



Groundwork Sheffield

Safeguarding Children and Young People Policy

GWS 001

Approved by the Board of Trustees July 2014

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Policy name:	Safeguarding Children & Young People Policy	Policy number:	GWS-001
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1. Policy

- 1.1 All children whatever their age, culture, disability, gender, racial origin, language and/or religious beliefs have the right to protection from abuse.
- 1.2 All allegations and suspicions of abuse will be taken seriously and responded to swiftly and appropriately. They will not be ignored.
- 1.3 The purpose of this policy is to provide an environment which is free from any form of abuse, neglect, exploitation, harassment or discrimination; and to work pro-actively with staff, clients and other agencies to protect children from abuse.
- 1.4 The aim of this policy is also to ensure that members of staff are aware of their roles and responsibilities.
- 1.5 Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting the child's welfare.
- 1.6 Some of the worst failures of the system have occurred when professionals have lost sight of the needs of the child, and concentrated instead on their relationship with the adults. The child's voice should be heard and account taken of their perspective, their wishes and their feelings.

2.0 Safeguarding Officers

The designated Groundwork Sheffield Safeguarding Officer (SO) is: Lynnne Sheehan – 079 88616265

The designated Groundwork Sheffield Deputy Safeguarding Officer (DSO) is: Becky Mower – 078 52317430

3.0 Guidelines

- 3.1 Safeguarding Children refers to all people who have not reached their 18th birthday. This is defined according to the Children Acts 1989 and 2004. Because a young person is older than 16 years it does not change their status or entitlement to services or protection under the Children Act 1989. The term 'children' will be used throughout the procedures to apply to children and young people below the age of eighteen.

Below are definitions of abuse

- 3.2 Abuse may be described as **physical, sexual, emotional**, and/or **neglect**. Other activities can also be harmful to children such as bullying and grooming. It causes harm to a child either temporarily or over a period of time.

Physical Abuse

- 3.3 This is when someone physically hurts or harms a child, for example – hitting, shaking, poisoning, biting or burning.

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Sexual Abuse

- 3.4 Forcing or enticing a child to take part in sexual activities, whether or not the child is aware of it. It may involve physical contact including penetrative acts such as rape but can also include non physical activities such as involving children in looking at pornographic material or enticing children to act in a sexually inappropriate way.

Emotional Abuse

- 3.5 This occurs when a child's basic needs are not met, for example – needs for love, security and recognition are left unmet. Emotional abuse includes depriving children of love, affection or attention, bullying, rejecting, frightening and racially abusing or even using a child as a scapegoat.

Neglect

- 3.6 This is persistent failure to meet a child's physical and/or psychological needs. It may involve a parent or carer failing to provide adequate food, shelter and clothing, leaving a child alone in situations where they are not safe and failure to ensure a child gets adequate medical care or treatment.

Significant Harm

- 3.7 Harm is defined in the Children Act 1989 as: Ill treatment (including sexual abuse and physical abuse); impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural) as compared to a similar child; the impairment of a child's health or development as a result of witnessing the ill treatment of another person (Adoption and Children Act 2002).
- 3.8 The assessment of the level of significant harm is the threshold that determines that compulsory intervention is in the best interest of a child.

Definition of Safeguarding Children

- 3.9 "The process of protecting children from abuse or neglect, preventing impairment of their health, and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully" – Working Together to Safeguard Children 2006.

4.0 Procedure

- 4.1 The Local Safeguarding Children Boards (LSCB) in England have developed procedures for local use in line with the guidance Working Together to Safeguard Children 2006 issued by HM Government.
- 4.2 In addition, all schemes will ensure that they have local guidelines to follow when children and young people are visiting the scheme either as friends, relatives or as part of community activities.

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- 4.3 **All** allegations or suspicions of abuse should be acted on immediately.
- 4.4 If a child discloses abuse, or another person talks to you about child abuse, make an immediate record on an Alert form (appendix 1) of what they have said, using their own words as much as possible or transfer the information onto an alert form as soon as possible after the disclosure this must be signed and dated. Do not pass judgement on the information they have given, but do reassure that this will be taken seriously.
- 4.5 The line manager and Safeguarding Officer must be informed **immediately** and no later than within 24 hours, and a copy of the Alert form must be given to them. The Safeguarding Officer, will then determine what action should be taken. In the absence of the Safeguarding Officer this can be discussed with the Safeguarding Deputy Officer or the Executive Director.

Suspected abuse/harm

- 4.6 After completion of the Alert form, next steps should be discussed with their Line Manager immediately. If the line manager is implicated, or is unavailable, the member of staff is to contact the Deputy Safeguarding Officer or the Safeguarding Officer. Depending on the circumstances of the individual case and severity of abuse/harm will determine what action should be taken, this may be a referral to the local safeguarding team, report to the Police, or completion of a CAF (please see section 6.5 and appendix 3 for more information on CAF) form if other agencies are involved and the family consent to this. If a staff member is concerned that a child is suffering, or likely to suffer, significant harm, a telephone referral must be made as soon as possible to the appropriate Safeguarding Children Team. Following the telephone referral, the worker should confirm their concerns in writing to the Safeguarding Children Team within 24 hours.
- 4.7 It is the role of the referrer to record any actions taken on the alert form. The case should be reviewed by the Line Manager and the Safeguarding Officer after 3 months to decide if the case needs to remain open or whether monitoring is sufficient.

Incident of actual abuse/harm

- 4.8 If the child needs urgent medical treatment arrange this without delay via the emergency ambulance service or on-call GP service. Call the police – on 999 if necessary – but always in cases of actual violence aggression or threats to cause immediate harm. If a Staff member needs to administer first Aid to a child, the staff member should, where possible, have another member of staff present during this time. Hospital treatment may also need to be sought as medical evidence may be required to proceed with an abuse case.
- 4.9 The Manager or member of staff on duty must establish the facts – this should be low level and discreet to establish whether the abuse could have taken place. The initial role should be to establish if it was possible if the abuse could have taken place, e.g. was staff member A accused, present, when child B said the abuse took place. This

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should be done as soon as the incident comes to the attention of the Line Manager.

- 4.10 After responding to any emergency situation, report **immediately** to the Safeguarding Officer.
- 4.11 The Safeguarding Officer will decide a course of action to take. This may include telephoning the Safeguarding Children department, and/or the police who will advise how to proceed.
- 4.12 Staff should safeguard any evidence supporting the allegation – it may be required later as part of a detailed investigation.
- 4.13 All relevant parties must be regularly updated and information passed on where necessary, about the incident.

Alleged Perpetrators

Children may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, neighbours, friends and associates, people who deliberately exploit children and strangers.

When the alleged perpetrator is a staff member:

- 4.14 Where allegations against staff arise they need to be dealt with quickly, fairly and consistently in order to provide effective protection and support for children and other colleagues who work with them. While the allegation is under investigation the staff member should continue to be supported for example by managers taking a non-judgemental approach and where appropriate by referral to counselling services, support from their union if applicable.
- 4.15 Where a member of staff is alleged to have abused a child, then it is important that any disciplinary investigation is coordinated with other safeguarding investigations under the multi-agency procedures. This disciplinary investigation is a separate investigation, but coordination and ongoing information sharing is essential. The following steps should be taken by managers upon receipt of an allegation or suspicion of abuse:
- Ensure the safety of the vulnerable child
 - Ensure that any evidence is preserved, such as work logs, whereabouts etc This may support/discount further proceedings
 - The Safeguarding Officer must make a referral to the Local Authorities Designated Officer (LADO) under the local authority's Working Together to Safeguard Children procedures.
 - Liaise with the Executive Director for guidance, should a referral to ISA (Independent Safeguarding Authority) need to be made.
- 4.16 It is important to stress to any member of staff undergoing investigation for allegations of abuse that suspension from duty **is not** an indication of guilt. This is intended to ensure that both the vulnerable child and alleged perpetrator are safe during the investigation and allow the investigation to be carried out.

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4.17 The staff member should not be interviewed until a strategy meeting has taken place.

5. Alleged Perpetrators – Anti-discriminatory Practice

5.1 Under the rights that protect alleged perpetrators, it is vital that the service operates in an anti discriminatory and transparent manner. This will ensure that all investigations and proceedings can be carried out appropriately and effectively & that all outcomes are equitable. All actions resulting from investigations must be consistent with:

- The Disability Discrimination Act 1995 (DDA)
- The Race Relations Act 1976 (Amended 2000) (RRA)
- The Human Rights Act 1998 (HRA)

5.2 This can include:

- Ensuring that documentation relating to all investigative matters are presented in a clear and accessible form for the alleged perpetrator to respond to (DDA & RRA).
- That there is no victimisation towards the alleged perpetrator (HRA).

5.3 Where it is established that there is an additional support need, this must be incorporated in the outcome planning in a timely & efficient manner.

5.4 Staff who are found to have acted in a discriminatory manner will be subject to the Groundwork Sheffield Disciplinary Procedures.

6 Multi-agency and Joint Working

6.1 The Children Act 2004 requires services involved in safeguarding to share information and concerns with one another as a way of preventing abuse.

6.2 This legislation introduced the Common Assessment Framework (CAF) which is available as a tool to ensure integrated practice takes place.

6.3 The CAF replaces many basic assessments by different agencies, so one form is used by all practitioners who work with children, thus stimulating multi-agency activity (see example of CAF form at appendix 3).

6.4 The lead practitioner who is responsible for the general well being of children where concerns are identified is usually the health visitor for children under school age, the child's school for children who attend school, and Connexions for 16/17 year olds, but this may vary from one local authority to the next and may be on occasion a Groundwork employee.

6.5 The aims of the CAF are to:

- provide a method of assessment to support earlier intervention
- improve joint working and communication between practitioners by helping to embed a common language of assessment, need and a more consistent view as to the appropriate response

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- inform decisions about whether further specialist assessment is necessary and if necessary provide information to contribute to it
- enable a picture of a child or young person's needs to be built up over time and, with appropriate consent, shared among professionals
- provide better, more evidence-based referrals to targeted and specialist services

6.6 A CAF is not required for every child but is required for children who need additional support to thrive; and for children where concerns are identified. It is not a substitute for taking urgent action where abuse is identified or suspected.

6.7 All agencies including Groundwork staff should contribute to the CAF in consultation with the 'lead practitioner' who is supporting the child or their family. It is the lead practitioner's responsibility to complete the CAF form. It can then be used as a point of reference by the local authority safeguarding team to identify issues of concern.

MAPPA and MARAC

6.8 There are statutory Multi-Agency Public Protection Arrangements (MAPPA) which apply specifically to services that accommodate offenders who could present a risk to children.

6.9 MAPPA is a term to describe the arrangements set-up locally to assess and manage offenders who pose a risk of serious harm. It is administered by the Police.

6.10 Staff and the Safeguarding Officer are expected to participate fully in the MAPPA processes including sharing of relevant information about individuals with MAPPA status with the Responsible Authority (i.e. the Police).

6.11 In situations where there is domestic abuse of a parent/carer which place children at risk, MARAC (Multi-Agency Risk Assessment Conference for Domestic Abuse) exists to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. A MARAC is convened by the local authority social services department. Managers are expected to contribute to the MARAC as appropriate.

Information Sharing

6.12 There is a statutory duty for professionals to share information, where there are concerns about the safety or wellbeing of a child or vulnerable adult. This will sometimes mean sharing information about the adults caring for that child without prior consent of that adult. Where possible good practice, is to work in partnership with parents/carers, and gain their consent to share information. However, in safeguarding children cases, the child's need for safety is paramount.

6.13 There is a shared responsibility of all the professionals involved in working with a family, or individual. In order to make effective use of the knowledge and experience of working with that individual or family this information should be shared where applicable to ensure the best standards of care for those involved.

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Safeguarding Adults

- 6.14 All staff working with children have a duty to consider the needs of the adult(s) who is caring for them, or living in the same household, particularly if it is considered that the adult is vulnerable
- 6.15 If a member of staff working with children has concerns that an adult is in need of services for his/ herself, that their capacity to provide adequate care to the child is affected by their vulnerability, or that the adult maybe suffering abuse or exploitation, then advice should be sought from your line manager in the first instance. Information on making a referral can be found in the Groundwork Sheffield Safeguarding Adults Policy.

7. Monitoring and Evaluation

- 7.1 Effective Internal Monitoring of Safeguarding Children shall be carried out by the Safeguarding Officer.
- 7.2 The aim of the following internal monitoring procedures are to assist Groundwork Sheffield to help identify trends including in which services children are most at risk, the types of abuse most prevalent, and to identify learning outcomes and changes to policies and procedures and local guidelines made by Groundwork Sheffield and its Projects in response to managing cases of actual or suspected abuse.
- 7.3 The following internal monitoring reports must be completed by the relevant Manager

Groundwork Sheffield Safeguarding Children Alert/Monitoring Form (Appendix 1)

- 7.4 For each case of suspected **or** actual abuse an internal Safeguarding Children Alert/Monitoring form must be completed. Once completed a copy of this form must be forwarded to:
- The Safeguarding Officer.
- 7.5 A record of the ALERT must be made on the Monitoring Log. One form per alert should be completed this will enable the relevant Line Manager to keep up to date notes on what is happening with the incident.

Quarterly Reporting Requirements (Appendix 2)

- 7.6 Relevant Line Managers must complete a Quarterly Safeguarding Report detailing cases of actual or suspected abuse at their projects each quarter.
- 7.7 These reports shall include a quarterly update on any ongoing cases of abuse.
- 7.8 In addition the quarterly report shall summarise new cases of child abuse occurring during the quarter in question (see table 2 of Appendix 2). These quarterly reports are due to be completed by the fifth working day in January, April, July and October of each year and submitted to;

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- The Safeguarding Officer

Annual Review

- 7.9 An annual review of these procedures will be conducted by the Safeguarding Officer to evaluate the impact in terms of success in the prevention of abuse. The evaluation will consider all learning outcomes.
- 7.10 Due to the sensitive nature of safeguarding, feedback from customers about their experiences of safeguarding situations will not be solicited by Groundwork Sheffield in the same way that it is for other working practices, however staff are expected to record any relevant customer comments and feedback these back to their line manager who will record these on the Safeguarding Children Monitoring Log to enable learning outcomes to be identified and acted on.
- 7.11 Groundwork Sheffield will endeavour to obtain feedback from partner agencies on the effectiveness of our role within safeguarding procedures, and all learning outcomes will be shared internally and externally with partners and agencies.

8. Training

- 8.1 An induction programme shall be provided to all new members of staff within Groundwork Sheffield.
- 8.2 All front line staff will receive basic awareness training in Safeguarding Children through e learning.
- 8.3 All training and project staff will receive training in the Common Assessment Framework.

9. Standards & Legislation

- Human Rights Act 1998
- The Children's Act 1989
- The Children's Act 2004
- Adoption and Children Act 2002
- Working Together to Safeguard Children 2006
- Every Child Matters
- Sexual Offences Act 2003
- Data Protection Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Independent Safeguarding Authority Vetting and Barring Scheme

Groundwork Sheffield Policy and Procedures

- Code of Conduct
- CRB checking Policy and Procedure
- Equal Opportunities Policy
- Safeguarding Vulnerable Adults Policy

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- Alcohol and Drugs Policy
- Disciplinary Policy and Procedure

10. Disciplinary Action

- 10.1 Please refer to Groundwork Sheffield Disciplinary Procedure.
- 10.2 Disciplinary Action should not be used as an alternative to the Safeguarding Adults Procedures.

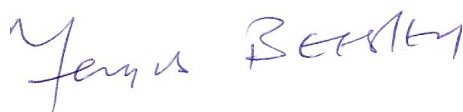
11. Appendices

Appendix 1	Safeguarding Children Alert/Monitoring Form
Appendix 2	Safeguarding Monitoring Log
Appendix 3	Example of a Common Assessment Framework
Appendix 4	Contact details for Local Safeguarding departments, Social Care Area Offices and Local Authority Designated Officers
Appendix 5	Staff awareness sheet
Appendix 6	Safeguarding children procedure flow chart
Appendix 7	Glossary of Terms



Signed:

(Chair)

Date: 30th July 2014


Signed:

(Executive Director)

Date: 30th July 2014

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SAFEGUARDING CHILDREN ALERT & MONITORING FORM**Appendix 1**

All incidents or suspicions of safeguarding should be reported immediately to a manager.

PART 1- TO BE COMPLETED BY ALERTER (e.g. Key worker)**Your Details**

Name.....
 Name of Project.....
 Address.....

 Job title.....
 E-mail.....
 Phone.....

Details of parent/carer

Name

Details of the Child/ren

Name

Address.....

 Phone

Age or date of birth.....
 Ethnic origin.....
 Vulnerability – which category summarises their vulnerability?

Mental Health	MH	
Learning Disabilities	LD	
Refugees	RE	
Homelessness	HO	
Domestic Violence	DV	
Young People at Risk or Leaving Care	YP	
Substance Misuse	SM	
Physical or Sensory Disability	PSD	
Generic	GEN	
Other – please state		

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3. What type of abuse was reported? *(Please tick one or more as appropriate)*

Physical	<input type="checkbox"/>	Neglect	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	Emotional	<input type="checkbox"/>

4. Who was the alleged perpetrator?

Staff member	<input type="checkbox"/>	Client	<input type="checkbox"/>
Relative	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Member of the Community	<input type="checkbox"/>	

5. Please give details of the incident or disclosure. Try to be as factual as possible, using the alleged victims own words. Detail any action taken (including medical intervention, etc).

Date & time of incident:

Where did the incident occur?

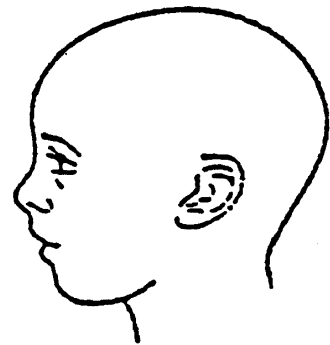
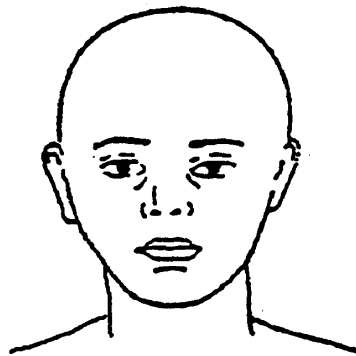
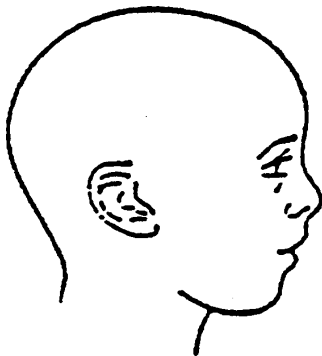
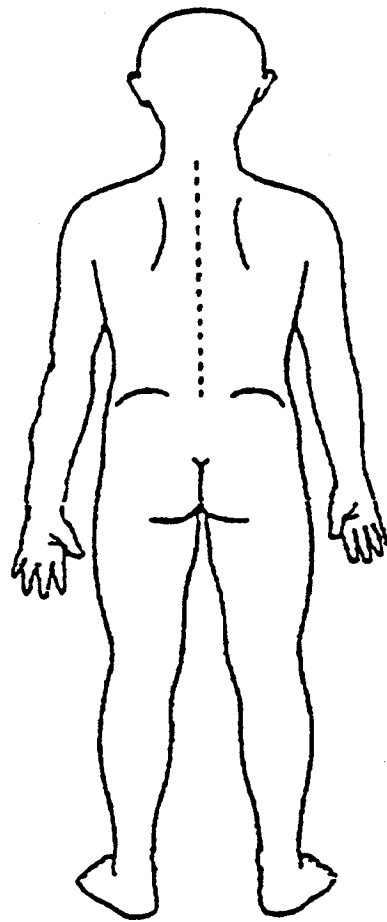
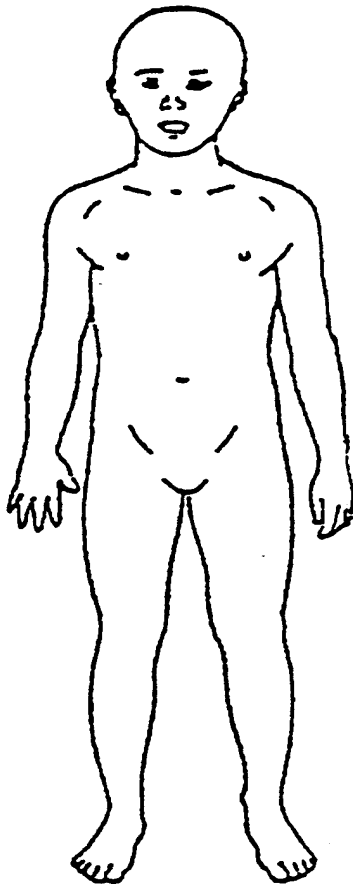
What happened?

What action has been taken?

Signed:		Date & time:	
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Groundwork Sheffield Safeguarding Children Body Map



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PART 2 TO BE COMPLETED BY THE RECEIVING MANAGER

6. This form was sent to:

Manager's Name

Project / Address.....

Position

Date.....

Time.....

Action Taken:

Referral made to Safeguarding Team: Y / N

Yes? Date: _____

If case was not referred to the Safeguarding Team why was this?

Investigated by Safeguarding Team

Y / N

Investigated by Other? please state.....

Signed:		Date & time:	
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PART 3: UPDATE & OUTCOME FORM

Open safeguarding cases should be reviewed and updated at least every month, if no new incidents/concerns or action being taken close after three months.

Date	Update

Date case closed: _____

Final Action/Outcome

Managed via project work	<input type="checkbox"/>	Disciplinary Investigation	<input type="checkbox"/>
Strategy Meeting/Discussion	<input type="checkbox"/>	Criminal Proceedings	<input type="checkbox"/>
Case Conference (e.g.MARAC)	<input type="checkbox"/>	Follow up inspection	<input type="checkbox"/>
Multi-Agency meeting (ie MARAC)	<input type="checkbox"/>	Resolved at Project Level	<input type="checkbox"/>

Other _____

Client comments:

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SAFEGUARDING CHILDREN MONITORING LOG

Appendix 2

This form is to be used as a monitoring record for all ALERTS and should be kept in the front of your Safeguarding Folder. This form does not remove the need to make REFERRALS to the Social Services Safeguarding Teams.

DATE		CLIENTS COMMENTS (ensure all comments are dated & initialled)
ALERT FORM RECEIVED	Y / N
TYPE OF SUSPECTED ABUSE	
WHO IS THE ALLEGED VICTIM	
WHO IS THE ALLEGED PERPETRATOR	
HAS A REFERRAL BEEN MADE	Y / N
WHAT ACTION HAS BEEN TAKEN	
ANY OTHER AGENCY INVOLVEMENT?	

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OUTCOME / RESOLUTION & DATE	
CLIENTS COMMENTS – Cont. Page (ensure all comments are dated & initialled)		
.....		

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Types of Abuse – Physical abuse, Sexual abuse, Emotional abuse and Neglect.

Alleged perpetrator - Staff / Relative / Community /Client / Other

Action taken - Ref to S.Children, Investigated by SC, MARAC/MAPPA, Safeguarding Plan, Disciplinary, Criminal, V&B Referral

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Appendix 3 – Example - Common Assessment Framework

These will vary from one local authority to the next but the general principles should be the same. Each Project Manager is responsible for ensuring they have the correct local authority version for the area in which they work. This example is from Sheffield.



Version 2 (Jan 2006)



Sheffield Common Assessment Framework (CAF)

Date this assessment started	Date completed
------------------------------	----------------

A. Details of baby, child or young person being assessed

(If unborn, state name as 'Unborn Baby' & mother's name, e.g. Unborn Baby Ann Smith)

Name	Current address		
	Postcode		
Other names they are known by	Previous address (if appropriate)		
	Postcode		
Date of birth (or EDD)	Previous address (use separate sheet for more previous addresses if needed)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Postcode	
Contact tel no(s)	Baby, child or young person's unique ref. no. (if known)		
Immigration status		Home office ref no.	
Ethnicity (see Appendix A)			
Preferred language		Religion	
Is an interpreter required?			

B. Details of all persons with Parental Responsibility

Name	Current address		
	Postcode		
Other names they are known by	Previous address (if appropriate)		
	Postcode		

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Contact tel no(s)	Previous address (use separate sheet for more previous addresses if needed)		
Date of birth	Postcode		
Relationship to baby, child or young person			
Immigration status		Home office ref no.	
Ethnicity (see Appendix A)			
Preferred language		Religion	
Is an interpreter required?			

Name	Current address		
	Postcode		
Other names they are known by	Previous address (if appropriate)		
	Postcode		
Contact tel no(s)	Previous address (use separate sheet for more previous addresses if needed)		
Date of birth	Postcode		
Relationship to baby, child or young person			
Immigration status		Home office ref no.	
Ethnicity (see Appendix A)			
Preferred language		Religion	
Is an interpreter required?			

C. Principal Carer(s) (if different from those with parental responsibility), siblings, household members and/or significant adults

Name	Date of birth	Relationship to child	Address (if different)

New regulations for private fostering require the Local Authority to be notified if a child is resident with a carer (other than a parent or close relative) for more than 28 days. Has this been done?

Yes No (send copy of the CAF to the Access & Assessment Service at Howden House)

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D. Details of person(s) undertaking assessment

Although the assessment may be done jointly, one practitioner needs to take overall responsibility for the CAF

Name	
Role	
Contact tel no(s)	Address
Agency	Postcode
<i>Details of all other persons present at the assessment (including baby, child, young person, family, friends)</i>	

E. Assessment Information

What has led to this baby, child or young person being assessed?

Have you seen the baby, child or young person during this assessment? (please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date	

F. Agency involvement with this baby, child or young person

School:	GP:
Name	Name
Address	Address
Tel no.	Tel no.
If the child does not have a school place, have you notified the Children Missing from Education Team?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (please notify at Howden House, tel 2736462 or via www.sheffieldsafetynet.gov.uk)	

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Other agencies / services involved with baby, child, young person or family (please tick right hand box if consulted during the assessment):			
Name	Role	Organisation & contact details:	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

G. CAF assessment

For full definitions go to: www.sheffieldsafetynet.gov.uk. Provide evidence to substantiate the baby, child or young persons strengths and needs. Work with them (as appropriate) and/or parent or carer, and take account of their views. Record any major differences of opinion.

If you need more space the boxes will expand as you type.

Development of baby child or young person

	Domain	Comments
H E A L T H	General health Conditions & impairments, access to & use of dentist, GP, optician, immunisations, developmental checks, hospital admissions, accidents, health advice & information.	
	Physical development Nourishment, activity, relaxation, vision & hearing, fine motor skills (drawing etc), gross motor skills (mobility, playing games & sport etc).	
	Speech, language & communication Preferred communication, language, conversation, expression, questioning; games, stories & songs; listening, responding, understanding.	

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<p>Emotional & social development</p> <p>Feeling special; early attachments; risking/actual self-harm; phobias, psychological difficulties; coping with stress; motivation, positive attitudes; confidence.</p>	
<p>Behavioural development</p> <p>Lifestyle, self-control, reckless activity; behaviour with peers, substance use; anti-social behaviour; appropriate sexual behaviour; offending; violence & aggression.</p>	
<p>Identity, self-esteem, self-image & social presentation</p> <p>Perceptions of self, knowledge of personal / family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality & disability.</p>	
<p>Family & social relationships</p> <p>Building stable relationships with family, peers & wider community; helping others, friendships; levels of association for negative relationships.</p>	
<p>Self-care skills & independence</p> <p>Becoming independent; boundaries, rules, asking for help, decision making; changes to body; washing, dressing, feeding; positive separation from family.</p>	

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L E A R N I N G	Understanding, reasoning & problem solving Organising, making connections; being creative, exploring, experimenting; imaginative play & interaction	
	Participation in learning, education & employment Access and engagement; attendance, participation; adult support; access to appropriate resources;	
	Progress & achievement in learning Progress in basic & key skills; available opportunities, support with disruption to education, level of adult interest	
	Aspirations Ambition, pupil's confidence & view of progress, motivation, perseverance	

Parents and Carers

Basic care, ensuring safety & protection Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe & healthy environment.	
Emotional warmth & stability Stable, affectionate, stimulating family environment; praise & encouragement; secure attachments; frequency of house, school, employment moves.	
Guidance, boundaries & stimulation Encouraging self-control; modelling positive behaviour; effective & appropriate discipline; avoiding over-protection; support for positive activities.	

Family and Environmental

Family history, functioning and well-being Illness, bereavement, violence, drug use, criminality, anti-social behaviour; culture, size & composition of household; absent parents, relationship breakdown; physical disability & mental health; abusive behaviour.	
Wider family Formal & informal support networks from extended family and others; wider caring & employment roles and responsibilities.	
Housing, unemployment and	

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financial considerations Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work & shifts; unemployment; income/benefits; effects of hardship.	
Social & community elements & resources, including education Day-care, places of worship, transport, shops, leisure facilities; crime, unemployment, anti-social behaviour, substance misuse in area; peer groups, social networks & relationships.	

H. Summary of assessment

Summarise the strengths and needs of the baby, child or young person

What action will you now take? (e.g. no further action, single agency response, multi-agency meeting):
First multi-agency meeting (if appropriate) Date Venue
Child, young person, parent or carers comments on the assessment and actions identified:

J. Consent for information storage and information sharing

Tick boxes as appropriate

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I understand the information that is recorded on this form, and that it will be stored and used to provide services for Me This baby, child or young person, for who I am the Parent Carer

I agree that this assessment may be shared with other services & agencies as appropriate:

All As specified below:

Agency

Service

I agree that the existence (not details) of this assessment can be logged on SafetyNET (the Sheffield IT child Index system)

Parent / carer / young persons signature	Print name:	Date:
--	-------------	-------

CAF author's signature	Print name	Date
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Manager's (as applicable) signature	Print name	Date
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Any additional information about renewed or altered consent

Date

K. Common Assessment Framework Referral Summary

Complete when the CAF is being used as a referral and copy this page if referring to more than one agency

Details of baby, child or young person being referred:

Name	Address
Date of Birth	

Contact issues (e.g. not through home address):

Service requested:

Agency:	Service:
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Reason for request:
<input type="checkbox"/> I enclose other assessments / documents as relevant information
<input type="checkbox"/> <i>Please contact me for discussion before the young person or family is contacted</i>

<input type="checkbox"/> I request a representative from your agency to attend a CAF Multi-Agency Meeting on:	
Date	Venue

Referral summary completed by:			
Name	Role		
Email address	Tel no.		
Mobile	Date		

Reply section:

To be completed by agency receiving referral. Return copy of whole page to referrer.

Contact name and role:	Tel no:
Action taken by the agency receiving referral:	
Has this action been discussed with the referrer yet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, how? (phone, meeting, letter, email, etc)	
Date:	
Manager's signature (if required):	Date:

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APPENDIX 4**LOCAL SAFEGUARDING CHILDREN'S TEAMS**

The contact details given below should be used by staff to seek advice, log concerns and make referrals.

Sheffield Safeguarding Children Service – 0114 2734934
 Child Protection Enquiry Team – 0114 2734925
 Local Authority Designated Officer (LADO)– 0114 2734850
 Safeguarding Children Advisory Service – 0114 2053535 / 0114 2053554
 Sheffield Safeguarding Children Board – 0114 2734450

Children and Young People's Services

Sheffield North Assessment Team – 0114 2039591
 Sheffield East Assessment Team – 0114 2037463
 Sheffield West Assessment Team – 0114 2734491
 Public Referrals / Enquiries – 0114 273 4855

South Yorkshire Police – 0114 2202020
 Sheffield Children's Hospital – 0114 2717000
 Child Assessment Unit – 0114 2267803

Rotherham

Rotherham Children's Access and Assessment Team – 01709 823987
 Rotherham Safeguarding Children's Board – 01709 382121
 LADO – Apna Haq – 01709 519212
 Rotherham Safeguarding Advisory Service – 01709 823914
 Rotherham Child Protection List – 01709 823914
 Rotherham Children's Social Care Out of Hours Team – 01709 336080
 South Yorkshire Police – Central Referral Unit (for child protection concerns) – 0114 2523280
 Rotherham General Hospital – 01709 820000

Barnsley

Barnsley Youth Offending Team – 01226 774986
 Barnsley Police (Child Abuse Investigation Unit) – 0114 2523280
 Barnsley Public Protection Unit – 01226 736341
 LADO – 01226 773892
 Barnsley Hospital (Children's Assessment Unit) – 01226 432664
 Children's Social Care – 01226 775656
 Barnsley Assessment Team West – 01226 772423
 Barnsley Assessment Team East – 01226 438 831
 Safeguarding Children Board Manager – 01226 775859

Doncaster**Doncaster Safeguarding Children Board**

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Safeguarding Support Officer (Deborah Gore) – 01302 734747
Doncaster Safeguarding Department - 01302 737 780
LADO referrals now go directly to CMARAS – 01302 737748
Doncaster Duty and Assessment Team – 01302 737 777
Out of hours – 01302 796 000

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Appendix 5**Staff Awareness Sheet****Safeguarding Children from Abuse****What is meant by Safeguarding Children?**

The Government has defined the term 'safeguarding children' as: 'The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.'

What is abuse?

Abuse may be described as **physical, sexual, emotional, and/or neglect**. Other activities can also be harmful to children such as bullying and grooming. It causes harm to a child either temporarily or over a period of time.

1. Physical Abuse

This is when someone physically hurts or harms a child, for example – hitting, shaking, poisoning, biting or burning.

2. Sexual abuse

Forcing or enticing a child to take part in sexual activities, whether or not the child is aware of it. This may involve physical contact but can also include activities such as a child being forced to look at pornographic material.

3. Emotional Abuse

Every child's needs love, security and recognition. Emotional abuse includes depriving children of love, affection or attention, bullying, rejecting, frightening and racially abusing or even using blaming a child for things they haven't done or have control over.

4. Neglect

This is a continuing failure to meet a child's needs. It may involve a parent or carer failing to provide adequate food, shelter and clothing, leaving a child alone in situations where they are not safe and failure to ensure a child gets adequate medical care or treatment.

Significant Harm

Harm is defined by the

- ill treatment, harm to health or development as compared to a similar child;

OR

- The harm caused to a child as a result of witnessing the ill treatment of another person

The assessment of the level of Significant harm is what decides that intervention is required in the best interest of a child or young person.

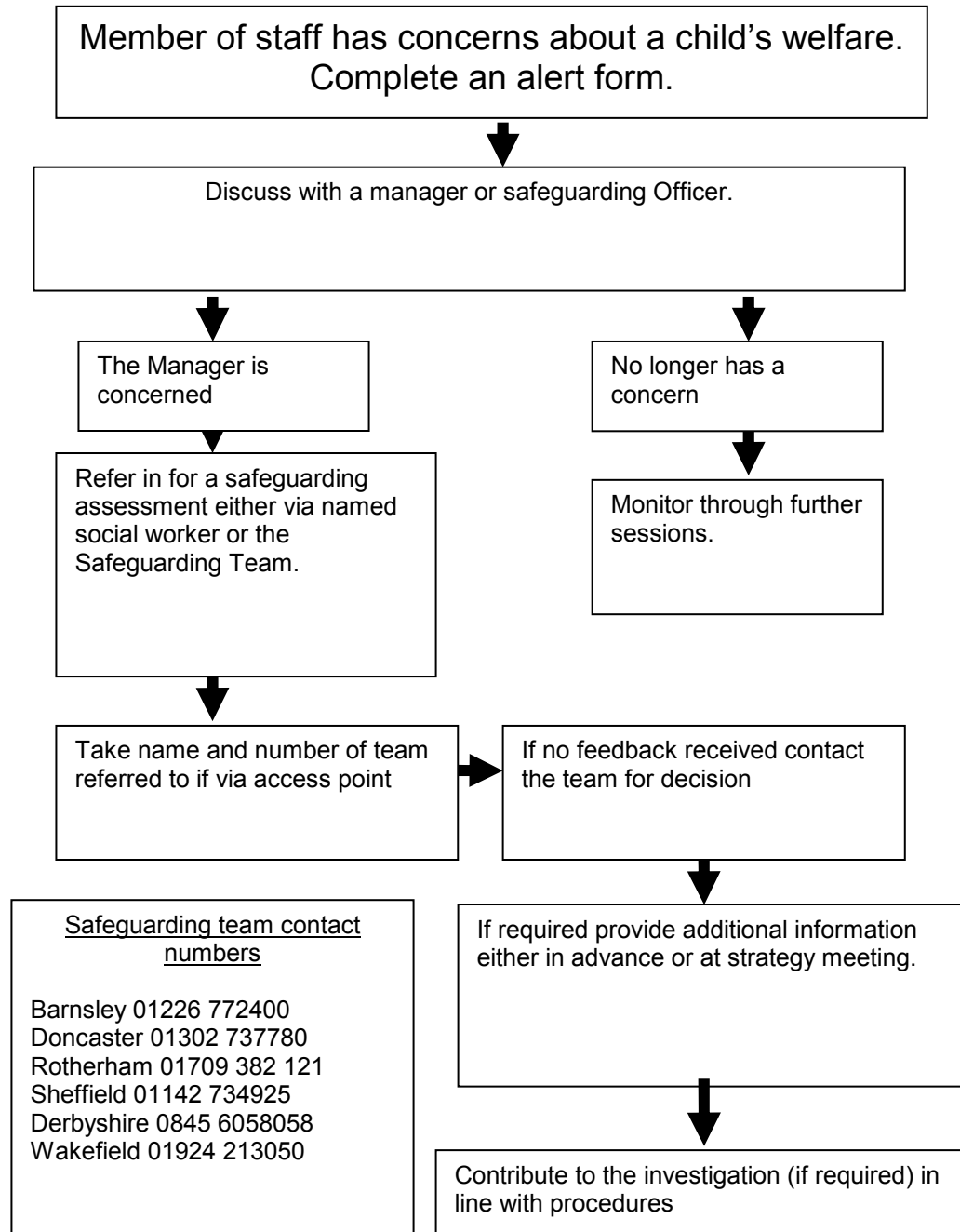
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Appendix 6

Safeguarding children procedure flow chart

What to do

If you are worried a child is being abused or is at risk of abuse



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Appendix 7**Glossary of terms**

- | | |
|----------|--|
| 1. CAF | Common Assessment Framework |
| 2. MAPPA | Multi-agency Public Protection Arrangements |
| 3. MARAC | Multi-Agency Risk Assessment Conference (Domestic abuse) |
| 4. LADO | Local Authority Designated Officer |
| 5. ISA | Independent Safeguarding Authority |

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