

What stops children telling?

Barriers to referral

- Being blamed
- Threats and fear
- Awareness of the implications
- Lack of communication and vocabulary
- Not recognising the experience as abuse
- Lack of trust
- Feeling responsible
- Lack of opportunity to be heard



Multi-agency Threshold Document 2017

Level 1: No additional needs Only requiring universal service support		
Features	Universal example indicators	Assessment process
<p>Children with no additional needs</p> <p>Children whose developmental needs are met by universal services</p>	<p>Developmental needs</p> <p>Learning and education</p> <ul style="list-style-type: none"> Achieving key stages Good attendance at school/college/training No barriers to learning Planned progression beyond statutory school age <p>Health</p> <ul style="list-style-type: none"> Good physical health with age appropriate developmental milestones including speech and language <p>Social, emotional, behavioural, identity</p> <ul style="list-style-type: none"> Good mental health and psychological wellbeing Good quality early attachments, confident in social situations Knowledgeable about the effects of crime and anti-social behaviour Knowledgeable about sex and relationships and consistent use of contraception if sexually active <p>Family and social relationships</p> <ul style="list-style-type: none"> Stable families where parents are able to meet the child's needs <p>Self-care and independence</p> <ul style="list-style-type: none"> Age appropriate independent living skills 	<p>No Early Help Assessment is required</p> <p>Children should access universal services in a normal way</p> <p>Key universal services that may provide support at this level:</p> <p>Education</p> <p>Children's centres and early years</p> <p>Health visiting service</p> <p>School nursing</p> <p>GP</p> <p>Play services</p> <p>Youth services</p> <p>Police</p> <p>Housing</p> <p>Voluntary and community sector</p>
	<p>Family and environmental factors</p> <p>Family history and wellbeing</p> <ul style="list-style-type: none"> Supportive family relationships <p>Housing, employment and finance</p> <ul style="list-style-type: none"> Child fully supported financially Good quality stable housing <p>Social and community resources</p> <ul style="list-style-type: none"> Good social and friendship networks exist Safe and secure environment Access to consistent and positive activities 	
	<p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> Parents able to provide care for child's needs <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> Parents provide secure and caring parenting <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> Parents provide appropriate guidance and boundaries to help child develop appropriate values 	

LSCB Safeguarding Children: A Shared Responsibility (Level 2)

Session 2

Aims

Session 2

- To consider the referral and assessment process when safeguarding concerns are identified
- Understand some CP issues:
 - Private fostering
 - County lines
 - Trafficking
 - Radicalisation

Child Protection

- If a child is at significant risk of harm and we feel a referral needs to be made
- With Jane, we felt she was at potential risk of significant harm.
- As a result,

Making a referral to Children's Services

Richmond.gov.uk My account

Services | The Council | My Village Search website

Services / Forms

Make a referral to the Single Point of Access for Children's Services

[Data protection](#) | [Child's details](#) | [Your details](#)

In what capacity are you raising this concern? *

As a professional

As a member of the public or family member/friend

Contact us

Online Contact form	Telephone 020 8891 1411 More contact numbers	Address Civic Centre, 44 York Street, Twickenham, TW1 3BZ View map
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Consider the child's immediate safety

Our duty to refer:

- All professional have a duty to refer cases where abuse is known to have occurred or is suspected
- No professional has the right or responsibility to withhold information or to respect a child/young person's wish for confidentiality
- [7 golden rules for information sharing](#) Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers March 2015

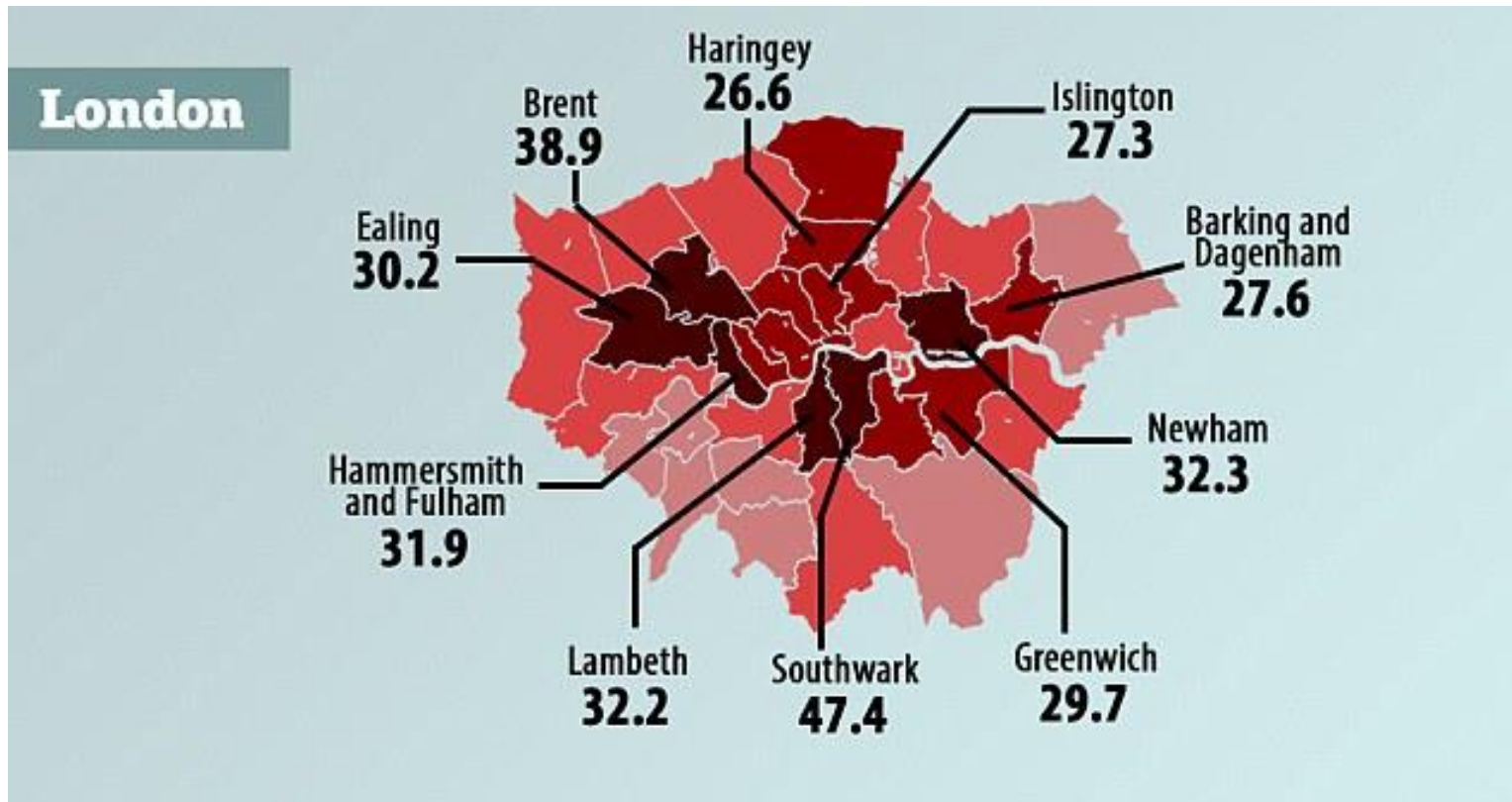
Making a referral to social care

- You can telephone Single Point of Access (SPA) first to discuss
- As professional you will always be required to complete an online referral form. The form can be accessed through the Richmond, Kingston or AFC websites, currently you will be directed to Richmond from all 3 you will need to complete the form and you can also upload additional documents. If you believe there is an imminent child protection emergency (section 47) , it is advisable to phone the SPA in advance so that the referral can be prioritised.
- You can also telephone the Single Point of Access (SPA) for a consultation or to discuss a referral you already have made. Please note that in all cases where there are safeguarding concerns an online form will need to be completed.

What happens next?

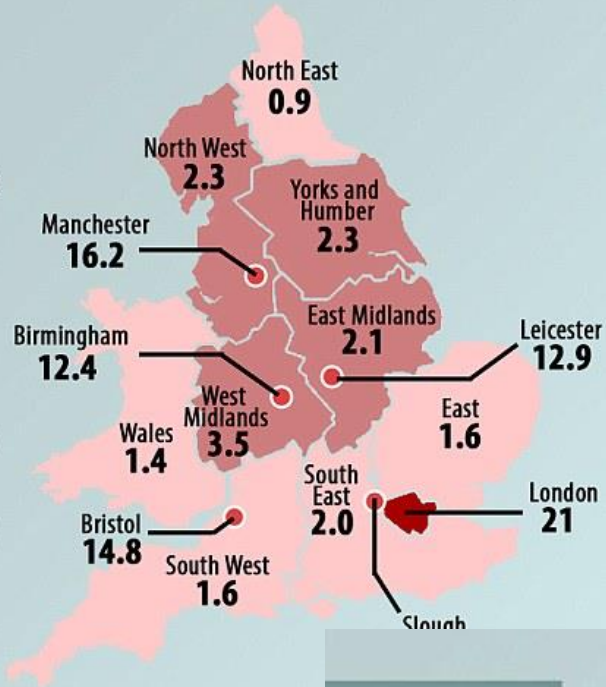
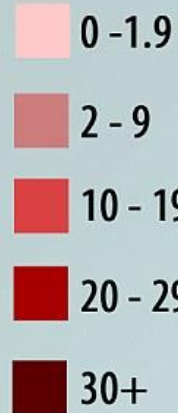
- Child referred to social care
- Referral accepted (1 working day to decide type of response & acknowledge receipt)
- Early help assessment
- Strategy discussion if child protection
- Single assessment
- Child protection conference
- Child protection plan
- Review

What is this a map of?



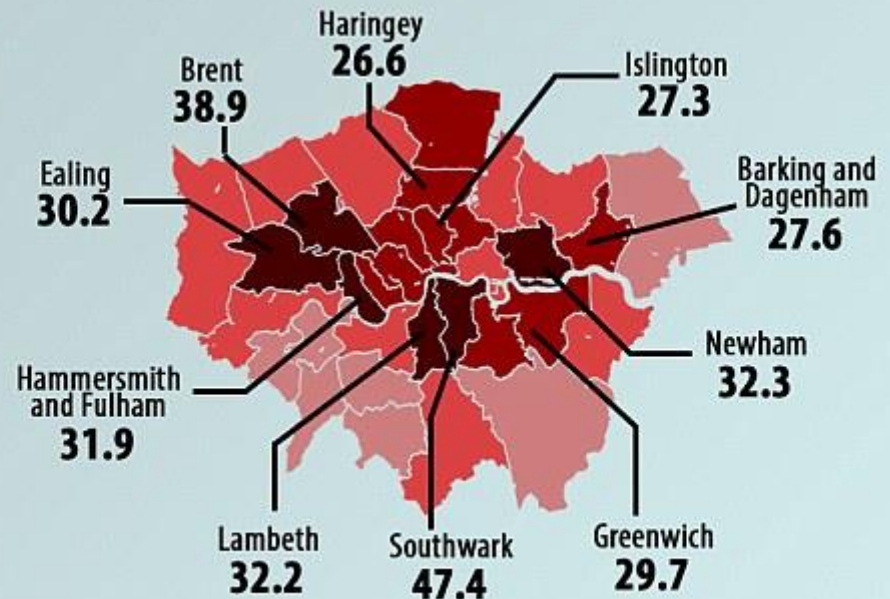
Female genital mutilation in England and Wales

Number of women with FGM per 1,000



- An estimated 137,000 women and girls are affected by FGM across country
- Highest rate was found in Southwark, London, where one in 20 are victims
- One in ten of their mothers also gone through same ordeal, report found
- Report said no local authority area is likely to be free from the practice

London



In more detail

- What is FGM?
- What might suggest a girl has undergone FGM?
- What might suggest a girl is at risk?
- In you groups 1 minute to think about this.

Table 1: FGM Risk Identification tool

Factors suggesting a girl has undergone FGM:	Factors suggesting a girl is at risk of FGM:
<p>Prolonged absence from school without a medical indication and on return to school:</p> <ol style="list-style-type: none"> 1. Has difficulty in walking, sitting or standing 2. Has noticeable behaviour changes 3. Requests to be excused from physical exercise lessons 	<p>From the “high risk” communities (see Appendix 3) and:</p> <ol style="list-style-type: none"> 1. Aged 0 - 14 years old 2. Withdrawn from Personal, Social, Health and Economic Education (PSHE) lesson by parents 3. Parent or female child states the girl will be taken out of the country for an extended holiday 4. Mother had FGM
<p>Confiding in a professional that FGM has taken place *</p>	<p>Confiding in a professional about an impending ‘special procedure’ or special holiday or ceremony *</p>
<p>Requesting help to manage any of the complications associated with the practice *</p>	<p>Requesting help from a teacher or another professional or adult to avoid FGM *</p>
<p>Spending longer than normal in the toilet due to difficulties urinating</p>	<p>An older sister had FGM *</p>
<p>Frequent urinary tract infections or menstrual problems</p>	<p>A mother who had FGM requesting re-infibulation after de-infibulation*</p>
<p>Resent onset of signs of emotional and psychological trauma (e.g. withdrawal, depression and/or anger)</p>	<p>Talking about a long holiday to country of origin or another country where the practice is prevalent</p>
<p>Reluctance to undergo normal medical examinations (e.g. cervical smears)</p>	<p>A professional hears reference to FGM</p>

*** Note: Occurrence of any one of these factors should prompt immediate action**

Request for absence

- Subject: Request for Leave - December 7th till 15th December 2017 - [REDACTED]

Dear [REDACTED],

We are writing to request a leave of absence from December 7th till 15th December 2017 for [REDACTED]

During her time off, She will be traveling to India.

Thank you for your consideration.

Regards

[REDACTED]

What do we now consider?

- Thank you for the reply Mrs Josie ,

She has to attend rituals in India , considering School terms we tried our best to move travel dates however , could not move further beyond 7th December hence sent request..

Kindly reconsider sympathetically..

Regards



- Rituals are related to death of my parents, mean [REDACTED] grandparents , we have to perform as per particular days of our hindu calendar & place (of demise) for which dates are coming as per english calendar 6-7-8 december. its performed for 3 days, followed by visit to holy place by all family members to complete rituals (travel to different location) . Third day is falling on 8th December , though [REDACTED] presence required all three days , considering school term we decided to attend only on last day & visit to holy place after that along with all family members.

Again many thanks for considering our request sympathetically.

India not a major concern area

- Happy to sanction this.
- No need for referral.
- What can we do, however?

Sent the following to JO and tutor:

- I hope you are having a nice half term.
- You will probably have seen a contact on MIS regarding a period of absence in December for [REDACTED], which has just been approved by Silas (detailed below).
- In order to comply with our Safeguarding obligations, we requested further information from [REDACTED] parents regarding this absence which they have provided to us very happily. However, we are conscious that this is a long period of absence, and is clearly not a standard family holiday. We therefore need to be vigilant in terms of ensuring this pupil's wellbeing. Could we therefore ask that upon [REDACTED] return to School after the Christmas break, you inform Matt should you notice any changes in [REDACTED] demeanour, or if she displays any unusual or out of character behaviours that cause you concern.

FGM Mandatory reporting duty

- **Girls under 18 who disclose they have undergone FGM**
 - **“Mandatory Reporting Duty”** – this is the new reporting system, which would relate to **known** cases of FGM that **have** occurred already. “Known” would be where it has been **directly** disclosed by the victim to the professional that they have had FGM or where the professional has visually identified FGM.
 - **‘At risk’** – this would relate to situations whereby the child is at risk of FGM **being** performed, **suspected** of **being** performed or **suspected** of **having been** performed. Any information or concern that a child is at risk of, or has undergone, FGM, should result in a child protection referral to the Kingston and Richmond Single Point of Access or the local police
 - [LSCB FGM Strategy](#)

- Follow SHS Safeguarding Procedure **and**
- If a child is at immediate risk of FGM contact the Police on 999
- If a professional has concerns about FGM which they wish to discuss they can contact :
 - Kingston or Richmond SPA
 - Seek advice from: - NSPCC Child Protection Helpline on 0808 800 5000 or FORWARD on 020 8960 4000

Neglect

- The Child Neglect tool is designed to assist you in identifying and assessing children who are at risk of neglect - [Download](#)
- Local SCRs/learnt Lessons Reviews highlighted being aware of the different forms of neglect and what it can look like in different age groups including babies and teenagers
- What are the 4 types of neglect?

The neglect tool kit

The Child Neglect Toolkit separates the different aspects of caring for a child for which the parent/carer is responsible. Within each area the tool identifies (and gives examples of) whether or not the care giving is and is also colour coded;

- Child focused - green
- Adult focused - yellow
- Child's needs are secondary to adults - orange
- Child's needs are not considered – red

AREA 5: STIMULATION and EDUCATION	1	2	3	4
Unborn				
Development Need	Score			Examples/evidence of impact child/young person
0-2 years				
2-5 years				
School				
Sport and Leisure				
Friendships				
Addressing bullying				
PARENTAL MOTIVATION FOR CHANGE				
Total score in each area				

Using the tool

STIMULATION & EDUCATION: School

1) Child focused care giving.	2) Adult focused care giving.	3) Child's Needs are secondary to adults.	4) Child's needs are not considered.
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In groups, consider what might appear as evidence for each category

STIMULATION & EDUCATION: School

1) Child focused care giving.	2) Adult focused care giving.	3) Child's Needs are secondary to adults.	4) Child's needs are not considered.
<p>Carer takes an active interest in schooling and support at home, attendance is regular.</p> <p>Carer engages well with school or nursery and does not sanction missed days unless necessary.</p> <p>Carer encourages child to see school as important. Interested in school and support for homework.</p>	<p>Carer maintains schooling but there is not always support at home.</p> <p>Carer struggles to link with school, and their own difficulties and circumstances can get in the way.</p> <p>Can sanction days off where not necessary.</p> <p>Carer understands the importance of school, but is inconsistent with this and there is also inconsistency in support for homework.</p>	<p>Carer makes little effort to maintain schooling.</p> <p>There is a lack of engagement with school. No interest in school or homework.</p> <p>Carer does not recognise child's need for education and is collusive about child not seeing it as important.</p>	<p>Carer hostile about education, and provides no support and does not encourage child to see any aspect positively.</p> <p>Total lack of engagement and no support for any aspect of school such as homework, outings etc.</p>

Scenario

Lucy is 13 years old. She has just started at your school. She is known as Lucy Smith and has a 15 year old 'sister' who also attends your school.

She refers to living with her 'auntie,' Ms Smith. When spoken to Ms Smith explained that Lucy's mother is a friend of hers and has gone abroad for work. Ms Smith says she agreed to care for Lucy until her mother is able to return to the UK.

- Are there any issues?
- What do we do?

This little girl changed the rule books



Famous example of Private Fostering?

- The legislation governing private fostering is the 'Children (Private Arrangements for Fostering) Regulations 2005' and came into force following the death of [Victoria Climbié](#) in 2000. Victoria was privately fostered by her great aunt.

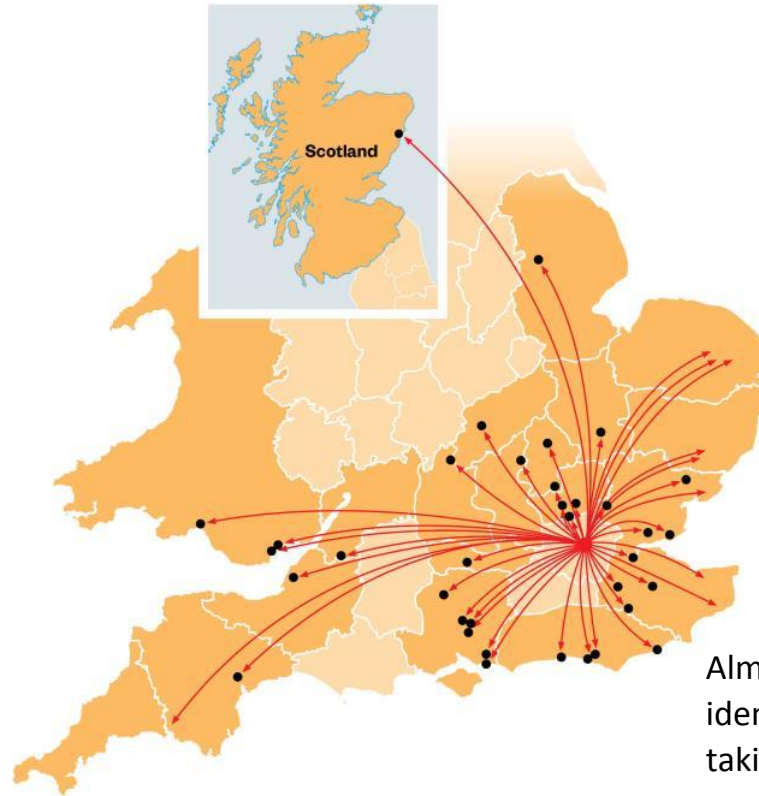
Private Fostering

- Private Fostering is when a child under the age of 16 years (under 18 if they are disabled) is cared for by someone who is not their parent or a close relative, for 28 days or more. However, this is 14 days if the child is cared for in a residential school.
- Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts. To be Privately Fostered, the arrangement has not been made by the local authority, and the child or young person is not being looked after by an approved foster carer

Private Fostering

- Some children come to the United Kingdom to study and have been placed by a school or agency with a host family. These children may be within a Private Fostering arrangement and it is the responsibility of the host family or agency to inform the local authority about this arrangement.
- If a child is going to be privately fostered the local authority must be informed at least 6 weeks beforehand or in case of an emergency placement, within 48 hours of the placement beginning
- [Private Fostering LSCB Policy](#)

- On your tables, decide what this map is showing



County Lines or term 'going country' used to describe groups or gangs using young people to transport and sell drugs across county boundaries.

Almost all police forces (38/41) identified this form of exploitation taking place in their area

[County Lines Tool Kit](#)

THE TIMES

Sunday
Times: 6th
May 2018

County lines — a new form of modern-day slavery

Inner-city gangs are trafficking children to sell drugs in towns and villages across Britain — a practice known as “county lines”. Why are their victims being criminalised?

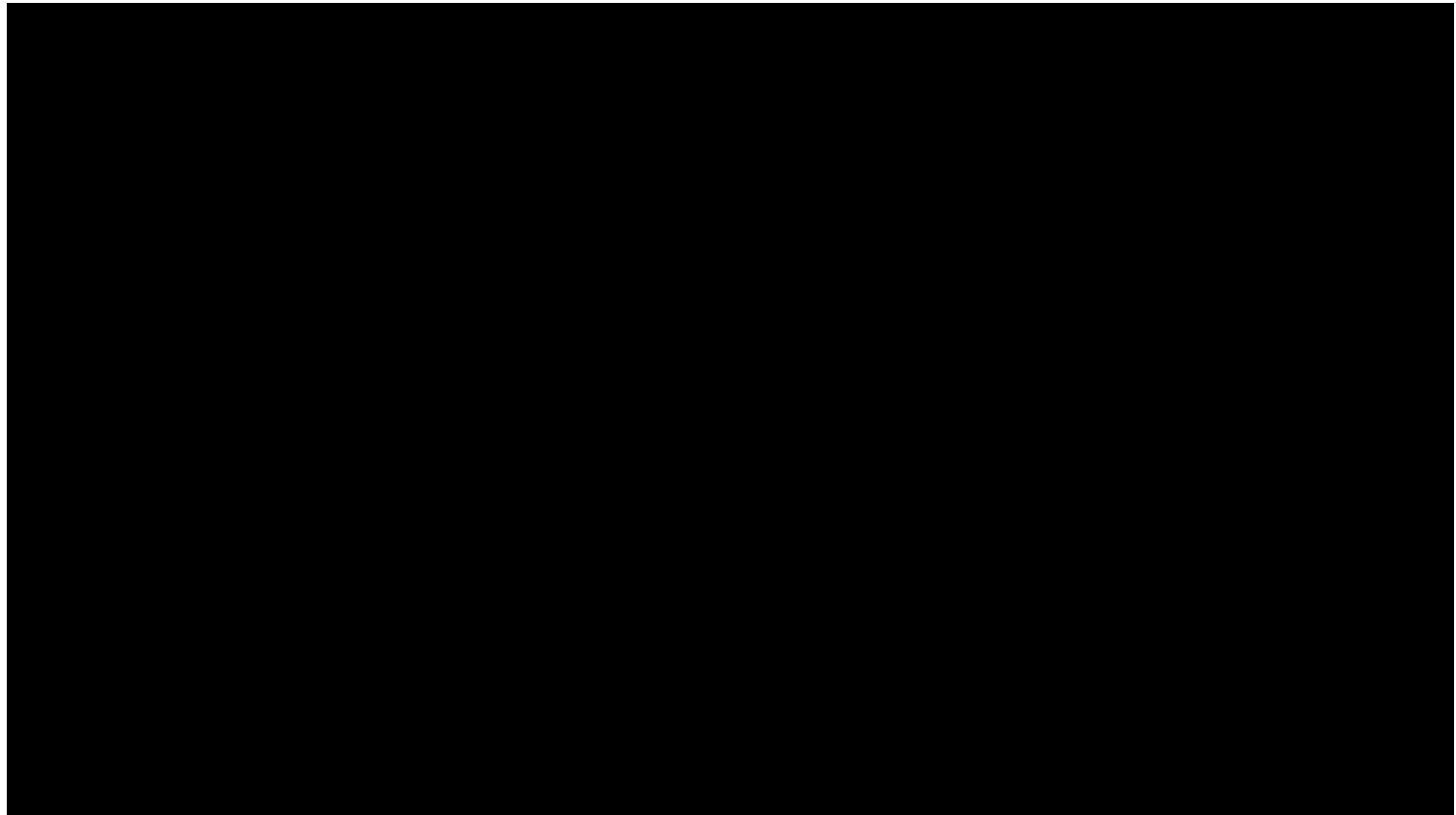
Katie Glass



The National Crime Agency estimates that a gang can make an average of £2,000 a day from a county line
GETTY

Who is most at risk of County Lines?

Are there signs?



Trafficking

- Trafficking is an international, national and local problem that targets the most vulnerable
- Offences are often not disclosed by vulnerable or young people
- It can be as varied as kidnapping for organ trafficking or gang slavery to texting a child to go to an address to be sexually exploited or a young person being controlled by another to hold drugs or run drugs for them
- Professionals should bear these offences in mind when dealing with children who are at risk of CSE, Mispers, vulnerable persons or cuckoo'd addresses
- Information sharing is key to the proper safeguarding (rather than criminalization) of young people concerned.

Harmful sexual behavior

- Harmful sexual behaviour (HSB) can be defined as “Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/ or be abusive towards another child, young person or adult.” (Hackett, Holmes and Branigan, 2016)
- [Workforce perspectives harmful sexual behaviour](#)
- [Brook Traffic Light Tool](#)

Radicalisation

Radicalisation:-The process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

Extremism:-The vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas

Risks & Vulnerabilities

- family tensions
- sense of isolation
- migration
- distance from cultural heritage
- experience of racism or discrimination
- feeling of failure etc.
- Identity Crisis
- Personal Crisis
- Personal Circumstances
- Unmet Aspirations
- Criminality

Five Elements Which Provide The Appeal In The Journey To Violent Radicalisation:

Emotional Pull

The thrill, adventure

Status and honour

Peer pressure

Lack of alternatives

What should be in place in your organisation?

- A designated person for Safeguarding
- Up to date internal Safeguarding policies
- Well known procedures for handling concerns, allegations or disclosures of abuse
- Support and supervision for staff
- Regular Safeguarding training for staff
- Key contacts, including names and numbers of how to make a referral if needed

Signs of Safety

- A strengths based approach to working with children & families.
- Initially started in Australia as a model in Child Protection Conferencing, applicable across sectors and practice

Core principles

- Collaboration & partnership
- Constantly thinking critically
- Based on every day life of the child
- Celebrating success
- Language families and children can understand

Why are AfC implementing it?

- Encourages practitioners across different disciplines to work collaboratively and in partnership with families and children
- Provides a common language and shared focus for practitioners and families
- Focuses on every day safety for the child
- Provides practitioners with a set of easy to use tools
- Meets the requirements from the Department of Education to use the model, which they have provided funding for

The Local Authority Designated Officer

The LADO works within Children's Services and is employed by Achieving for Children. The LADO should be alerted to all cases in which allegations have been made of inappropriate behavior by any person who works with children.

To contact the LADO:-

Email:

LADO@achievingforchildren.org.uk

Call:

Single Point of Access (SPA) Team

020 8547 5008

Out of hours: 020 8770 5000

Who to contact

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