



Reporting Procedures

2018

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Introduction:

The purpose of this document is to clearly outline the reporting structure for cases of actual and suspected safeguarding issues. It is the responsibility of all staff working directly with children to ensure safeguarding is carried out to an appropriate level. This means reporting concerns in the proper way, that is in line with the thresholds for intervention document. For this purpose, all members of staff working at GLAS Ltd need to be completely familiar with the various steps associated with various levels of concern or risk. This is in addition to being able to recognise issues as they become suspected – or - apparent. Information on this is also included in 'part 1 of 'Keeping Children Safe in Education 2016' as well as Annex A of the same document which is also included in the induction pack. Whether a level 1 concern is raised or a likely or actual case of abuse and/or neglect is identified it is company policy to work from the thresholds for intervention document to ensure the correct procedures are carried out in the correct timeframes and are consistent with the provision across the network.

Good reporting is accompanied by good record keeping. This document should be read in conjunction with the 'Thresholds for Intervention' and 'Information sharing procedures' and 'records keeping procedures'.

Revisions:

Any revisions and amendments that may be made over the course of time by the government will be reported to all staff (*by email or by hard copy on request*) as and when we become aware of them and will effectively become mandatory reading in order to enable all staff to keep up to date with practice in the field of safeguarding.

Safeguarding statement:

The operation of safeguarding is the responsibility of all staff working with young people at GLAS Ltd and therefore also an adequate understanding of the processes set up to manage this, in particular the referral processes but equally, the early identification of issues and managing expectations of vulnerable children where confidentiality is concerned. These are just a few of the considerations we have to be aware of in order to create a safe and vigilant learning environment so please read on either to review your knowledge on the subject or in preparation for thresholds training which will be provided if necessary. Ideally no one should ever feel in a position to cause harm to another whether psychologically or physically either in or outside of the facility and a culture of vigilance is expected to be supported by all Staff, volunteers and subcontractors working directly with children. The level of urgency can require anything from a discussion about early intervention to immediate action depending on what level the risk is at. There are multiple levels of authority to which a case can be referred including the home office

Safeguarding concerns (as opposed to danger) should be dealt with by informing the designated lead.

Policy Statement:

Provisions are the eyes and ears of the accountability process built in to the local authority safeguarding framework for protecting children. It is vital that those working directly with children, young people and/or their families are able to comply with the reporting procedures outlined below which are exemplified in the 'thresholds for intervention document'. It is company policy that all staff and volunteers who fit this criterion should familiarise themselves with this and other documents, which form the induction pack, when working with GLAS Ltd to deliver its services.

First and foremost, if there is a concern about a child or young person and/or their family then this should be reported to the designated safeguarding lead or the deputy designated safeguarding lead. And the designated lead should respond in appropriate timeframes. (see *time frames below*)

Each organisation is required to have a 'designated safeguarding lead'. At GLAS Ltd your Safeguarding lead is Michael Ross who should be the first port of call for all safeguarding issues should they arise. The following paragraph is taken from the 'Keeping Children Safe in Education 2016: -

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

Reporting child abuse to the Local authority:

As well as a requiring a designated safeguard lead the law also requires Local authorities to provide for the safeguarding requirements of children in need in their area and as such they provide an online system for reporting child abuse. You can go to <https://www.gov.uk/report-child-abuse-to-local-council> follow the link to the government website, enter the post code of the local authority you require and ring the number which comes up.

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

If the concern is related to the Designated Safeguarding Lead or the deputy, then the concern should be raised either with the allegations manager or directly to the local LADO at the Luton Safeguarding Children Board (LSCB). In the case of GLAS Ltd, the deputy safeguarding lead and the allegations manager are the same person, so if the concern is about this person then you are required to contact the LADO. If it is suspected that a criminal offence has been committed, then you will also need to notify the police.

If you need to report an allegation or concern about an adult other than the allegations manager (*see allegation management policy for full details of the process and designated allegations manager*), who works with children, you should in the first instance, ask to speak to the Allegations Manager who is designated to deal with allegations of this kind, or the LADO. If you are unable to contact the LADO please call the Rapid Intervention and Assessment Team (the contact details for this are found below in this document)

Reporting to DBS:

If an organisation removes an individual (paid worker or unpaid volunteer) from work in regulated activity with children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list.

This applies irrespective of whether a referral has been made to local authority children's social care services and / or the designated officer or team of officers. It is an offence to fail to make a referral without good reason

What to do if a child is in danger or at risk of harm:

If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care and/or the police immediately. Anyone can make a referral.

Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made. Reporting child abuse to your local council <https://www.gov.uk/report-child-abuse-to-local-council> directs staff to their local children's social care contact number.

Thresholds and a Multi-agency approach:

GLAS Ltd recognises that no one organisations speciality will cover the full range of possible issues in this field. GLAS Ltd acknowledges this, therefore, this document is meant to outline the basic framework of thresholds as well as documenting the company's commitment to working within a multi-agency scenario.

For this reason, it is critical that all staff, volunteers and subcontractors are able to familiarise themselves outside agencies and services which may serve to enable early intervention. These can be found within the pages of the 'thresholds for intervention' document

- For level 1 the bottom of page 12
- For level 2 the bottom of page 16
- For level 3 the bottom of page 20
- For level 4 the bottom of page 24.

There is support for any intervention no matter what level and the early help assessment team are on hand to give advice and support on initiating an EHA and other means by which we can approach an issue. They can sign post local services - Please see contact details above. *(Further details contained in the 'Thresholds for intervention' document)*

General introduction to the thresholds:

There are 4 levels of need identified within the thresholds framework. Level 1 + 2 are characterised as supporting the individual and/or their family with readily available resources to illuminate the issues. Level 2 may require a multi-agency approach Level 3 + 4 are characterised by a need for damage limitation and fall under the category of multi-agency approaches. We must be aware that children, young people and their families may move up or down the levels of need which requires an understanding of the principles of stepping up and stepping down which is included in the thresholds for intervention document. If the intervention at levels 3 + 4 are successful then we may find ourselves move onto the kind of interventions which constitute the level 1 + 2 needs. Close attention must be paid to the thresholds for intervention document in all concerns and referrals.

Basic description of levels of need: -

Level 1

concerns are to do with Education, Parenting and Health and comes under the heading of universal needs.

Level 2

concerns in addition to the level 1 are Behavioural, special health problems and help with material improvements. These come under the heading additional needs and may require a multi-agency approach

Level 3

concerns are more complex known as Intensive needs. This is to do with Vulnerable children and their families with multiple needs including issues like anti-social behaviour, low level criminal behaviour, neglect, poor family relationships, poor engagement with key services (i.e. school and health), irregular attendance at school, risk of financial exclusion from unemployed adults, at risk of radicalisation.

Level 4

concerns are what is termed specialist needs. This is about cases of actual significant harm or the likelihood as a result of abuse or neglect, severe functional impairment, learning/life limiting illness, criminal court orders in the community, in custody.

The following section goes into more detail linking the issue with the particular services which are available at each level along with the expected outcomes and the type of intervention.

Thresholds levels 1-4:

Level 1

This comes under the heading of universal needs which are parenting, health and education. If there is concern related to these issues which do not fall under the following 3 thresholds, then you might consider using the 'pre-Early Help check list' found in the thresholds for intervention document on page 10 - 12.

Action: We (practitioners) should seek to engage with the relevant services which may have the expertise to tackle the problem identified in the pre- Early Help Check list. By seeking the necessary help and advice or service for guidance on how to deal with the matter we may avert the problem at an early stage. At the bottom of page 12 of the thresholds for intervention document there are a number of listed services who provide services at this level. Some examples are; Early years, education, primary health care, Maternity services, housing community health care, youth centres, leisure centres. (See thresholds for intervention for more info on services)

At this level, children are supported by their family and universal services to meet all of their needs and it is expected that children and young people make good progress in most areas of development.

Level 2

This level comes under the heading of 'Additional needs' for families who would benefit or need help to improve parenting, education, behaviour, specific health needs and attention to the material improvements which may be necessary to alleviate some or all of the problem. At this level 2 or 3 agencies may work together to meet the needs of

children young people and their families, a process which coordinated by the service most familiar to the family or child/young person.

Some of the services available at this level are, parenting support, school holiday, extra health support for family members, behavioural support, housing support, additional learning support, CAMHS tier 2 support to schools, SEN support, help to find education and employment, Speech and language therapy, YOS (Youth Offending Service) Triage assessment, YOS Prevention programme, children's centres, targeted youth work services provided on a voluntary basis. It is expected that intervention at this level will improve the life chances of children, young people and families by offering additional support.

For this level you will need to use the pre-early help assessment check list as an aide-memoire to help you identify the need and response. Consider initiating an early help assessment plus family meeting with professional or team.

Level 3

Description = Intensive needs (Vulnerable children and their families with multiple needs or whose needs are more complex including issues like anti-social behaviour, low level criminal behaviour, neglect, poor family relationships, poor engagement with key services (i.e. school and health), irregular attendance at school, risk of financial exclusion from unemployed adults, at risk of radicalisation.

Intervention: Lead professional, early help team, team around the family, Multidisciplinary/agency approach, YOS and out of court criminal disposals.

Services: A multidisciplinary/agency co-ordinated plan is developed between the lead professionals and the family to cope with the potential complexity of needs including parenting and behaviour. A wide range of services may be involved at this level in particular supporting those who care for a disabled child, services provided on a voluntary basis, out of court criminal disposals

Expected outcomes: Life chance will be significantly impaired without co-ordinated multi-agency support.

Initiate action: Initiate an early help by following the guidance on EHA's (See below in 'Kinds of response'.

Level 4

Description = specialist needs – cases of actual significant harm or the likelihood as a result of abuse or neglect, severe functional impairment, learning/life limiting illness, criminal court orders in the community, in custody.

Intervention: Children's Social Care, child protection, care proceedings, hospital in-patient, YOS, criminal court orders, children whose family cannot care for them, families who are involved in significant crime and misuse of drugs, families with significant mental or physical health needs.

Services: Children's social care, youth offending services, criminal court orders, Tier 3 & \$ CAMHS, In patient care, continuing health care, health care for children with life limiting illnesses, Services for children with long term profound disability, statutory non-voluntary intervention, services with specialist skills.

Expected outcomes: Children and/or family members are likely to suffer significant harm, removal from home, serious and lasting impairment, without the intervention of specialist services, sometimes in a statutory role.

Initiate action: Rapid intervention and assessment team, First floor, Town Hall Annex, Upper George Street, Luton, Bedfordshire, LU1 2BQ Tel: 01582 547653 Email initialassessment@luton.gov.uk – or – the police. In this case safeguarding procedures are initiated by a qualified social worker.

This has been an introduction to the levels of need which make up part of the 'Thresholds for Intervention' document. It is extremely important that staff become familiar with the thresholds document and read the section which goes into details about the interventions and the assessment process

Kinds of responses:

Pre – Early Help check list –

This can be used at level 1 + 2 to identify the particular needs and potential service.

Practitioners can use this list to assess the needs of the children or young person at a very early stage of concern. See 'Thresholds for Intervention' document page 10 -12)

Early Help Assessment (EHA)

This can be used at level 2 and as part of a multi-agency approach at level 3 follow the link to the LBC Early Help page for access to advice on how to fill in an EHA and refer to the EHA document in the 'GLAS Ltd Guidance Archive' [https://www.luton.gov.uk/Health and social care/children and family services/earlyhelp/Pages/default.aspx](https://www.luton.gov.uk/Health%20and%20social%20care/children%20and%20family%20services/earlyhelp/Pages/default.aspx)

EHA's are voluntary and you must have the consent of the child, young person and or family for this to take place.

Multi- Agency approach

This is the approach used primarily at level 3 and 4 but can also be the case at a level 2 concern. Ideally It is coordinated by the service which is most familiar with the Child, young person or family who the concern is about.

Urgent referral

This may involve ringing the police, child protection and the rapid response assessment team. The contact numbers for these services are below.

To assess whether this is the right course of action please refer to the section on level 4 interventions

In this situation the intervention is initiated and coordinated by the social worker who is assigned to the case.

For information on different responses see MHS 'referrals and assessments' procedures'.

Vulnerabilities:

For information on the various vulnerabilities please refer to; -

- part 1 of keeping children safe in education
- Annex A of Keeping children safe in education
- Appendix c Working together to safeguard children
- MHS 'Abuse – Indicators and vulnerabilities' Document

Time Frames:

(The following information is taken directly from 'Working together to safeguard children' and the paragraph numbers correspond to the numbers in the full document for ease of reference)

57. The timeliness of an assessment is a critical element of the quality of that assessment and the outcomes for the child. The speed with which an assessment is carried out after a child's case has been referred into local authority children's social care should be determined by the needs of the individual child and the nature and level of any risk of harm faced by the child. This will require judgements to be made by the social worker in discussion with their manager on each individual case. Adult assessments, i.e. parent carer or non-parent carer assessments, should also be carried out in a timely manner, consistent with the needs of the child.

58. Within **one working day** of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer.

59. For children who are in need of immediate protection, action must be taken by the social worker, or the police or NSPCC if removal is required, as soon as possible after the referral has been made to local authority children's social care (sections 44 and 46 of the Children Act 1989).

60. The maximum timeframe for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit.

61. Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers should not wait until the assessment reaches a conclusion before commissioning services to support the child and their family. In some cases, the needs of the child will mean that a quick assessment will be required.

62. The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.

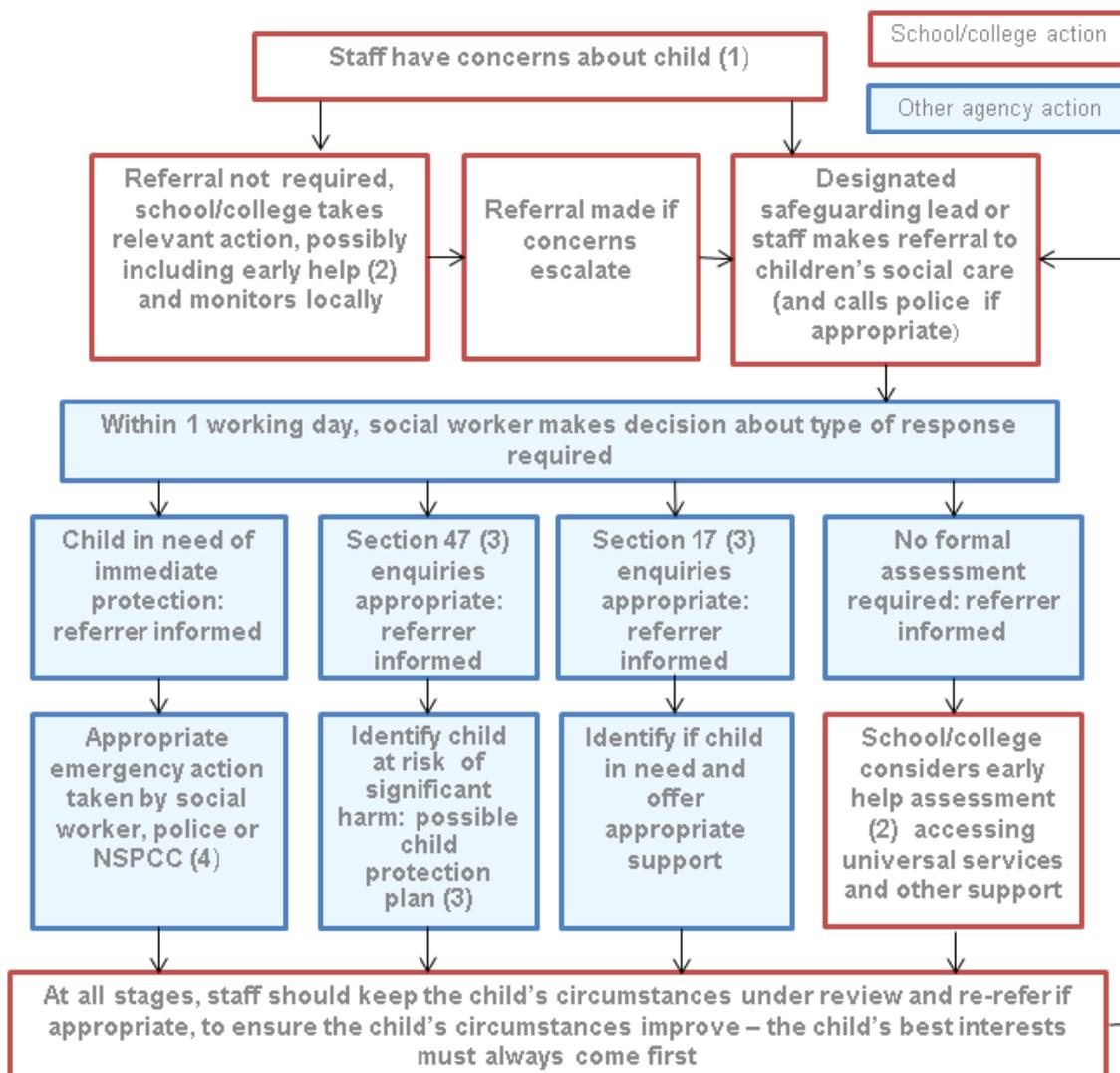
63. It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps.

64. To facilitate the shift to an assessment process which brings continuity and consistency for children and families, there will no longer be a requirement to conduct separate initial and core assessments. Local authorities should determine their local assessment processes through a local protocol.

For the full information on time frames see MHS 'Time Frames procedures' document

Below is a flow chart setting out the process for staff when they have concerns about a child.

Actions where there are concerns about a child



Stepping up and stepping down/Escalation procedures:

As mentioned in the introduction there will be varying degrees of urgency involved in individual instances where safeguarding may be an issue. There is a great emphasis on early intervention on providers and therefore all staff need to be able to spot early signs of a variety of potential issues. These are outlined in part 1 and annex A of 'Keeping Children Safe in Education 2016'. Further information is available from the GLAS Ltd guidance archive.

Among the reasons for stepping up and stepping down there may be a cause for concern regarding the way a concern is being handled or not being handled as the case may be. In this situation the concern must be escalated in compliance with the escalation policy/procedure.

Please refer to:

- MHS 'Escalation policy.
- Timeframes for escalation of professional concerns PDF.

Escalation: *(The following information is taken directly from 'Working together to safeguard children' and the paragraph numbers correspond to the numbers in the full document for ease of reference)*

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

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

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

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

Glossary of abbreviations:

CAMHS	Children and adolescent Mental Health Service
CSC	Children's Social Care
CSE	Child Sexual Exploitation
EHA	Early Help Assessment
EHC	Education Health and Care
FGM	Female Genital Mutilation
LSCB	Luton Safeguarding Children Board
MARF	Multi Agency referral form

NEET	Not in Employment, Education or Training
PHSE	Personal Health and Social Education
RIAT	Rapid Intervention and Assessment Team
SEN	Special Educational Needs
TAF	Team Around the Family
YOS	Youth Offending Service

contact details for reporting: -

Designated safeguarding lead:

Chris Lodder

CONTACT: -

Tel: 07951 946303

Email: chris@glasuk.com

EHA Team for Luton cases (Early Help Assessment team)

Telephone: 01582 548231

Email: eha@luton.gcsx.gov.uk

LADO for Luton Cases

Telephone: **01582 548069**

- or -

Email: LADO@luton.gcsx.gov.uk

Rapid Intervention and Assessment Team for Luton Cases

01582 547653

Out of normal working hours' emergencies is **0300 300 8123**

LADO for Hertfordshire cases

07580 744515

Hertfordshire safeguarding children board

0300 123 4043

Police

Immediate risk = 999

If you suspect a crime has been committed =101

NSPCC

0808 800 5000

Date Reviewed:	15/05/2018	Reviewed by:	Steven Jacob
Next Review Date:	14/05/2018	Signature:	

Authorised By:	Position:	Date:	Signature:
Chris Lodder	Director	?	