignoring their privacy and dignity
- Expectations that are inappropriate for the child's age or developmental stage
- Bullying (including cyber bullying) causing someone to feel constantly frightened or in danger
- Behaviour which is intended to hurt or targeted at a specific group (eg. based on race, sex, sexuality)
- Exploitation or corruption
- Seeing or hearing ill treatment of another

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong
- Parents or carers who withdraw their attention from their child, and persistently ignore them
- Parents or carers blaming their problems on their child
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.
- Behaviour by one child/young person to another that is intended to cause hurt where there is a significant power imbalance between them.

Neglect

This is the **persistent failure** to meet a child's **basic physical and/or emotional 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
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision
- Ensure access to appropriate medical care or treatment
- Neglect of, or unresponsiveness to, a child's basic emotional needs.

Some of the following signs may be indicators of emotional abuse:

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing, e.g. not having a winter coat
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured.

Physical abuse

This is when someone causes physical harm to a child. This could be:

- Hitting, shaking, throwing, burning, scalding, kicking, drowning or suffocating someone
- Making someone ill, or pretending they are ill, or using medication in the wrong way, on purpose
- Using physical restraint in the wrong way or force feeding someone

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones
- Children with unexplained bruises or cuts, burns or scalds, or bite marks.

Sexual abuse

With children under 16, this involves forcing or encouraging them to take part in sexual activities, whether or not the child is aware of what is happening. This could be:

- Penetrative acts such as rape or oral sex
- Non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- Non-contact activities such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging them to do sexual things they are too young to be involved in
- Grooming a child in preparation for abuse (including via the internet).

With children over 16, sexual abuse can still happen. It could be:

- When someone is raped or sexually assaulted
- When someone is forced to do a sexual act that they did not want to do
- When someone is encouraged to do a sexual act when they didn't understand it, and didn't know they could say no.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have
- Children who ask others to behave sexually or play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults, or 'sexting' (sending someone explicit sexual images or messages by mobile phone). In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss school or don't take part in education.

Peer-to-peer abuse (children & young people)

Staff should also be vigilant to spot 'peer to peer' abuse among the children, young people using Markfield's services. This is any form of physical, sexual, emotional, financial and/ or coercive control that is exercised between children or young people. It can include intimate and non-intimate relationships.

Other abuse

People have lots of different ideas about how best to care for people, and what will harm other people. Sometimes people do particular things because of their cultural or religious beliefs. Markfield is committed to anti-discriminatory practice. Workers handling protection concerns will always bear in mind the person's religious and cultural background, but the welfare of the child will always be the most important consideration. For instance, some religious and culturally based practices are illegal in England and are abuse. This could be:

- Female circumcision or arranging for a girl to go to another country to be circumcised
- Forcing someone to marry even if they don't want to. Arranging for any child under age 16 to get married
- Ritualistic abuse which is when people believe someone is possessed by spirits or demons, and use physical violence to get rid of them.

The internet and mobile phones have become very much embedded in most people's lives and are very helpful everyday tools. However, they are also open to misuse and can be a tool to cause abuse. This could be:

- Adults pretending to be children using social networking sites, for the purpose of 'grooming' children and young people into meeting them
- Using mobile phones to take photographs of children and young people for the purpose of bullying or blackmail
- Sexual acts online, and the production, distribution or possession of indecent images of children
- Accessing pornographic material via the internet and mobile phones.
- Financial gain can be a feature of online child sexual abuse and it can involve serious organised crime. (*NSPCC 2015*)
- gender based violence (GBV) which can cut across boundaries of age, ethnicity, disability, sexual orientation, religion and socio-economic group. It is important to note that men too can experience abuse from female perpetrators, and that abuse within same sex relationships has a similar prevalence to heterosexual relationships.

Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life.

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

As well as 'universal services' which are services accessible to all families such as education, health, community and leisure, each local area should have specific early help services which may include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Some services may be delivered to parents/carers but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

Where a child and family would benefit from coordinated support from more than one agency (eg education, health, housing, police) there should be an inter-agency assessment. This should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

Statutory Assessments under the Children Act 1989

Child in Need

A 'child in need' is defined as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under **section 17** of the Children Act 1989. When assessing children's needs and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

Child Protection

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under **section 47** of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action

to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

Information sharing

Early sharing of information is key to providing effective early help where there are emerging problems and can be essential to put in place effective child protection services. Serious Case Reviews have shown how poor information sharing has contributed to deaths or serious injuries of children.

Working together to safeguard children 2015

All Markfield staff, volunteers and people on placement must:

- Not assume that someone else will pass on information that you think is important to keeping a child safe
- Understand and follow Markfield's Safeguarding Procedures.

Safeguarding Adults at Risk

Definitions and Key Principles

What we mean by ‘adult’

An adult is a person who is 18 years old or over.

What we mean by ‘adult at risk of abuse or neglect’

Markfield’s safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Within this policy such adults are referred to as ‘adults at risk’.

Where someone is aged 18 or over but is still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

What we mean by ‘safeguarding’

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The aims of adult safeguarding are to:

1. Stop abuse or neglect wherever possible
2. Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
3. Safeguard adults in a way that supports them in making choices and having control about how they want to live
4. Promote an approach that concentrates on improving life for the adults concerned
5. Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
6. Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
7. Address what has caused the abuse or neglect.

Six key principles underpin all safeguarding work

Empowerment – People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse. *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

Accountability – Accountability and transparency in delivering safeguarding. *“I understand the role of everyone involved in my life and so do they.”*

Care and Support Statutory Guidance 2014

Types of abuse

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

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

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

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

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

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

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

Peer-to-peer abuse (adults)

Staff should also be vigilant to spot 'peer to peer' abuse among the adults using Markfield's services. This is any form of physical, sexual, emotional, financial and/ or coercive control that is exercised between service users. It can include intimate and non-intimate relationships.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Everyone is responsible for safeguarding vulnerable adults.

All staff working with adults at risk must:

- Know about different types of abuse and neglect and their signs
- Support adults to keep safe
- Know who to tell about suspected abuse or neglect
- Support adults to think and weigh up the risks and benefits of different options when exercising choice and control.

Information sharing

Early sharing of information is the key to providing an effective response where there are emerging concerns.

No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed.

Care and Support Statutory Guidance 2014

Markfield's Safeguarding Procedures

This section of the policy sets out the procedures that all Markfield workers and volunteers must follow to ensure the safeguarding of children and adults at risk.

Our purpose is to enable disabled, Deaf and Autistic people to be themselves, take risks and live life to the full. We promote respect of disabled, Deaf and Autistic people and support their full participation in society. We aim to create an atmosphere that is friendly, caring and accepting. We expect all workers to support people sensitively, respect each person and value their opinions. Disabled people should be supported to have a voice, make choices and to be able to communicate these clearly. Our Code of Practice further outlines our expectations of workers when providing services.

Training and supervision

All workers have a time of induction before they start work. During this time they are required to read the Safeguarding of Children and Adults at Risk Policy and Procedures, and the Health and Safety Policy. They are also given a copy of the Code of Practice. All of these include important information about how to keep children and vulnerable adults safe. Their line manager is responsible for making sure that workers and volunteers understand the policies at the time of induction. Workers will be offered the opportunity to discuss the safeguarding policy and practice within their regular supervision and will be asked at each annual appraisal to state whether they still feel confident around this policy.

All contracted workers will have training in the safeguarding of children and adults at risk within their probation period. Training will include recognising signs and symptoms of abuse, and responsibilities for monitoring, reporting and recording concerns.

Workers who only work from time to time will have a basic induction in the safeguarding of children and adults at risk within their probationary period. Training will include recognising signs and symptoms of abuse, and responsibilities for monitoring, reporting and recording concerns.

All staff who work with children and vulnerable adults are required to refresh their formal safeguarding training at least every 3 years. There will be opportunities for face to face training offered to staff at least once a year.

If Markfield introduces a new policy or way of working about protection or safe caring, it will notify workers, volunteers and people on placement to inform them and make sure they understand the new information.

All workers and volunteers will be provided with regular supervision. This supervision and management support will be suited to the worker's level of responsibility for protecting children and adults at risk.

Markfield operates an "on-call" system. Workers and volunteers can use the on-call support of a manager outside of office hours for support and guidance on protection

issues. All workers and volunteers are given the on-call phone number and procedure within their induction.

Safeguarding will be included as a standard agenda item for Management meetings and staff meetings.

Recruitment

Protocol for recruitment:

- All recruitment publicity must include information about our safeguarding policy and procedures and the Disclosure and Barring Service checks (details below).
- All job or role descriptions must include safeguarding responsibilities.
- Person specifications for posts must include safeguarding criteria
- When assessing applicants we check that they have the essential qualifications and experience for the role.
- During the interview process we ask applicants questions about safeguarding practice.
- Applicants must show us ID to prove who they are.
- Two references are sought from people who can tell us in a letter, and over the phone, that the person is suitable for the job.

Safeguarding checks

- We carry out a Local Authority check for volunteers who will be working closely with families.
- For anyone who will have unsupervised contact with children or will have access to confidential information about children we will contact the Disclosure and Barring Service (DBS) for an enhanced DBS check. This will check for any criminal convictions, cautions and for any additional information held by local police that is reasonably considered relevant to working with children. It will also check whether someone is included in the DBS 'barred lists' of individuals who are unsuitable for working with children.
- Workers who will be working directly with children or vulnerable adults are not allowed to start their role until their DBS check is completed.
- Sometimes workers come for a short time from an agency or on placement. Markfield will always ask the people who place them here to tell us in writing that they have done a DBS check. If this is not possible, these workers will always be supervised and not left alone when they are working with children or adults at risk. These workers will not be allowed to see confidential or personal information about children and adults at risk

Staff conduct

All workers are expected to follow Markfield's Code of Practice and Health and Safety Policy. These include detailed guidance on safe caring and making sure a safe and suitable environment is provided for all service users.

All workers are expected to record and report incidents, and this helps make sure risks and concerns are responded to properly. Reports of incidents, accidents, complaints, grievances and disciplinary action are formally reviewed by the Director and Executive Committee every three months.

In cases of serious incidents at Markfield that require a significant coordinated response, staff must follow the 'Guide for staff for managing a crisis situation' (See Positive Behaviour Management Policy). This outlines the procedure for following up after an incident which states that session leaders follow up with the service manager and Safeguarding Officer after the incident. This should be done within 24 hours to ensure a full evaluation of the staff response is carried out and any necessary actions are identified.

Concerns about the welfare of a child that do not suggest immediate risk will be monitored carefully. Workers may be asked to fill out monitoring forms which will be reviewed by their manager and by the Safeguarding Officer (see appendix 2).

Workers should be vigilant to identify and where necessary respond to difficulties arising with the dynamics and relationships between service users, which could be an indicator of peer-to-peer abuse (see also Markfield's Anti-bullying policy).

Markfield workers should be aware that direct allegations and disclosures of abuse are rare. Some of the people we work with have limited verbal communication. Therefore everyone has to be extra careful to pick up on other things that might be signs of abuse.

Workers are expected to maintain careful boundaries in the way they relate to service users.

- Any sexual relationship or behaviour with a child under the age of 16 is illegal. Any actions which might encourage sexual behaviour with a child under the age of 16 is abusive and will be dealt with through disciplinary procedures as gross misconduct.
- Sexual relationships or behaviour with service users who are young people aged 16-19 or adults at risk will generally also be considered inappropriate and dealt with as gross misconduct.
- Markfield works with a wide range of service users. There will be occasions where relationships between workers or volunteers and service users are appropriate. Also, workers may already have a relationship with a service user before starting work at Markfield.

Workers **must** immediately inform their line manager about:

- Relationships they already have with a service user when they start work at Markfield
- Relationships with a service user that begin once they have started work at Markfield
- Where a service user appears to be developing an attraction towards a worker or volunteer, or where they are displaying inappropriate sexualised behaviour.

Failure to discuss these situations with your line manager will be dealt with through disciplinary procedures.

Safeguarding under Covid-19 restrictions

In response to the Covid-19 pandemic, Markfield has made changes to our Health and Safety procedures. Details of which can be found here:

[S:\shared\admin\Policy, Procedures, Reporting\Policies, procedures and guidelines\Health and Safety Policy\Covid-19\Covid Infection Interim Cleaning Protocol.docx](#).

Safeguarding when providing services online

Our safeguarding responsibility to service users and staff continue while services are being delivered remotely (eg. via telephone, Zoom and Teams) with the same criteria and thresholds of safeguarding being maintained. All sessions using Zoom or Teams must be password protected and run by staff who are known to our service users.

Consent must be sought from those attending online sessions on the use of personal data and attendees must be made aware in advance if a session is to be recorded. Children under 16 must have parent or carers consent.

Session leaders should consider the following when planning and risk assessing online sessions:

- The session leader should be supported, where possible by a co-host, so that any safeguarding as well as technical issues can be dealt with, without impacting the session too negatively. This will also provide a level of protection against unfounded allegations.
- It is important that participants are given guidelines for the session so that they know what to expect and are able to adapt appropriately.
- Guidelines should include advice on confidentiality and sharing of information.
- Practical issues such as the use of the chat facility and the sharing of personal information, how to ask questions etc.
- Decisions on the use of video on/ off option should be explored and agreed. Bearing in mind that without facial expression and body language communication can be particularly difficult for many. Although session leaders may also have to consider that others may feel uncomfortable about seeing themselves for so long on screen or that they may feel exposed by their homes on shown on screen. (Advice on use of backgrounds may be helpful)
- Reminding service users and trainees that what they do is visible and can be heard by everyone on the session.

- Session leaders also need to be aware that some people may feel more detached or disinhibited online and therefore may be more inclined to disclose abuse in these circumstances.
- In dealing with a disclosure, the session leader may need to make decisions on whether it is appropriate for the group. Or whether it is in the person best interest to discuss the issue more privately in a break out room. The co -host may then provide continuity within the group whilst the session leader deals with the safeguarding issue.
- The session leader should follow the same safeguarding procedures, taking notes if required.
- They should also consider the impact of the disclosure on others within the group and offer guidance as well as a reminder of confidentiality at the end of the session.

What to do if someone tells you they have been abused

Anyone who says they have been abused or harmed should be treated with respect and dignity.

The four Rs

R) Recognise what the person is telling you. Make sure they know you are taking it seriously and they have done the right thing in telling you.

R) Respond calmly and explain that you will need to tell someone else what they have said, eg. the session leader or a senior manager. Do not lead the conversation. Ask open questions e.g. 'What happened in the garden when you were playing?' This allows the person to speak in their own words. Do not ask closed questions e.g. 'Did X hit you or touch you?'. Do not appear shocked, horrified or disgusted. Do not make promises you cannot keep (for example do not promise to keep the matter secret).

R) Record check that you have understood them properly and write down what you have been told.

R) Refer to the session leader or a senior manager; tell someone immediately. Information will be passed to the Safeguarding Officer who will make a decision about whether a referral to social services is needed.

In some circumstances you may need to refer before you record.

Anyone can become aware that a child or adult at risk may be being abused or harmed. Anybody might see or hear something that worries them. A child or adult at risk might tell anyone they have been harmed or abused.

All workers have a **duty** to report any allegation of abuse, or any concern that a child or vulnerable adult may be being abused or harmed. **You must tell your line manager, or a duty manager as soon as possible.** Failure to report concerns or allegations may be treated as a disciplinary matter.

All concerns will be considered sensitively and straightaway. Markfield will monitor and record these concerns carefully.

The Director or Safeguarding Officer has responsibility for making sure that concerns or an allegation that suggests a child is being harmed or is at risk of harm will be referred as quickly as possible to social workers at the Children's Service.

It is not the responsibility of Markfield workers to decide whether or not abuse is happening, and Markfield will not carry out any investigation into a suspected incident of abuse. Investigations will be carried out by Social Workers at the Children's Service.

What to do if the allegation or concern is about another Markfield worker

It can be very difficult to report allegations or concerns about colleagues (this may include paid staff, volunteers, managers or trustees), but everyone has a **duty** to do this. If it is difficult to approach the line manager, or if the line manager is the person you think is abusing or harming someone, you must contact a more senior manager. If the concern is about the Director, you should contact the Chair of the Executive Committee. If the concern is about an Executive Committee member, please contact the Director, and they will ensure it is dealt with by different members of the Committee.

Allegations made against a worker, volunteer, or person on placement will be fully recorded, and referred to Local Authority Social Services for investigation in the same way as any other concern. The Local Authority **Lead on Allegations Designated Officer (LADO)** (also can be referred to as the 'Designated Officer') will always be contacted to seek advice and report incident when required.

The LADO for Haringey is: Shauna McAllister

LADO Duty: 020 8489 2968

LADO email: lado@haringey.gov.uk

Mobile: 07966 159 686

Direct email: shauna.mcallister@haringey.gov.uk

Concerns about a worker's conduct will be dealt with through Markfield's disciplinary procedures. Markfield acknowledges that workers or volunteers who are the subject of allegations will have support needs. Information about their rights to representation and support will be provided. The Director or Chair of the Executive Committee will do their best to ensure the investigation does not take more time than is necessary.

What to do if concerns are not dealt with properly

If a worker or volunteer passes on a concern or allegation to their line manager, but feels this has not been acted on properly, they must contact a more senior manager or Chair of the Executive Committee. In the unlikely event that there is not a senior manager or Chair of the Executive Committee available, and they feel the action being taken, or not taken, is putting a child or adult at **immediate risk of harm** they should inform police and also report their concerns to Haringey Social Services.

Confidentiality

Markfield recognises that families may ask for information to be kept confidential. When people first start using Markfield's services they should be made aware, and supported to understand, that this may not be possible if there are concerns that a child is being abused or harmed.

Workers with concerns about the welfare of a child or adult at risk, must not discuss these with other staff, parents, carers or other people involved with the person, until they have passed on the concerns and got advice and instructions from their line manager or duty manager.

The Safeguarding Officer is responsible for making sure written records of concerns about the protection of children and vulnerable adults are kept confidentially.

If Markfield is given information about a service user that may impact on the safety of workers or other users, senior managers may share this information with other workers, with the consent of the service user or person with parental responsibility. Workers are responsible for keeping this information confidential and not sharing the information outside of the Markfield team. Decisions to share information without the person's consent will only be taken by the Director, or in her absence the Safeguarding Officer where the risks to service users or workers outweigh an individual's right to confidentiality.

Markfield will assist Social Services and the police, as far as possible, during any investigation. This will include disclosing written and oral information, where this is necessary to ensure the welfare of children or vulnerable adults.

Sharing concerns with agencies who need to know, and involving parents and children appropriately.

Every effort will be made to work in partnership with parents and carers when dealing with concerns. Carers themselves may need support once they hear about the concerns. However, when dealing with concerns, the safety, protection and interests of children and vulnerable adults will come first at all times.

When there is a concern about a child or adult at risk, we will try wherever possible to talk to parents/carers (or the adult themselves) before making a referral to Social Services. However, we will not do this if there is reasonable evidence that doing so may put the person at further risk, or if it will delay action too much. In any situation where this is unclear the Safeguarding Officer or the Director will seek the advice from a Local Authority Child Protection Advisor or Adults Safeguarding Advisor. Appendix 1 outlines the referral process and guidance for the Safeguarding Officer or Director for making a referral.

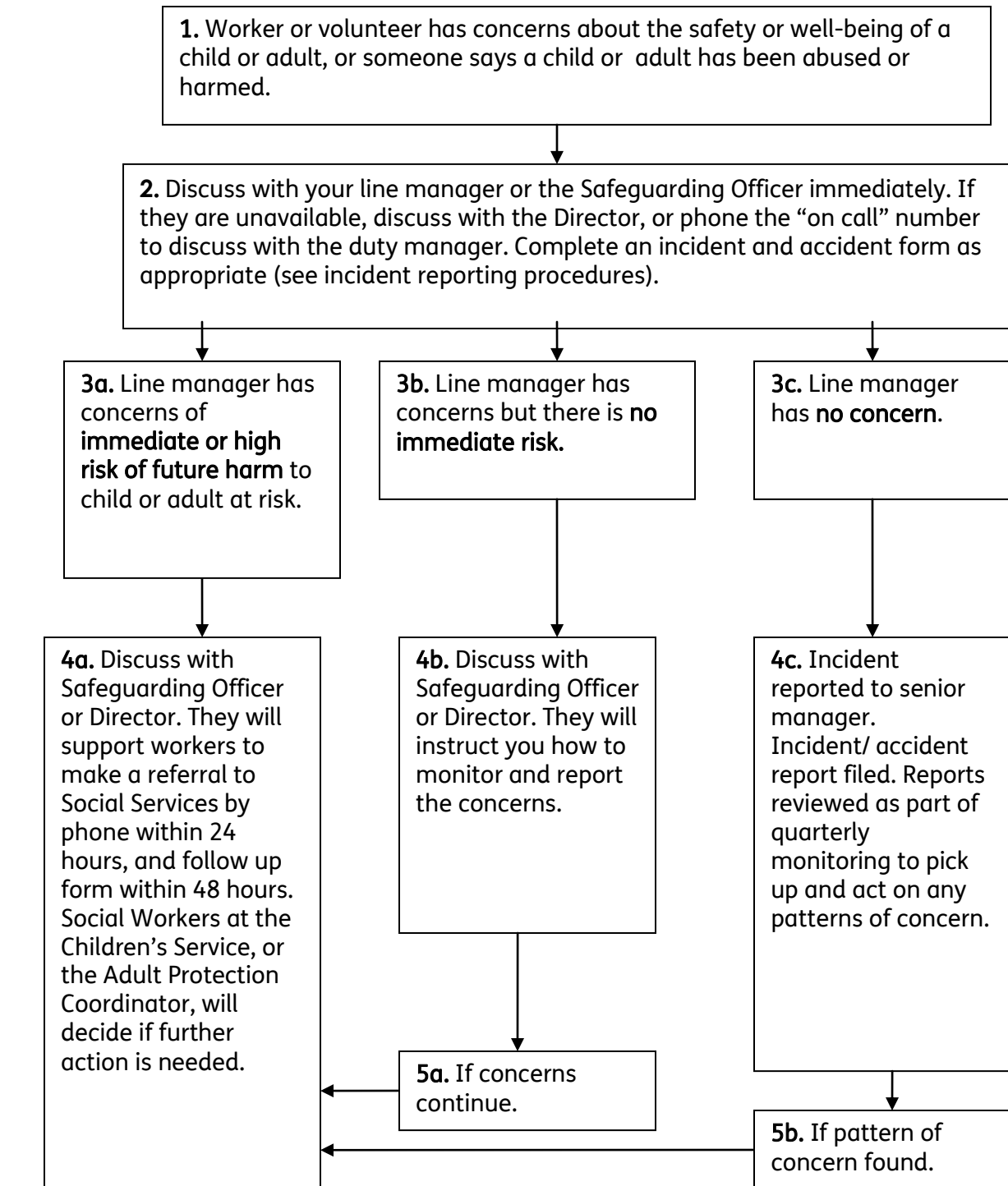
Markfield's role beyond referral

Markfield workers may be:

- interviewed in relation to investigations
- asked to attend case conferences or review meetings held by Social Services
- asked to support adults at risk or children during the process of investigations
- be involved in putting protection plans in place with service users.

If workers have to do any of these things, they will be offered guidance and support on their role from a manager.

Reminder: What to do if you are worried a child or adult at risk is being abused



Appendix 1

Guidance notes for the Safeguarding Officer or Director

Consent to referrals

If the concern is about an adult at risk who is clearly able to make choices, their wishes about what action to take, and whether to involve their parents/carers, should be respected, unless there is a statutory duty to intervene. For example:

- If an adult is at risk of significant harm.
- If the information shared with you could compromise a police investigation (if they told you they or anyone else was involved in a criminal act).

If the concern relates to a child, the view of the child on making a referral should also be sought, if they are able to understand the significance and consequences of making a referral and are able to make an informed choice about the options. This does not prevent adults making decisions which aim to ensure a child's safety, even if they do not match the child's wishes.

It is good practice to discuss concerns with parents/carers before making a referral to Social Services about a child, or adult who is unable to make their own choices about action to be taken. However, this should not be done if there is reason to believe that it will put the person at significant risk: because of potential for further abuse; because of delayed action; because the person may be pressured or manipulated; or where there is suspicion of organised abuse.

Once the need for referral has been discussed with the parent/carers it may be that they wish to make contact with Social Workers at the Children's Service, or Adult Safeguarding Team themselves. If they would prefer this, Markfield should agree a timescale with them and follow up this agreement by contacting Social Workers themselves after this time. The parent/carer should be told that this will happen.

Seeking advice and guidance on referrals

When a concern is raised, if there is any ambiguity about whether the child or vulnerable adult is at risk, or about whether a referral should be made, advice and guidance should be sought from:

NSPCC helpline: 0808 800 5000

Haringey Safeguarding Adults Referral and Advice Line: Tel: 020 8489 1400 / 020 8489 0000 (out of hours)

The referral process

Where there is concern of immediate risk, or risk of future harm, phone referral should be made within 24 hours of the concern being raised. The person making the referral should take the name and e-mail address of the duty officer they speak to when making a referral.

Phone referrals should be followed up within 48 hours by a referral form. The forms are saved on the shared drive in admin/policies and procedures/ safeguarding/referral forms. All referral forms must be checked and signed off by Director, or Safeguarding Officer. A copy of the referral will be kept on the child or vulnerable adult's file.

Child referrals will be made in office hours to the Duty desk at:

Disabled Children's Team (if child is known to them)
Alexandra House, Station Road, Wood Green, N22 7SG
Tel: 020 8489 3671 or 3672

Multi-agency Safeguarding Hub

- 020 8489 4470 - during office hours (Monday to Thursday 8.45am to 5pm; Friday 8.45am to 4.45pm)
- 020 8489 0000 out of office hours (including weekends)

Email: mashreferral@haringey.gcsx.gov.uk

or to **The Emergency Duty Team**: (out of office hours, at weekends and bank holidays):
Tel: 020 8489 0000

Vulnerable adult referrals will be made to:

Safeguarding Adults Referral and Advice Line: Tel: 020 8489 1400/ 020 8489 0000 (out of hours)

Email: firstresponseteam@haringey.gov.uk

If there is an allegation against staff a referral will be made to the **Local Authority Designated Officer (LADO)** for Haringey: 020 8489 2968/1186 or email LADO@haringey.gov.uk

If there is evidence that a criminal offence has been committed, the police should be informed: **In an emergency, call 999**

Otherwise, call:

For domestic violence:

Hearthstone (Haringey Domestic Violence Advice and Support Centre)
020 8888 5362

For hate crime:

Anti-Social Behaviour Action Team (ASBAT): 020 8489 1335

Haringey Child Abuse Investigation Team (Met Police):
020 8345 2246

There is the additional route of making Child protection referrals through the NSPCC; decision to be made by a Director or safeguarding officer only.

Child protection helpline: 0808 800 5000

The Director is responsible for informing the Chair of the Executive Committee, Ofsted and LBH Children's Service and/or Haringey's Adult Protection Officer of any allegations of abuse against a member of staff, volunteer or person on placement, or any abuse

that is alleged to have taken place on the premises or during a visit or outing arranged by Markfield. This must be done at the same time that the referral form is sent to Social Services.

Response from Social Workers at Haringey Children's Service or Haringey Adults Safeguarding Team

- An acknowledgement from Social Services of referral and feedback on whether action was taken should be received within 3 working days. If this does not happen, the Director or Safeguarding Officer should ensure that Social Workers are contacted for information.
- If Markfield believes that a concern has not been followed up adequately by the Children's Service or Haringey Adults Safeguarding Team the Director must notify the Chair of the Executive Committee and discuss the concern with the senior manager at the Haringey Children's Service, or Adults Safeguarding team.

Monitoring referrals

- A referral checklist must be completed for each referral (Appendix 3). The Director must store these confidentially and she or the Safeguarding Officer is responsible for monitoring these quarterly.
- The Director should present statistical information about the number of referrals, on a quarterly basis to the Executive Committee, and as requested to Haringey Social Services.

Appendix 2

Markfield Safeguarding of children and adults at risk monitoring form	
Name of person:	Name of Worker:
Date am/ pm	Planned Activities (trip, painting, drama etc.)
Type of transport:	
Arrival / Departure On arrival, note their appearance, mood, behaviour, willingness to join in, appropriate clothes, lunch etc. Note their reaction to departure, willingness to leave, mood, behaviour when reminded the session will be ending	
Please describe how this person interacted with support workers:	Please describe how this person interacted with other service users:
Please tell us about things this person talked about, and the language they used eg. Appropriate/ inappropriate:	Please tell us about the way they took part in activities, eg what kind of activities, whether they seemed to enjoy them etc
Please describe any behaviour that was a concern including challenging behaviour, or unusual behaviours. Also describe any positives like avoiding conflict, standing up for self.	

If you ate lunch together, please record if they ate their food, how much encouragement they needed, their mood over lunch etc:

Please describe any hygiene or toileting issues:

Please describe any physical injuries and whether these are explained or not:

You must discuss this with your line manager or duty manager

Please describe in detail any sexualised behaviour or language, writing the exact words used:

You must discuss this with your line manager or duty manager.

This form may be used to collect information that can be fed back to carers or other professionals. Please use it to record positive information as well as negative. We sometimes use it to tell people about improvements in the person's well-being, as well as using it to pass on concerns about their well-being. Please discuss this information and any concerns with your line manager or duty manager. Do not share concerns with the wider staff team.

Appendix 3

Checklist for referrals of concern about the welfare of a child or adult at risk

This checklist is used to monitor referrals of concern. It must be completed, separated from the referral form, and given to the Director.

1. Database ID number of person referred:
2. Date of phone referral to Social Services:
3. Referral made by:
4. Date referral form sent to Social Services:
5. Copy of referral form filed on child's or adult's file: Yes/ No

Where this referral refers to any serious matter or event which is likely to affect the welfare of any child or adult on Markfield premises, or where it involves an allegation of harm or abuse by Markfield staff or volunteers:

6. For children, has notification of the event been sent to OFSTED ? Yes/No

For adults, has notification of the event been sent to LB Haringey Adult Safeguarding Officer? Yes/No

Appendix 4:

Markfield Incidents & Concerns Reporting Form

This form should be completed:

- for any accident that results in an injury (if the injury needs any kind of first aid, you also need to record it in the accident book)
- when there is a concern about a service user's welfare or health
- when you think a service user may have been distressed
- when you have a concern about the behaviour of a staff member
- when you have a concern about the behaviour of a member of the public, or worker from another organisation, when this could impact on Markfield
- when you have a concern that Markfield's building, property, or records could be at risk of damage or loss

Incidents must be reported to one of Markfield's core staff team within two hours of the incident. Telephone the on call number: 07919 812 011 if out of office hours. This form must be handed in within one week to a manager.

Name of staff member filling in this form			
Date the incident took place:		Time of incident:	
Name of club/session:			
Where did the incident happen?			
Full names of <u>service users</u> involved:			
Full names of any other people involved:			
Describe what happened (please state facts rather than opinion)			
Please complete the rest of the form overleaf as well. Add an extra sheet if you need more space.			

Describe what happened (continued)			
Were there any possible reasons for the incident, do you think? (eg. were there any obvious triggers? Was there anything that was happening before which might have led to the incident?)			
Is there anything you think could be done differently to avoid this happening again?			
Date you reported the incident:		Name of core member of staff you told:	
Your signature:			
Date form completed:			
Follow up action taken by session leader:		Parent/carer informed? (circle Y or N) Y / N	
		Accident form completed Y / N	

To be completed by manager			
Form received by: (signature of manager)		Date:	
Any further follow up action taken by manager:			
Logged on incident tracking system on system (tick box when done): <input type="checkbox"/>			
Categorised as: bullying incident? <input type="checkbox"/> racist incident? <input type="checkbox"/> LGBT+ bullying incident? <input type="checkbox"/>			

Appendix 5:

Template for managers (or session leaders under the guidance of a manager) to use when sending confidential emails to social care.

This is only to be used with children who have an allocated social worker, either to alert them about a recent incident, give updates or share concerns.

This can be copied and pasted into your email remembering to put confidential in the title and password protect it as guided in our 'Confidentiality and data protection policy' and ensure the Safeguarding Officer is copied into the email :

Name of child:

DOB:

Name of parent/Carer:

Address:

Incident/update

(Make sure this is written factually and inline with our incident writing procedure, including all dates and times)

Reported by: (whoever alerted you to the incident/update/concern):

(End with your name and contact details)

Appendix 6:

Template guide for managers or session leaders under the guidance of their manager, for writing a report for a child protection conference.



Report for Initial CP conference
(Put in date of the conference)

Children's names and dates of birth:

Family address:

Details of parents/carers:

About Markfield

Markfield is an inclusive community hub where people can play, socialise and get information & support. Our purpose is to enable disabled, Deaf and Autistic people to be themselves, take risks and live life to the full. We are a registered Charity and Limited Company and have been operating since 1979 (formally incorporated in 1983). We provide a huge range of services which give people access to ordinary and fulfilling life experiences, promote respect of disabled, Deaf and Autistic people and support their full participation in society. We meet the needs of people with widely differing ages, interests and dreams. We focus on the whole family and promote local community inclusion, to build and strengthen relationships and break down isolation and discrimination. **Summary of our involvement with the family**

(Write a summary here including the date they first started using services)

We have supported the family with the following services:

List all the Markfield services the family have used including start dates, how service supported the family eg. *4/10/2010 advice session- Filled in Disability living allowance (DLA) form, 12/2/2011 afterschool club - Attends weekly short break session in term time.*

Social service involvement

(List any known history and check CP monitoring to cross reference- seek advice from CP officer if required for this part).

Current family and home situation

For example ...It is our understanding that the mother (name) and the 3 boys live together at (give address). That the father (name) lives at another address (we have no details about his address) and that the parents have been separated.

Other services working with this child or young person

Bullet point any services we are aware of with names and contact details- check database and paper file

Development of children

Place a summary on each child under each sub heading. If we have no information or knowledge in this area then say *'Our service has no relevant information in this area'*

- General health
- Physical development & Speech, language and communication
- Emotional, social and behaviour development
- Identity, self-esteem, self-image and social presentation
- Self-care skills and independence
- Family and social relationships
- Learning

Parents and carers

Place a summary on each child under each sub heading. If we have no information or knowledge in this area then say *'Our service has no relevant information in this area'*

- Basic care, ensuring safety and protection

- Emotional warmth and stability
- Guidance, boundaries and stimulation

Recommendations

Bullet point any specific actions you feel need to happen e.g. (name) would benefit from the consistency of attending the afterschool club and our holiday playscheme to ensure children are seen and carers have some respite.

Strengths of the family

e.g in all interactions with the carers in this family we have observed a strong commitment to work with services in the best interest of their children.

Current risks

e.g *Mother's health has been poor leading to the children missing several sessions.*

Written by: (add staff member's name, date)

Safeguarding lead officer:

Get safeguarding lead officer's signature on final copy

Markfield, Markfield Road, London N15 4RB

Phone No: 020 8800 4134