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# Family Action Safeguarding Strategy

## 1. INTRODUCTION

Family Action believes that every child has the right to be safe and that the welfare of children and young people is paramount. It is committed to safeguarding and promoting the welfare of children and seeks to ensure that all of its services, staff and volunteers work to achieve the best outcomes for children.

Family Action's services work with a range of vulnerable children and their families. Rising thresholds for access to statutory children services provision leaves Family Action working with varying degrees of risk, and sometimes alone. As safeguarding underpins all of our children and family work, Family Action has to be confident that its safeguarding framework and practices are sound and robust.

Family Action recognises that safeguarding is **everyone's business** and the responsibility of us all, and is therefore seeking to make safeguarding a priority throughout the organisation. It has allocated significant resources to support this commitment and towards making Family Action a safer organisation for all those associated with it.

To achieve success, Family Action will:

- Have clear lines of accountability for safeguarding throughout the organisation
- Set up effective performance management arrangements
- Set clear goals and monitor and review progress
- Undertake regular annual reviews of its safeguarding processes and practices
- Maintain the resources necessary to support this commitment

## 2. DEFINITION OF SAFEGUARDING

There is no legal definition of safeguarding. However, in 2006 the Government's report *Making Safeguarding Everyone's Business*, shifts the focus from protecting children from harm, to preventing abuse and neglect in the first place. This document makes it clear that by safeguarding it means 'safeguarding and promoting the welfare' and taken together this means:

- Protecting children from maltreatment
- Preventing impairment of children's health and/or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care to enable them to have optimum life chances such that they enter adulthood successfully

### **3. LEGISLATION AND GOVERNMENT GUIDANCE**

Over the past decade there has been a wealth of legislation and government policy in response to a number of inquiries into child deaths.

Including:

Children Act 1989

Working Together to Safeguard Children 2006

Safeguarding Children 2002 – Chief Inspectors Report

The Victoria Climbié Inquiry 2003 – Lord Laming Report

Keeping Children Safe 2003 – Government response

Every Child Matters Change for Children –Green paper 2003

The Sexual Offences Act 2003

The Children Act 2004

Bichard Inquiry 2004

Safeguarding Children: Second Chief Inspectors Report 2005

Making Safeguarding Everyone's Business 2006 – Government Report

Safeguarding children: Third Chief Inspectors Report 2008

### **4. PARTNERSHIP**

Safeguarding cannot be achieved in isolation and Family Action will continue to work effectively in partnership with a range of other agencies and in particular local safeguarding children's boards. A commitment to integrated working with shared assessment processes, clear roles and good communication must improve outcomes for children.

Family Action will listen to, and work in partnership with, children, young people and their families and involve them in planning services and sharing information, unless circumstances are such, that to do so would put a child or others at risk of significant harm.

Family Action recognises that some children and their families find it difficult to get their voices heard, and will therefore be particularly mindful of this. Staff will listen to those views and be supportive, whilst at the same time balancing that with appropriate use of authority. The nature and use of authority may change over time, depending on the circumstances, but must ensure objective professional judgement at all times.

### **5. WHAT WE HAVE ACHIEVED**

Family Action has around 100 services and employs 700 staff, most of who are working with children and families. In 2007 it established a Safeguarding Service Development Group (SDG), comprising a mix of managers and practitioners with a particular interest in and experience of safeguarding. In October 2007 an audit of cases found that Family Action was working with

425 children subject to formal protection plans. In order to check the robustness of its safeguarding work and to identify areas for improvement, Family Action did a more detailed analysis of 50% of those cases. In December 2007, a safeguarding development manager was recruited to take forward this work and subsequently four small subgroups of the Safeguarding SDG were formed to develop minimum standards for the management of safeguarding, training, practice and recruitment. Their work will strengthen and embed safeguarding throughout the organisation, to the benefit of children and young people, their families, staff and volunteers.

## **6. WHAT WE NEED TO DO**

### **6.1 Corporate Accountability**

Family Action will review its accountability framework to ensure a clear and transparent line of accountability for safeguarding through the organisation. This will outline the roles and responsibilities in relation to safeguarding of all staff including trustees, paid staff and volunteers.

### **6.2 Safeguarding Management**

Family Action will develop Management Information Systems for services to use for the tracking and monitoring of cases from referral through to closure. These will include for example data on caseloads, monthly statistics and a flagging system for cases of particular concern and those of greatest risk.

Family Action will set minimum standards for supervision, to ensure that:

- All staff receive the level of supervision appropriate to their needs and experience and the complexity of their caseload
- All cases are discussed and reflected upon regularly
- Case files are audited and countersigned by the supervisor
- Decisions made during supervision are recorded appropriately
- Risk assessment remains an on-going process and priority

Family Action will encourage and develop a safe organisational culture to underpin all aspects of its work. Using established structures such as team meetings, regional meetings, OSMT & SMG, to openly address and review safeguarding issues and practices and to manage the anxiety of ourselves and others within our wider networks.

### **6.3 Audit**

Family Action will establish processes for the regular auditing of its safeguarding work to ensure best practice, to minimise risk and to identify any training issues.

## **6.4 Safeguarding Training**

All staff and volunteers, as part of the induction process, will learn about Family Action's Safeguarding Framework and their responsibilities within it.

All operational staff will be required to undertake Safeguarding Foundation Training prior to the satisfactory completion of their probationary period and to attend any further safeguarding training as appropriate to their role and responsibilities or as required by their line manager.

Family Action will ensure that the learning gained from its direct involvement in formal safeguarding processes is shared across the organisation and operational staff, in particular, will be expected to keep their safeguarding knowledge updated and refreshed.

Family Action will ensure that various levels of safeguarding training are available to meet the differing needs of its staff and volunteers and that the content and quality of that training is regularly reviewed.

Family Action recognises that robust and reflective supervision is key to good safeguarding practice. It will ensure, through induction and training, that all supervisees understand their entitlement to good supervision and their responsibilities within it. All supervisors have access to appropriate supervision training so that they can develop confident and competent workers.

## **6.5 Safeguarding Practice**

Family Action will undertake a thorough review of its safeguarding practices from the point of referral through to closure and subsequent storage of case information to bring a more consistent approach to its work.

It will develop and provide staff with practice guidance, citing best practice and setting minimum standards, and will establish systems for the regular monitoring of those standards.

Family Action will consider ways to monitor and evidence the effectiveness of its safeguarding work and promote that work externally to raise our profile in that arena.

## **6.6 Safer Recruitment**

In order to ensure the appropriateness of its staff and volunteers, Family Action will undertake a review of its recruitment and selection procedures. Safeguarding will be integral to all elements of those processes.

Any changes to current practice will be included within the HR manual.

All managers and internal interview panellists will be offered training on Safer Recruitment, which anyone chairing an interview panel will have attended

Family Action will ensure that all those it employs with access to children or their records, will have timely CRB checks at the appropriate level for their role.

Family Action will keep itself informed about any changes to statutory safeguarding requirements for the recruitment of staff within the children's work force.



# FAMILY ACTION SAFEGUARDING CHILDREN POLICY

## 1. POLICY STATEMENT

Family Action recognises the importance of its support services to families, children, young people and adults and its particular responsibilities to safeguard and promote the welfare of those who are vulnerable or at risk.

This requires us to:

- Listen to, value, encourage and support those we work with
- Provide clear internal procedures for identifying and dealing with concerns about possible abuse, and ensure their implementation
- Provide effective management for staff students and volunteers through supervision, support and training
- Adopt a code of conduct for staff
- Include continuous risk assessment within our work with families
- Recruit Safely, ensuring all necessary checks are made
- Share information about child protection and good practice with children, parents, staff, students and volunteers
- Develop and maintain effective information sharing with statutory services and other agencies, involve children and parents as appropriate
- Work collaboratively with local safeguarding children's boards

This policy applies to all trustees, staff, students and volunteers. Any allegation or concern about abuse **must** be responded to. Safeguarding and promoting the welfare of children is everybody's business although our individual roles in the process may be different.

All work undertaken by Family Action will be subject to continuous risk assessment and comply with Family Action's Risk Policy and Procedures.

All services will have a designated person, usually but not always the manager, with particular knowledge and experience of child protection. Any concern for the welfare of a child must be discussed with the line manager and/or the designated person, without delay and further action taken as necessary. *See appendix 3*

Family Action believes that the welfare of children is paramount and that **ALL** children have the right to protection from abuse, regardless of their age, culture, disability, gender, racial origin, language, religious belief or sexual orientation.

A child for the purposes of this policy, as defined by the Children Acts 1989 & 2004, is anyone who has not yet reached their 18<sup>th</sup> birthday.

Family Action staff, students and volunteers will follow their Local Safeguarding Children's Board Procedures which take precedence over Family Actions Safeguarding Children's Procedures, if there are any significant differences.

Every effort will be made to ensure that staff, students and volunteers recruited to work for Family Action are suitable to do so. Those who are responsible for appointing staff will be trained in safe recruitment practices. All references will be robustly scrutinized and other checks sought at the appropriate level e.g. CRB, ISA, POVA etc

Family Action is committed to training all staff, students and volunteers in this policy and procedures and code of behaviour, as part of the induction process. It requires all those working with children and young people to address safeguarding within the Social Care Induction Programme, and to undertake Safeguarding Children Foundation Training within their probationary period. In addition they will be required to undertake either refresher training or more advanced training (as appropriate) bi- annually thereafter.

This policy will be reviewed annually by the Safeguarding Development Manager

## **2. THE LEGAL AND PROCEDURAL FRAMEWORK FOR SAFEGUARDING CHILDREN**

All of the following provide the legal and procedural framework for safeguarding children and young people.

The Children Act 1989

The United Nations Convention on the Rights of the Child (ratified by UK Gov.1991)

The Human Right's Act 1998

The Protection of Children Act 1999

Every Child Matters 2003

The Sexual Offences Act 2003

What to do if you're worried about a child. DOH 2003

The Children Act 2004

National Service Framework for Children,

Young People & Maternity Services 2004

Common Assessment Framework for Children and Young People 2005

Working Together to Safeguard Children 2006

For further information see *appendix 1*

## **3. FAMILY ACTION'S ACCOUNTABILITIES FRAMEWORK**

Safeguarding is the responsibility of us all. When dealing with the concerns discussed in this policy the lines of accountability for responding appropriately

apply to **all** staff, students and volunteers. *Appendix 2* provides an accountabilities framework for operations staff.

Staff, students and volunteers are expected to consult their line manager/supervisor when they have any concerns for the welfare of a child and to discuss any issue openly within supervision. These managers will consult with their operational/ regional managers or heads of departments in supervision and/or when necessary.

If a staff member has concerns about the attitudes and /or behaviours of a Family Action colleague or volunteer, they have a duty to comply with Family Action's Whistle Blowing policy and procedures.

It is the responsibility of managers within each region to identify any differences between this policy and procedures and that of their Local Children's Safeguarding Board (which will take precedence) and to ensure all staff, students and volunteers are fully aware and informed of them.

#### **4. LINKS TO OTHER FAMILY ACTION POLICIES**

All staff involved with safeguarding and child protection work, need to bear in mind the other organisational policies which support their work and provide guidance:

- Social care induction
- Equal opportunities and diversity
- Supervision
- Whistle Blowing
- Sharing information and confidentiality
- Protection of vulnerable adults (POVA)
- Codes of conduct
- Lone working
- Health and safety
- Complaints
- Internal communications strategy

#### **Policy Appendices**

1. National Legislation and Policy Frame work
2. Family Action Accountabilities Framework
3. Designated person

## **Appendix 1**

### **National Legislation and Policy Frameworks**

<p>Children Act (1989)</p>	<p>Emphasises the importance of putting the child first whilst cooperating and sharing parental responsibilities.</p> <p>Key aspects</p> <ul style="list-style-type: none"> <li>• Welfare of the child is paramount</li> <li>• Delay is not in the child's best interests and to be avoided</li> <li>• Children's wishes to be taken seriously</li> </ul>	<p><i>Promotes:</i></p> <p>Principles of working together and in partnership</p> <p>Skills enhanced by multi agency learning</p>
<p>Protection of Children Act (1999) POCA</p>	<p>Changed the route by which employers can check whether an actual or potential employee has criminal offences against children and whether they are unsuitable to work with children</p>	<p><i>Promotes</i></p> <p>Safe recruitment</p>
<p>No Secrets (2000)</p>	<p>Guidance to local agencies who have responsibility to take action when a vulnerable adult is believed to be suffering abuse</p>	<p><i>Promotes</i></p> <p>Development of local inter-agency policy, procedures and joint protocols</p>
<p>Sexual Offences Act (2003)</p>	<p>Sets out a new legal framework to protect children from sexual abuse, covers internet pornography, grooming &amp; exploitation. Puts restrictions on convicted sex offenders.</p>	<p><i>Promotes</i></p> <p>Internet Safety</p>
<p>Children Act (2004)</p>	<p>Emphasises reform within children services</p> <p>Key aspects</p> <ul style="list-style-type: none"> <li>• New role of children commissioner for England</li> <li>• Duty of local authorities to promote</li> <li>• Cooperation between agencies</li> <li>• Establish Local Safeguarding Children's Boards</li> <li>• Develop local arrangements to safeguard and promote the welfare of children</li> <li>• Develop index/data base to hold basic info on children and families</li> <li>• Establishment of new post of Director of Children's Services</li> </ul>	<p><i>Promotes:</i></p> <p>Culture of co-operation and working together between agencies and organisations</p> <p>Development of common knowledge, skills and competences within the children's workforce</p> <p>Develop single C &amp; YP plan</p> <p>Develop single inspection framework</p>
<p>Education Act (2002)</p>	<ul style="list-style-type: none"> <li>• Emphasises duty to make arrangements for the safeguarding and promoting of the welfare of children</li> <li>• Ensures training and pastoral</li> </ul>	<p><i>Promotes:</i></p> <p>Policies and procedures to safeguard children</p> <p>Work in partnership with</p>

	<p>support</p> <ul style="list-style-type: none"> <li>Identifies designated staff to co-ordinate and manage child safeguarding practice</li> </ul>	<p>other agencies</p> <p>Training and development</p>
<p>Working Together to Safeguard Children: a guide to inter-agency working.... (2006)</p>	<p>Contains statutory and non statutory guidance</p> <p>National frameworks for policies and procedures</p> <p>Outlines the responsibilities of Local Children's Safeguarding Boards</p>	<p><i>Promotes:</i> Safeguarding training must be consistent with common core</p> <p>Individual agencies are responsible for ensuring staff competence &amp; confidence to fulfil their safeguarding responsibilities</p>
<p>Safeguarding Children and Safer Recruitment (2006)</p>	<p>Combines three documents</p> <ul style="list-style-type: none"> <li>Safeguarding children in education 2004</li> <li>Safer Recruitment 2005</li> <li>Dealing with Allegations 2005</li> </ul>	<p><i>Sets timescales for:</i> Regular initial and refresher training on safeguarding training</p> <p>Training for designated and lead professionals</p>
<p>Every Child Matters: Change for children (2004)</p>	<p>Focuses on a shared programme of national change to provide services "around the needs of children &amp; young people"</p> <p>Integrated services</p> <p>Achieving better outcomes:</p> <ul style="list-style-type: none"> <li>Be healthy</li> <li>Stay safe</li> <li>Enjoy and achieve</li> <li>Make a positive contribution</li> <li>Achieve economic wellbeing</li> </ul>	

**Appendix 2**  
**Safeguarding Accountability within FAMILY ACTION**  
*Safeguarding is the responsibility of us all*

<b>TRUSTEES</b>	<p>Accountable for Family Action and therefore all safeguarding within the organisation</p> <p>Receive regular reports on safeguarding</p>
<b>CHIEF EXECUTIVE</b>	<p>Accountable to the Trustees for safeguarding within the organisation</p> <p>Ensures a clear framework for the management accountability for safeguarding</p>
<b>SENIOR MANAGEMENT GROUP</b>	<p>Accountable to the Chief Executive for safeguarding within their departments</p> <p>Give leadership on safeguarding as a corporate issue</p> <p>Ensure that safeguarding is made integral to the Family Action's Strategic Plan</p> <p>Ensure that the corporate QA system takes account of safeguarding</p> <p>Safeguarding is given regular consideration at SMG meetings</p> <p>Agree the safeguarding strategy</p>
<b>DIRECTOR OF OPERATIONS</b>	<p>Accountable to the Chief Executive for safeguarding in all projects and services within the Operations Department</p> <p>Line management responsibility for the safe delivery, quality and effectiveness of services</p> <p>Commissions specific time limited work to address safeguarding issues</p> <p>Together with HR ensure that safe recruitment practices are fully employed &amp; that staff appointed have the necessary skills and experience in safeguarding appropriate to their role</p> <p>Ensures that effective supervision supports</p>

	<p>safeguarding at all levels within the department</p> <p>Instigates the auditing of specific areas of work</p> <p>Receives internal reports as part of the Serious Case Review process</p>
<b>Deputy Director of Operations</b>	<p>Accountable to the Director of Services for safeguarding in the North and Midlands services and nationally in the absence of the director.</p> <p>Line management responsibility for the safe delivery, quality and effectiveness of services in the North and Midlands Regions and nationally in the Directors absence.</p> <p>Together with HR, to ensure safe recruitment practices are fully employed and that staff appointed have the necessary skills and experience in safeguarding appropriate to the role</p> <p>Ensure effective supervision supports safeguarding at all levels within the department</p> <p>Ensures that internal systems are established and effective in supporting safeguarding</p> <p>As Chair of the SDG ensures that the safeguarding framework is regularly reviewed and safeguarding strategy implemented</p> <p>Receives reports from the various safeguarding sub groups</p> <p>Manages the Safeguarding Development Manager and budget</p> <p>As chair of the Training Commissioning Group ensure that a range of appropriate safeguarding training and budgets are available to meets the needs of the workforce</p>
<b>Regional Managers &amp; Deputy Regional Managers</b>	<p>Accountable to the Director and/or Deputy Director of Services for safeguarding in projects and services within their region</p>

	<p>Together with the HR Department ensure safe recruitment practices are fully employed in the recruitment of both staff and volunteers and that they have the necessary skills and experience in safeguarding, appropriate to the role.</p> <p>Line management responsibility for the safe delivery, quality and effectiveness of the services within their region</p> <p>Ensure all supervisors and managers within their region receive an appropriate level of safeguarding training appropriate to their role and responsibilities</p> <p>Ensure effective supervision supports safeguarding in their region</p> <p>Report on the practice and management of safeguarding in their region and audit as required</p> <p>Offer advice and support to staff on safeguarding issues when project managers are absent, as well as providing support to project managers, co-ordinators and others as necessary.</p> <p>Ensure the development a safeguarding culture within the context of their services</p> <p>Undertake management reviews when there are concerns about quality and effectiveness in relation to safeguarding and take corrective action where necessary</p> <p>Cost new services to allow for the implementation of the safeguarding framework</p> <p>Ensure that regional management meetings have safeguarding as a standing item on their agenda</p>
<p><b>Safeguarding Development Manager</b></p>	<p>Accountable to the Deputy Director of Services for the development of safeguarding within the organisation</p> <p>Provide annual reports to the Trustees , through the Quality and Audit Committee</p>

	<p>Regularly receive and collate information in respect of safeguarding activity to inform a corporate assessment of risk.</p> <p>Reviews and updates the Family Action Safeguarding policy and procedures</p> <p>Responsible for developing and reviewing the Safeguarding Strategy</p> <p>Ensure that all new staff are inducted into Family Action's Safeguarding framework prior to the completion of the probationary period</p> <p>Review the quality and content of Family Action's Safeguarding training to meet the needs of the organisation and to ensure any new learning can be fully integrated into working practices</p> <p>Analyse and report on Safeguarding audits</p> <p>Link Family Action into national safeguarding networks</p> <p>Circulate safeguarding information and updates</p> <p>Undertakes tasks on behalf of the Safeguarding SDG</p>
<p><b>Operations/Project Managers</b></p>	<p>Accountable to the regional manager for safeguarding in their project or service</p> <p>Together with the HR Department, ensure safe recruitment practices are fully employed in the recruitment of both staff and volunteers and that they have the necessary skills and experience in safeguarding, appropriate to the role</p> <p>Line management responsibility for the safe delivery, quality and effectiveness of services provided by their project/s</p> <p>Responsibility to establish and maintain effective relationships with other agencies locally in relation to safeguarding and to challenge when appropriate</p> <p>Ensure that safeguarding is integral to all Family Action</p>

	<p>processes for the assessment, analysis, planning and reviewing of outcomes, in our work with service users</p> <p>Ensure all their staff receive safeguarding training and support commensurate with their need</p> <p>Ensure that all files clearly identify where there are concerns for the welfare of a child and that files comply with organisational standards</p> <p>Ensure that supervision is provided to staff in line with Family Action's supervision policy taking into account any safeguarding issues, the complexity of the work and experience of the staff member</p> <p>Ensure that supervision sessions record reflective practice and any decisions made are transferred to the case file – all records are signed and dated</p> <p>Ensure that the risk assessment framework for each case is regularly reviewed and an escalation process, implemented as necessary</p> <p>Ensure that safeguarding practice is regularly discussed in supervision to identify any training needs and is included within the staff appraisal process</p> <p>Ensure that there is a written Safeguarding Statement clearly displayed in each service</p> <p>Ensure that Safeguarding is a standing item on team meeting agendas</p> <p>Ensure that supervisors regularly read case files and counter sign them</p> <p>Undertake periodic file audits</p> <p>Make child protection referrals to Children's Social Care, as necessary</p> <p>Provide information on safeguarding activity to the regional manager and the SDM as required</p>
<b>Designated persons</b>	To offer consultation and advice to staff locally on safeguarding issues
<b>Front line Staff,</b>	Accountable to their project or service manager for

<b>Administrators, Students and Volunteers</b>	<p>safeguarding within their work</p> <p>Responsibility for the safe delivery, quality and effectiveness of the services they provide</p> <p>Are alert to safeguarding issues in all aspects of their work</p> <p>Keep accurate and timely records which are signed and dated and comply with Family Action's procedures in relation to file format and management</p> <p>Remember that the welfare of the child is paramount and draw to the attention of line management any concerns they may have for the welfare of a child</p> <p>Make referrals to Children's Social Care as necessary in consultation with their line manager</p> <p>Use supervision and appraisal to reflect on practice in relation to safeguarding.</p> <p>Undertake safeguarding training as necessary</p>
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### **Appendix 3 Designated Person Profile**

Family Action requires regional managers to identify people with the requisite experience to act as the designated safeguarding person for each of their services. The designated person will be required to offer consultation and advice on safeguarding matters to other staff members.

If no such person exists within a service, regional managers will either allocate the role to someone in an adjacent service or undertake the role themselves. All staff within the regions must be formally notified by their project manager of the name and contact details of their designated person by 1.1 2009.

Each regional manager must supply a list of their designated persons indicating which project they cover, to the Safeguarding Development Manager and Deputy Director by 1.1 2009 .

A designated person must have:

- A professional qualification in social work or other relevant discipline
- A minimum of five years post qualifying experience of working with child protection issues
- A thorough and current knowledge of safeguarding guidance and legislation
- Undertaken safeguarding training which has been appropriately updated
- A sound understanding of their Local Children's Safeguarding Board's Procedures
- A comprehensive knowledge of local networks
- The confidence and ability to use sound professional judgement



# SAFEGUARDING CHILDREN PROCEDURES

The purpose of these procedures is to ensure a speedy and effective response for dealing with concerns about the physical, sexual and emotion abuse of children or their neglect.

Adherence to these procedures is mandatory for all Family Action Staff, students and volunteers. All staff new to Family Action will be made aware of this policy and procedures through the induction process. For operations staff the Social Care Induction Programme and the Safeguarding Children Foundation Course will be completed during their probation period and they will be required to attend safeguarding training, at an appropriate level, at least every two years thereafter.

All Family Action staff, students and volunteers will be expected to comply with the Code of Behaviour for Safer Working Practices for Adults who Work with Children and Young People *appendix 6 (to follow)*.

Each team will have a hard copy of this policy easily accessible to its staff and copies of *appendix 1* (what to do if – referral flow chart) will be clearly visible and will contain local contact numbers and be placed close to the telephone, in each team office.

Safeguarding will be considered at each OSMT, regional and team meeting as a standing agenda item and within each supervision session.

## 1. DEFINITIONS

### 1.1 Safeguarding and promoting the welfare of children

This is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Enabling children to have optimum life chances and to enter adulthood successfully.

(Working Together to Safeguard Children 2006)

Within 'Working Together' there is an increased emphasis on safeguarding rather than protection. That means intervening at the earliest possible point in order to **support** parents in caring for their children and to **prevent** any concerns escalating. This is entirely consistent with Family Action's ethos and approach but does not override the principle that **the child's welfare is paramount**.

## **1.2 Children in Need**

Children, who under s17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services by a local authority, plus those who are disabled.

## **1.3 Significant Harm**

Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduces the concept of significant harm as the threshold that justifies **compulsory** intervention in family life in the best interests of children. It places a duty on Children's Social Care to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

There are no absolute criteria for significant harm. Sometimes a single traumatic event may constitute significant harm e.g. a violent assault. More often, significant harm is a compilation of significant events both acute and long standing, which interrupt, change or damage a child's physical or psychological development. It is the corrosiveness of long term emotional, physical, sexual abuse or neglect, which causes impairment to the extent of constituting significant harm.

## **2. WHAT IS ABUSE AND NEGLECT**

Abuse and neglect are forms 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 an institution or a community setting, by those known to them, or more by a stranger. They may be abused by an adult or adults, or another child or children, or by witnessing the abuse of another person. The abuse and neglect of children takes place in all sectors of our community

### **2.1 Physical abuse**

Physical abuse may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. It may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces, illness in a child.

### **2.2 Emotional abuse**

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve:

- Conveying to the child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- It may feature age or developmentally inappropriate expectations being imposed on a child
- It may involve seeing or hearing the ill treatment of another
- Causing the child to feel frequently frightened or in danger

- Or the exploitation or corruption of a child

Some level of emotional abuse is involved in all types of maltreatment of a child although it may occur alone.

### **2.3 Sexual abuse**

Sexual abuse involves:

- Forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening
- Activities may involve physical contact, including penetrative or non penetrative acts
- Or non contact activities, such as involving children in looking at, in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

### **2.4 Neglect**

Neglect involves:

- The persistent failure to meet a child's basic physical and /or psychological needs, likely to result in the serious impairment of the child's health or development
- It may involve a parent/carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or a failure to ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

### **2.5 Organised or multiple abuse**

This involves:

- Abuse involving one or more perpetrators and a number of related or unrelated abused children and young people
- In some cases perpetrators act with others to abuse children, in others they act alone or they may use an institutional framework or a position of authority to access and groom children for abuse.
- Organised and multiple abuse occur both as part of a network of abuse across family or community, and within institutions such as residential homes or schools.

## **3. CHILDREN & YOUNG PEOPLE CONSIDERED PARTICULARLY VULNERABLE TO ABUSE**

There are some children living in circumstances which may make them particularly vulnerable to abuse such as:

- All children deemed Children in Need
- Those living away from home in public or private care

- Disabled children
- Children whose behaviour indicates a lack of parental control
- Children living within households where there is domestic abuse
- Children of substance misusing, or mentally ill parents
- Children living in families where there are extreme religious, spiritual or cultural beliefs
- Children living in temporary accommodation
- Newly arrived or transient families
- Unaccompanied asylum seeking children

## **4. ALERTING SIGNS AND SYMPTOMS OF ABUSE**

There are a variety of ways that somebody in the organisation may become aware of the actual or likely occurrence of abuse of a child. These include:

- A child might tell them
- Someone else might report that a child has told them or that they strongly believe that a child has been or is being abused
- A child might show some signs of physical injury for which there appears to be no satisfactory explanation
- A child's behaviour may indicate to them that it is likely that she or he is being abused
- Something in the behaviour of one of the workers or a young person, or in the way that a worker or young person relates to a child, alerts them or makes them feel uncomfortable in some way
- Observing one child abusing another

Whenever anyone has concern that a child may be at risk of abuse they should follow Family Action's Safeguarding Procedures unless they have been superseded by those of the Local Safeguarding Children's Board.

Most children do have accidental injuries occasionally e.g. when falling or playing with other children. Such injuries might include bruising to the knees, shins, arms, elbows, or if falling onto the face, nose, forehead cut lip etc.

However, there are injuries which are hardly ever caused accidentally and also warning signs which may indicate sexual, emotional abuse or neglect. The following is not an exhaustive list. It is designed to draw attention to the fact that a child might be being harmed in some way and in need of protection.

### **4.1 Physical Indicators**

#### **Bruises**

Some types of bruises are often associated with non-accidental injury:

- Hand slap marks

- Marks from an implement
- Pinch or grab marks
- Grip marks on a baby (could indicate severe shaking )
- Bruised eyes (particularly when no other bruising to forehead)
- Any bruising on babies

### **Other Injuries**

Sometimes children are injured accidentally by not having been provided with a safe environment, such accidents could for example include scalding, fractures and poisoning. But some types of injury are less likely to be accidental such as:

- Burns inside the mouth, inside of the arm and on genitals
- Some cigarette burns or burns with another object
- Scalds particularly on the feet and ankles
- Bite marks
- Evidence of old or repeated fractures
  - Cuts to mouth or tongue
- Female circumcision

### **4.2 Sexual abuse**

- Bruising to breasts, buttocks, lower abdomen, thighs and genital or rectal areas which could indicate sexual abuse
- Injuries, bleeding or soreness to genital or rectal areas
- Persistent vulva reddening and or discharge
- Repeated urinary tract infections
- Pseudo- mature or sexually explicit behaviours
- Continual open masturbation or aggressive sexual play with peers

### **4.3 Signs of Neglect**

A neglected child may show signs by being:

- Underweight or obese
- Always dirty and smelly
- Poorly and /or inappropriately clothed
- Always hungry
- Unduly solemn and unresponsive
- Under stimulated and not reaching developmental milestones

Neglecting a child's need for love, care, warmth, security and stimulation will affect their emotional and physical development over time. Some children may be left unattended without suitable arrangements for their care or with adults who for some reason (e.g. alcohol or drug misuse) are unable to be fully responsible for the child's care.

Skilled social and medical assessment is necessary in order to establish whether a child is failing to thrive.

#### 4.4 Behavioural Indicators

Children who are being neglected or abused often also have behavioural difficulties. Any signs should always be looked at in conjunction with other information about a child and their family circumstances. Behaviour may be a starting point for further assessment. Indicators might include:

- Overly compliant or watchful attitude
- Acting out aggressive behaviour, severe tantrums
- Child only appearing happy in school, or is kept away from school
- Child isolated in school and without friends
- Child unable to trust anyone
- Tummy pains with no medical explanation
- Eating problems
- Sleep disorders
- Frightened child, overly anxious, frozen
- Child self harming
- Constantly running away from home
- Child showing signs of depression, anxiety, withdrawal etc

#### 4.5 Other Factors

There may be other indicators which could make someone concerned about the risk of abuse or neglect of a child such as:

- A history of a parents' abuse in childhood whether physical, emotional sexual or neglect
- A history of family breakdown, separations or disrupted care
- Parental isolation and lack of support
- Parental mental ill health, learning difficulties or disability which may impact negatively on a parents' perception of the child or ability to provide care
- Parental drug, alcohol or substance misuse
- History of transient or violent partners and exposure to domestic abuse
- History of criminal behaviour and imprisonment and in particular a conviction of a schedule 1 offence
- Parent lacking awareness of a child's development and its needs
- Parents who hold extreme religious, spiritual or cultural beliefs
- Inconsistent adults within the household or rapidly changing adult relationships
- Chaotic families
- History of social services involvement or children being 'looked after children'

**Remember:** It is **not** your responsibility to decide whether a child is suffering or at risk of suffering significant harm. This is the duty of Children's Social Care, the

Police or the NSPCC. Discuss any concerns with your manager or designated person, and follow the safeguarding procedures.

## **5. WHAT TO DO IF YOU HAVE CONCERNS ABOUT THE WELFARE OF A CHILD** *(see appendix 1 for referral flowchart)*

Remember that the welfare of the child is **paramount**. If a child shows signs that s/he is suffering, or is likely to suffer, significant harm, the first consideration must always be whether the child is in imminent danger or requires urgent medical attention. If so, the safety of the child and/or access to suitable medical treatment, need to be secured as a first priority. If the child is in danger, keep the child with you and contact the police. If the child requires medical attention call an ambulance and then inform your manager. A decision will need to be made, by the professionals involved at this stage, as to both the timing and who will be responsible for informing the family and Children's Social Care of the situation. *(They will need to take into consideration, the current assessment of risk and any risk management or contingency plans which may already exist.)*

If no such action is required, the staff member must discuss their concerns with the designated person, usually their manager, immediately, to consider whether the child is a child in need and requires a referral to Children's Social Care. If you have any doubts about this decision, remember you can always, without necessarily identifying the child, discuss your concerns with senior colleagues in other agencies, consult with Children's Social Care, Local Children's Safeguarding Board or the NSPCC. If you consider the child is or may be a child in need, you should refer the child and their family to Children's Social Care. This may include a child whom you believe is, or may be at risk of suffering, significant harm.

*Changes to a child's or family's situation, whenever they may arise, will trigger an immediate review of the current risk assessment. Any amendments should be made as necessary and discussed with your supervisor.*

If the child is identified as a **child in need** (see earlier definition) then the staff member and their manager will agree how these concerns will be shared with the family.

If the family agree to a referral, then a referral form will be completed and Family Action will cooperate and contribute, as required, to any subsequent assessment or investigation.

Should the family fail to agree to a referral, then the manager must consider whether the refusal constitutes a risk of significant harm. If not, then the concerns for the child should be recorded, in line with Family Action's recording

requirements, along with the parent's dissent and staff should continue to monitor the well being of the child.

If the refusal constitutes a possible risk of significant harm, or if the child has been identified as **a child at risk of significant harm**, then a referral to Children's Social Care or, the police if necessary, should be made the same day and confirmed in writing within 48 hours. Children's Social Care should acknowledge receipt of the referral within one working day. Staff must be assertive in ensuring an acknowledgement is obtained. Staff should then cooperate with any investigation or assessment, as required.

## 6. INFORMATION SHARING & CONFIDENTIALITY

It is important that concerns about children and young people are shared, as it is only when all the pieces of information are put together that a full picture of the situation can be obtained and proper judgements made. A key factor in serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared and to take appropriate action in relation to known or suspected abuse or neglect.

It is critical that all staff working with children and young people are in no doubt that where they have a reasonable cause to suspect that a child or young person **may be suffering or may be at risk of suffering significant harm**, they should discuss those concerns with their line manager and make a referral to Children's Social Care.

While in general any concerns should normally be discussed with the family and where possible seek their agreement to make the referral, **this should only be done where such discussions and agreement seeking will not place a child at increased risk of significant harm or lead to interference with any potential investigation. The child's interests must be the over-riding consideration in making any decision.**

Family Action will :

- ensure that staff explain to children, young people and their families when **first accessing a service**, how and why information will be held and may, on occasions, be shared
- provide clear systems, standards and protocols for information sharing
- provide training on information sharing and confidentiality for its staff
- provide advice and support around information sharing issues.

See *appendix 2* for information sharing protocols

## 7. WHAT TO DO IF A CHILD MAKES A DISCLOSURE

### 7.1 An Allegation against someone outside Family Action

If a child confides in a member of staff and discloses abuse or makes an allegation of abuse against someone outside of Family Action i.e. a family member or another professional (see *appendix 3*).

Remember:

- The safety of the child is paramount
- Be calm, reassuring and honest
- Do not make promises which can't be kept
- Do not interrogate the child, but listen carefully and gently clarify the facts, remain open in your manner and allow the child to continue at their own pace
- To tell the child what will happen next and with whom the information will be shared
- Consult with your manager or designated person immediately
- Keep the child informed of what is happening and of any decisions made or actions taken
- Accurately record the incident immediately or as soon as you can but definitely within 24 hours

If the child is in danger then keep them safe and contact the police and cooperate with the investigation. If the allegation involves a parent/carer or family member do not inform the family without first discussing the situation with Children's Social Care or the police. If the allegation does not involve a family member inform the parents with the agreement of Children's Social Care and the police. All staff are required to cooperate fully with any subsequent investigation or assessment.

### 7.2 An allegation against a Family Action member of staff or volunteer

If the allegation of abuse of a child is made against a member of Family Action see *appendix 4*.

**Remember as above.**

Firstly, ensure the safety of the child. If the allegation is about another member of staff, student or volunteer but not your manager, then inform your manager immediately. If the allegation is about your manager then inform the person senior to them, or in their absence, the Human Resources Department and a member of the Senior Management Group immediately. A referral to Children's Social Care and, possibly, the police, will need to be made and arrangements agreed for informing the parents and carers of the child.

If the allegation is against a member of Family Action who is still working with children, Family Action will need to remove them from the situation and advise them that a complaint has been made against them and an investigation will follow. If the person also works with children in another setting, those undertaking the investigation will need to consider who else might need to be informed.

If the person is no longer working with children, in discussion with Family Action's Human Resources Department, consideration will need to be given as to whether the member of staff should be suspended during the course of the investigation or pending the outcome of any disciplinary processes.

### **7.3 An allegation against a member of a Family Action workers extended family**

If an allegation is made against a member of Family Action's staff's extended family, provided that member of staff is not your line manager, it must be reported to your line manager immediately. If it is a member of your line manager's extended family, or they are absent, inform the person senior to them, or in their absence, the Human Resources Department and a member of the Senior Management Group immediately. They will decide how best to proceed.

#### **Remember:**

*It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional child protection agencies following a referral to them of concerns about a child.*

## **8. RECORDING CONCERNS**

It is imperative that any concerns about a child are accurately recorded as the matter could go on to case conference and/or legal proceedings. All recording, whether electronic or paper, must be placed on the case file within one working day. The record should include the context, a detailed account of the concerns, what was said or seen and by whom. It is important to record the **actual words** used by the child or the referrer. The record should indicate who was present, who was consulted, how any decisions were made and the reasoning behind them and by whom, and any actions taken. If a decision was made, to take no action, then the reasoning for that decision must also be recorded. All records must be clearly signed and dated.

Tipp-ex must never be used on case files, if a mistake is made or an amendment required, a line should be made through the original so that the wording remains clearly visible.

## 9. A REFERRAL TO CHILDREN'S SOCIAL CARE –see appendix 1

### 9.1 What to include

Some local authorities have their own specific referral form, others do not. Any referral to Children's Social Care or the police **must** include:

- Full name of the young person (check all names are spelt correctly)
- Age of child or young person (check date of birth is accurate)
- Parent's name/s (check the surname of the parent is spelt correctly and that the person you think is the parent, really is. If they are not the parent, find out who they are and whether they are related to the child)
- Home address - including house number or name, and post code and telephone number if possible
- Special circumstances e.g. community language, context of disclosure etc
- What has prompted concern including dates & times etc
- Any physical or behavioural signs need to be reported
- Say whether you are passing on your own concerns or those of a third party, if so record the details and clarify between fact and opinion
- Has the child/young person been spoken to. If so, by whom and what was said
- Have the parents been contacted? If so, by whom and what was said
- Has anybody been alleged to be the abuser, if so record details
- Has anyone else been consulted? If so record the details

Remember to add your own name, position, contact details, time and date of referral and method by which referral was made. A referral should be countersigned by your line manager, whenever possible. Follow up in writing within 48 hours.

### 9.2 Information sharing and confidentiality

The legal principle that the welfare of the child is paramount means that the considerations of confidentiality which might apply in other situations in the organisation should not be allowed to override the right of children to be protected from harm. (see *appendix 2* information protocols and flow chart) Seek advice if you feel unsure about what should be shared.

### 9.3 When should the family be informed

*Family Action, in consultation with Children's Social Care and the police, will always inform the parents of such a referral, **unless** sexual abuse is suspected or another form of abuse which could be covered up, or if it would endanger the child or others, or if it was felt that the family would flee. A judgement will need to be made by those involved at the time.*

## 10. WHAT HAPPENS NEXT IN THE CHILD PROTECTION PROCESS

Once Children's Social Care receives a referral, they will need to determine within one working day, whether they need to undertake **an initial assessment** or take no further action and inform the referrer of that decision. An initial assessment has to be completed within 7 working days.

If an initial assessment is required which identifies there are concerns for the child's immediate safety, emergency action may be necessary to safeguard the child.

**A strategy discussion** would be held between LA Children's Social Care, the police and other agencies as appropriate. They would then make decisions about any immediate safeguarding action and on information giving, especially to parents, having taken legal advice as necessary. If a decision is made to initiate an enquiry under section 47 of the Children Act 1989, a social worker will lead on a **core assessment** to be completed within 35 working days, and to which other agencies will contribute. If concerns are substantiated and there is a continuing risk to the child LA Children's Social Care will convene a **child protection conference** within 15 days of the last strategy discussion.

The child protection conference will determine whether the child is at continuing risk of significant harm in which case the child will be made subject of a **child protection plan** and a **core group** established. The core group must then meet within 10 working days to develop and implement the child protection plan. A **review child protection conference** must be held within 3 months of the initial conference and 6 monthly thereafter, until such time as there are no further concerns about harm and the child is no longer subject to a child protection plan.

Under section 47 of the Children Act 1989, only LA Children's Social Care, the police and NSPCC have statutory powers to investigate concerns that a child is suffering or at risk of suffering significant harm. However, other agencies, including Family Action, may be required to contribute to strategy discussions, core assessments, child protection conferences and core groups. Managers should ensure that their staff have the knowledge, skills and confidence to do so effectively and are offered appropriate training and support.

### **A CHILD IN NEED, BUT NO ACTUAL OR LIKELY SIGNIFICANT HARM**

If an initial assessment concludes that the child is not suffering or likely to suffer significant harm, but is **a child in need**, Children's Social Care will discuss with the child, family and other colleagues, as appropriate, what to do next. This may sometimes result in services being offered by Children's Social Care and/or other

agencies or it may be decided that an in depth assessment may be required and Children's Social Care will then coordinate a core assessment which will help inform which services need to be provided. A lead professional, usually a social worker, will then co-ordinate those services and review the outcomes for the child, until such time as the case can be closed.

Such services are delivered under section 17 of the Children Act 1989, this places a responsibility on Children's Social Care to provide services to children in need but does not give them statutory powers to intervene in family life, against the wishes of the family.

## **11. THE SUPERVISION OF SAFEGUARDING WORK**

Supervision plays a critically important role both in our safeguarding work and in ensuring that Family Action remains a safe organisation. Regular supervision of good quality should be available to all staff to ensure proper accountability and best practice. The Family Action supervision policy outlines minimum standards required for staff and volunteers. However, the frequency of supervision should reflect the complexity of the work being undertaken together with the skills, knowledge and experience of the staff involved. Safeguarding must be discussed at each supervision session, is to be properly recorded and any decisions transferred to the case file without undue delay. Supervision should identify any training needs and ensure that they are addressed.

It is the shared responsibility of both supervisor and supervisee to establish a relationship within supervision which enables an honest and open discussion of any safeguarding concerns or issues which arise either directly from the work or within the work place. Supervision should be a creative process which may, on occasions, require the robust challenge of the views and/or practice of colleagues and on rare occasions, if differences cannot be resolved, the possible involvement of senior managers.

All staff should read and be familiar with the Family Action Supervision Policy.

### **11.1 Supervisors**

In addition, supervisors/line managers should take account of:

1. The welfare of the child is paramount
2. S/he is acting on behalf of Family Action and should follow the procedures of both Family Action and the Local Safeguarding Children's Board (LSCB) and if there are differences those of the LSCB take precedence.
3. Issues of race, culture, disability and gender must be active components of any supervision session. There must be an

awareness of the impact of these issues both within the supervisory relationship and in the work with service users

4. It is important that supervisors remain familiar with the law relating to children and with knowledge and guidance in relation to safeguarding
5. The supervisor must be aware of the danger that anyone working closely with child protection may become part of the system and that there are inherent dangers attached to this. Known dangers will be addressed in training but there are two in particular that supervisors must take account of:
  - "The Rule of Optimism"- it is natural for a supervisee (and the supervisor) to want things to improve and go well for the family. Considerable effort will be made by the supervisee to achieve this, it may be painful for the family to make small steps at times. Therefore any progress, in an encouraging relationship, will be highlighted. Things that don't improve could then be diminished in the mind of the supervisee (and even the supervisor in an encouraging supervisory relationship). This can create a kind of blindness in which blatant safety issues can be overlooked or played down. Many child deaths, including the recent one in Haringey, occur at the time when the professional network are moving towards de-registering and/or reducing services. **Therefore the supervisor must be prepared to go against the grain. to say 'those are the improved things which is great, but is there anything we are finding it difficult to think about in this family'. They must be prepared to be unpopular (briefly) with their supervisee or even with the whole team around the child.**
  - "The prevailing dominant idea" - An individual supervisee or even a whole team around a child can develop a dominant idea about 'what is going on this family' or 'this is what this mother is like'. Unchallenged or if not repeatedly questioned (in supervision and other safeguarding processes) this can create danger. It can produce "The Rule of Optimism" above, it can prevent other creative ways developing about supporting the family, it can stigmatise, it can cause one part of the system to be ignored, for example, 'they are a family well known to social services for generations' may stop the system from exploring the strengths of grandparents as a protective resource for a child. **Therefore the supervisor must say 'let's step back', must question the beliefs behind ideas there are about the family and think through the actions that follow those beliefs**
6. Ensure that workers understand that if they are working on a child protection case and they are denied access by the family or to the child ( if that is their role) or an arranged meeting is cancelled without explanation or missed, that they notify Children's Social Care and record the circumstances accurately

7. The importance of maintaining appropriate levels of consultation in the inter-agency network, particularly with Children's Social Care if there is a child protection plan and child protection conferences
8. The importance of maintaining an awareness of the stages of work in individual child protection cases
9. The supervisor is responsible and accountable for all major decisions that the worker is involved in which relate to the case, and for ensuring that any decisions are recorded on the case file
10. The supervisor must make sure that all safeguarding cases are regularly discussed to ensure that the work being undertaken is in accordance with the child protection plan and child protection conference decisions.
11. The file and all records must be kept up to date – see Family Action's recording standards
12. Students on placement with Family Action will not be given sole responsibility for child protection cases but will work jointly with another worker
13. Supervision needs to deal with issues relating to labelling, stereotyping, prejudice, direct and indirect discrimination, personal and institutional power and uses and abuses of authority. Supervisors must be prepared to challenge staff when dealing with such issues and to deal with any resistance/ denial which may be encountered

## **11.2 Supervisees**

Those working directly with children must be aware that:

1. The child's welfare is paramount
2. S/he is acting on behalf of Family Action and should follow the organisation's or Local Safeguarding Children's Board's procedures
3. Major decisions about the work should be made in consultation with the supervisor/line manager and recorded on the file
4. Maintaining appropriate levels of consultation in the inter agency network, particularly with Children's Social Care and through core groups, the child protection plan and conferences, is very important
5. Recording must be kept up to date
6. Supervisees have a responsibility to ensure that they receive the right level of supervision for the complexity of the work undertaken and to meet their individual needs
7. Safeguarding issues whether they relate to the direct work, the work environment or the impact on the supervisee, must be openly discussed within supervision. Supervisees must be prepared to have their views challenged and any block or resistance exposed
8. The supervision process should be used to monitor attendance at safeguarding training, and to identify and address any additional training needs

## 12. TRAINING

Family Action recognises the complexity of the safeguarding work undertaken by staff and the emotional impact it can have upon them. All staff as part of induction are introduced to 'Safeguarding' and their responsibilities in relation to it. In addition, frontline operational staff are required to attend a safeguarding foundation course within their probationary period and further safeguarding training at least every two years. Family Action provides a range of safeguarding training and information, at different levels, to support staff and to extend and update their knowledge and skills and to ensure best practice.

Staff can also access a broad range of multi –agency safeguarding training, available through their local safeguarding children's boards.

*See appendix 5*

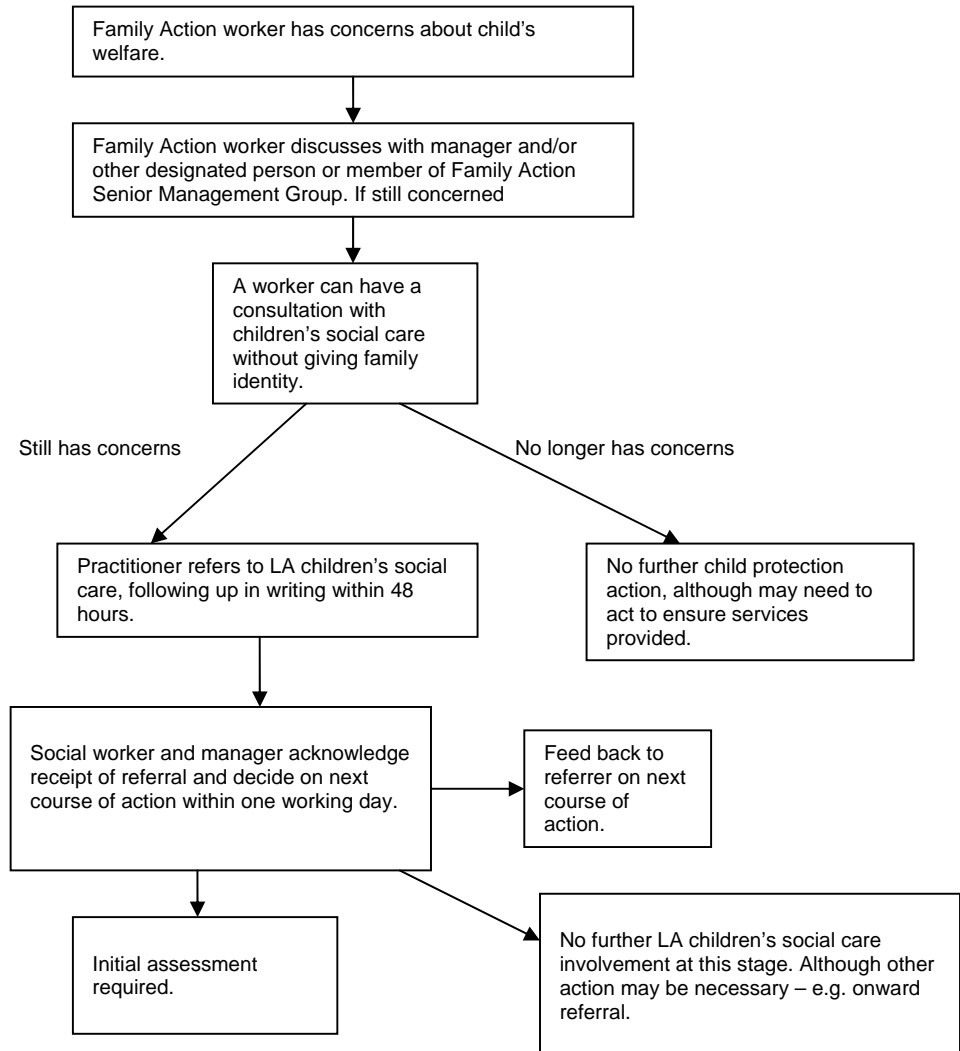
### **Procedures Appendices**

1. What to do If....referral flowchart
2. Information Sharing Protocols – ECM Guidance
3. Responding to allegations of abuse against someone **outside** Family Action
4. Dealing with an allegation of abuse against someone **working for** Family Action
5. Family Action training matrix
6. Code of Behaviour for Safer Working Practice for Adults who Work with Children and Young People

September 2008

# Procedures Appendix 1

Flow chart 1: What to do if.... Referral Flowchart



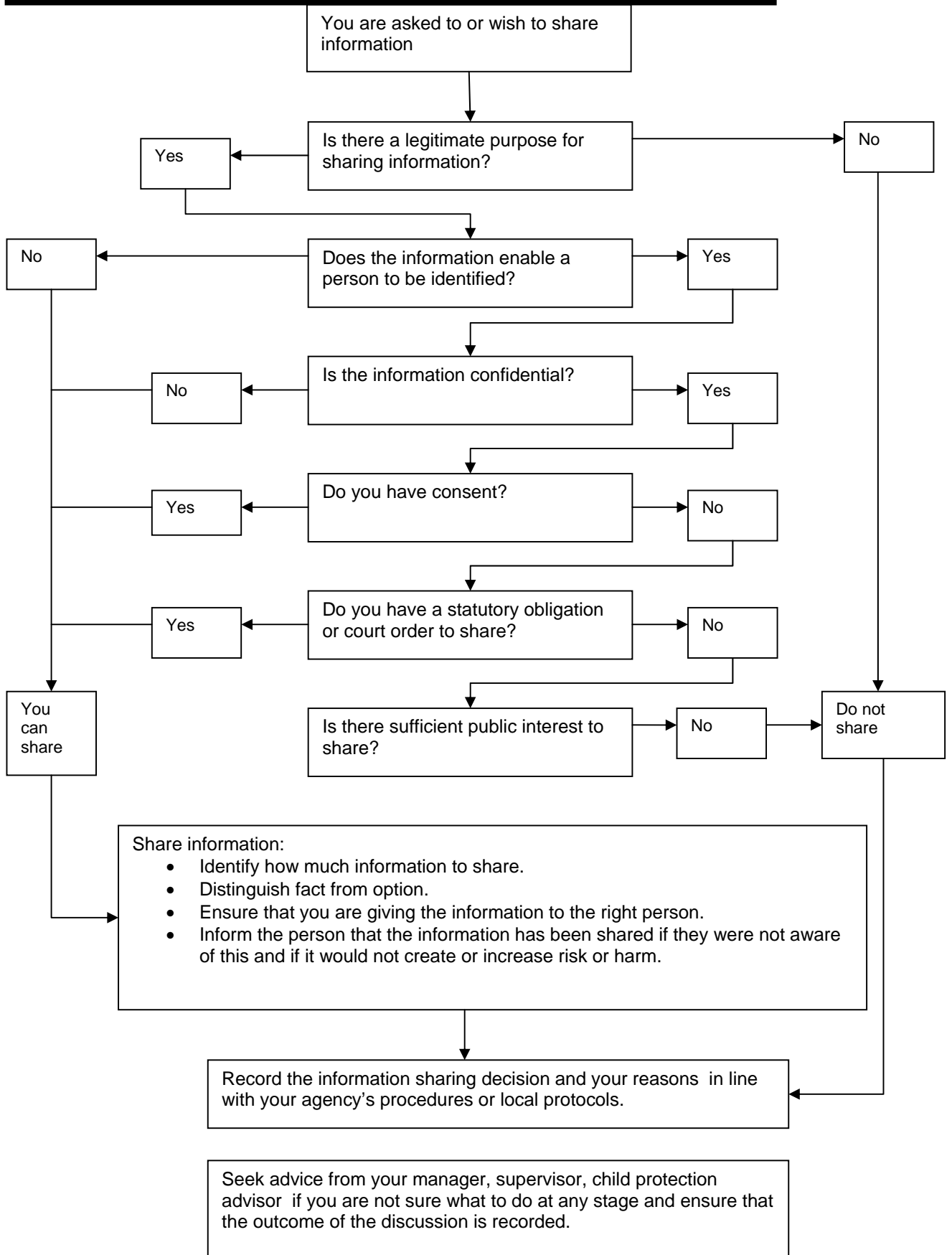
**LOCAL NUMBERS**

For Consultation:

For Referral:

## Procedures Appendix 2

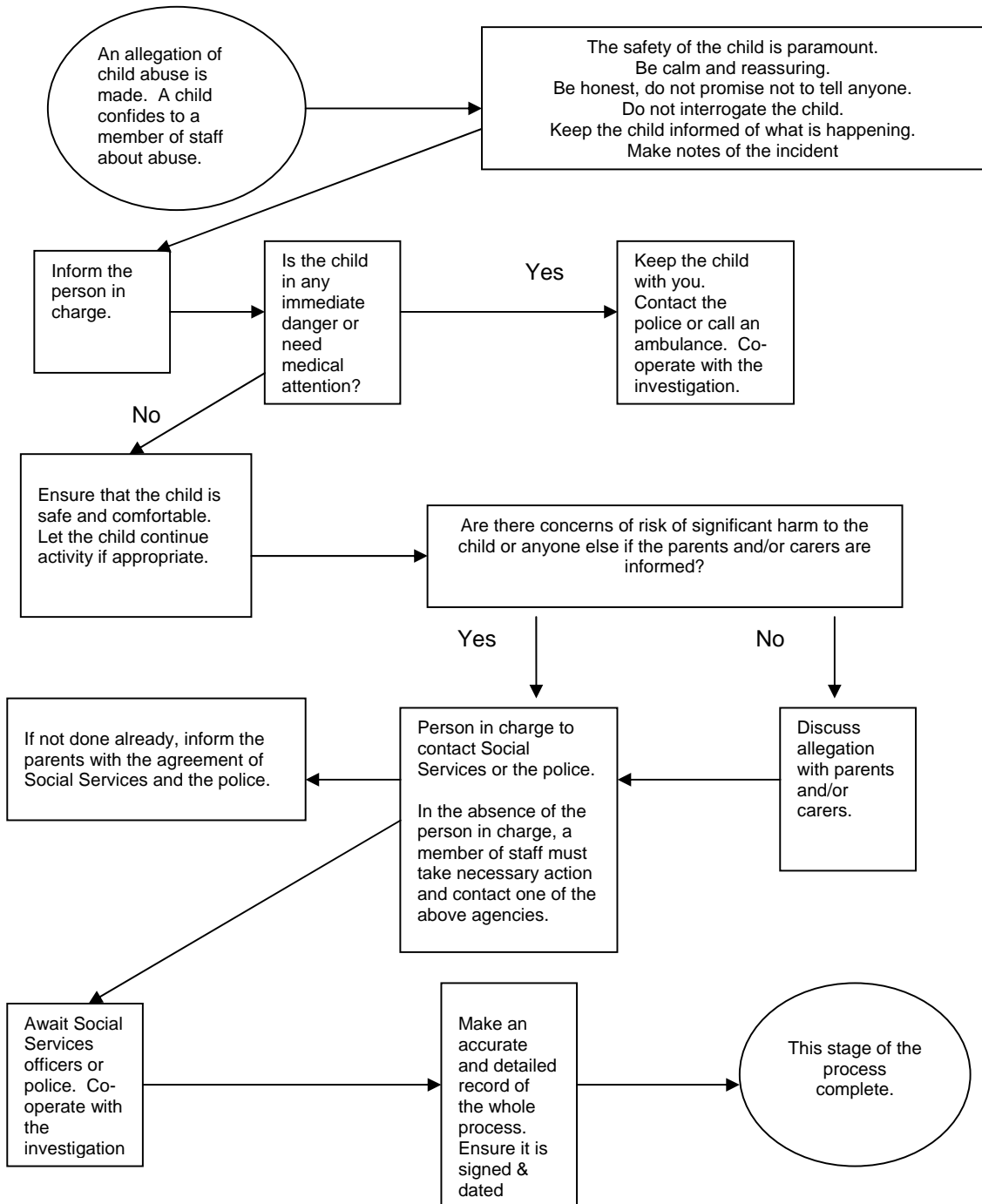
### Flowchart of key principles for information sharing



# Procedures Appendix 3

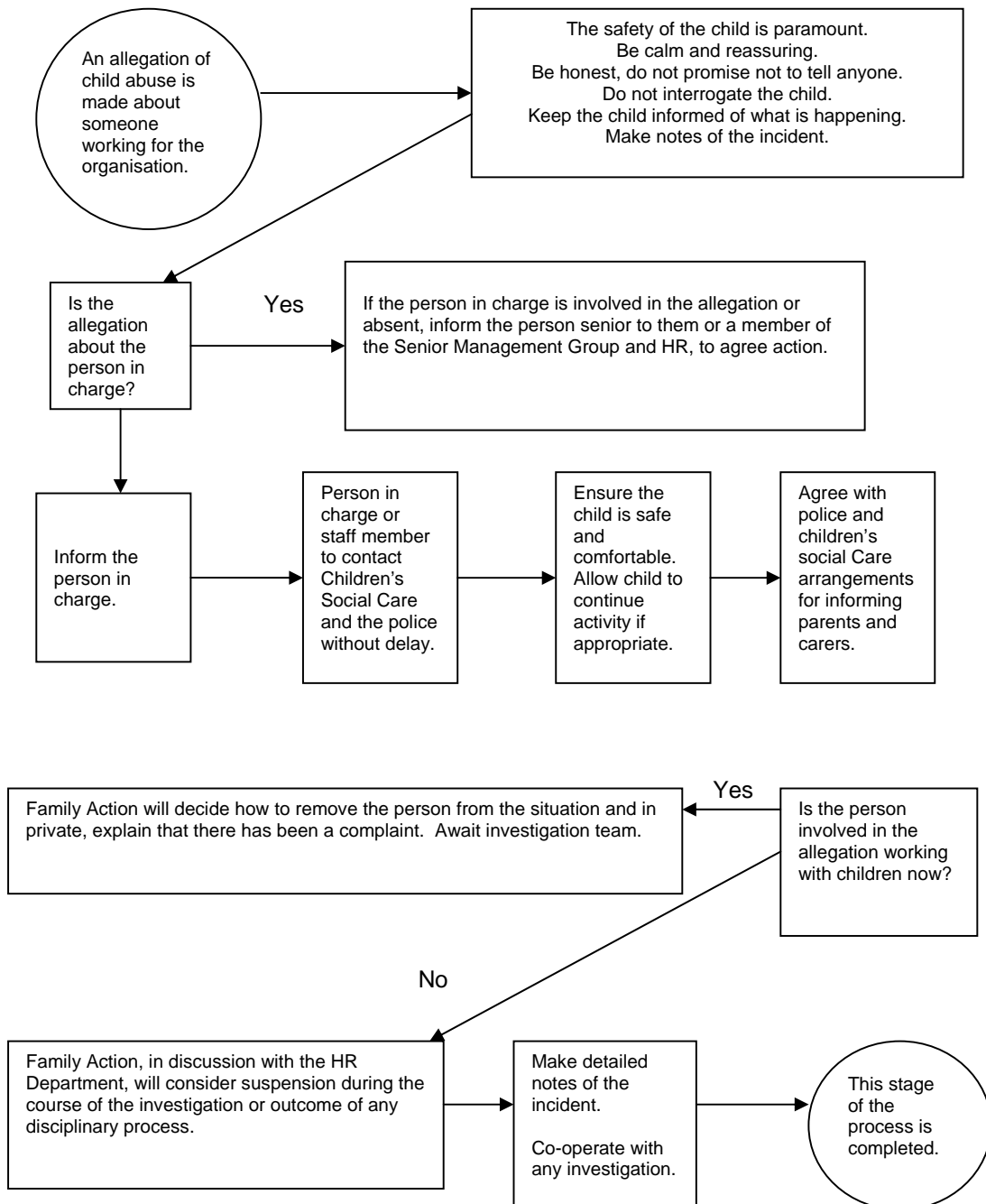
## Responding to Allegations \* of Abuse against someone outside Family Action

- An allegation is a statement that a child is being harmed by an adult or another child

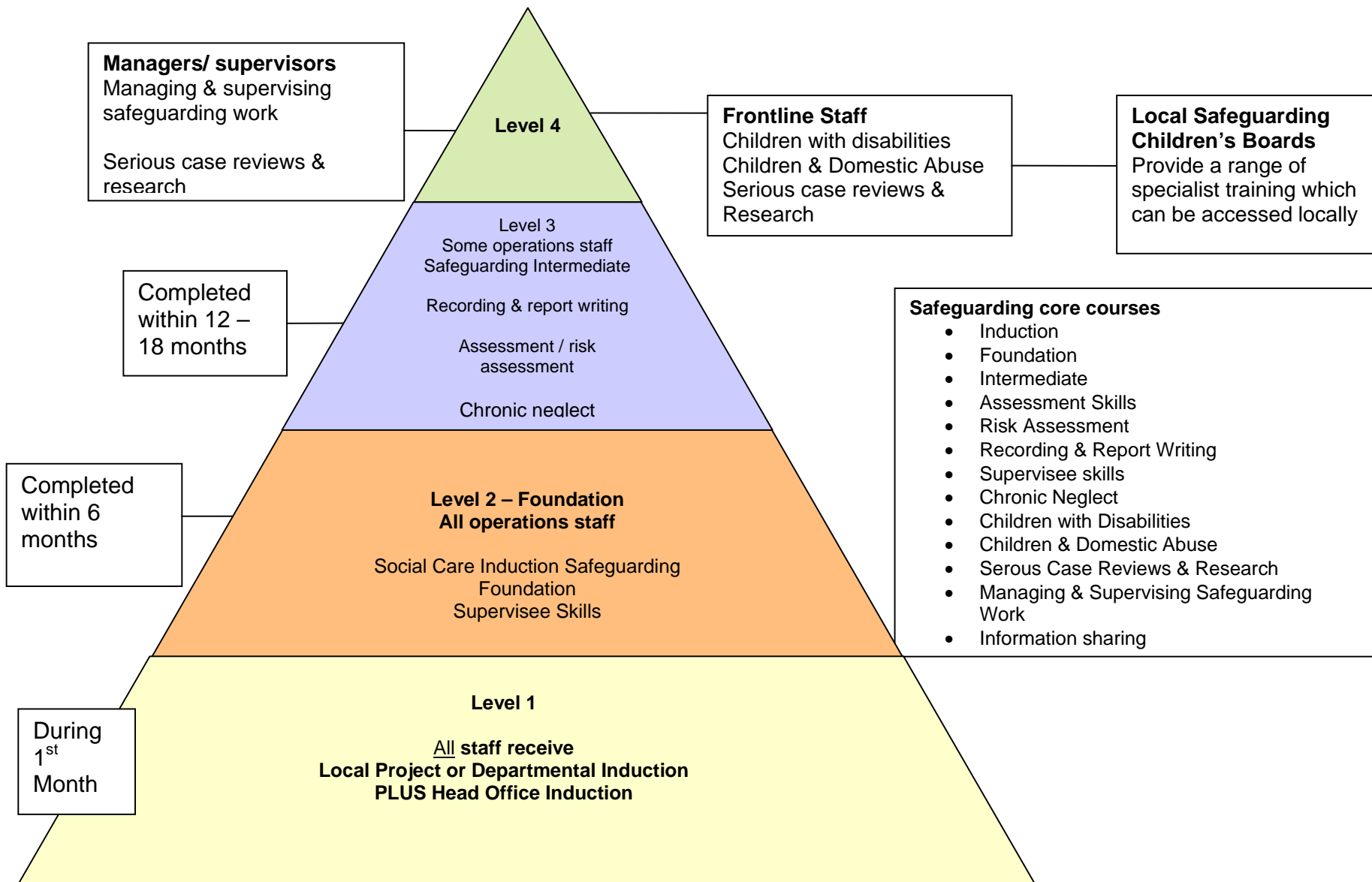


## Procedures Appendix 4

### Dealing with an Allegation of Child Abuse against someone working for Family Action



# SAFEGUARDING CHILDREN TRAINING MATRIX





# Family Action

## Practice Standards

### INTRODUCTION

The following nine practice standards are intended to bring consistency to and ensure the quality of Family Actions work with children, young people and families in meeting the five outcomes of Every Child Matters.

It recognises the need for a multi agency approach to planning and for effectively working with other agencies to ensure the needs of children are adequately addressed. Some regions are further forward than others in implementing CAF (common assessment framework), and creating the team around the child with identified lead professionals who coordinate activity and link with the family. However, all Family Action children and family services will need to embrace this approach, so that families are not repeatedly assessed, that their views are sought and heard, and that they are given every opportunity to contribute to and participate in both determining and evaluating the services they receive.

Along side each standard are examples of forms that can be used as templates where necessary. Although the aim is to bring consistency across the organisation, it is recognised that services will have differing needs and also have to meet a variety of funding requirements. It is intended that all services meet the minimum standards but additional information or adjustments can be made to respond flexibly to the local situation. For example, some services may need to add a legal section in the case file structure.

It is intended that all projects will receive a copy of the standards on or around 1st December 2008. Team members will be expected to familiarise themselves with them for a phased implementation from 1.1.2009.

An off- line audit will be conducted across all regions later in the year and a review of the standards undertaken after 6 months. Staff, students, volunteers and service users will be encouraged to contribute to that review to help us further improve our performance and the services we offer to families.



## Standard One: Referrals

**A referral is a request for a service. Referrals come from a range of different sources from: children and young people; parents and carers; extended family; statutory agencies and other partner agencies.**

**Likewise they arrive in a number of different ways by: telephone; letter; email and face to face contact or through meetings.**

**As an organisation, Family Action will be clear about:**

**It will not accept a referral with insufficient information**

**What we are being asked to do,**

**Who has made the request,**

**The needs and circumstances of the family we will be working with and The required outcomes.**

Minimum standard:

- Referral should be completed
- Include the consent of family
- Incorporate referrer details/contact point
- Demonstrate a clarity of purpose
- Include family names, address, date(s) of birth , telephone no. or other contact details.
- Incorporate relevant family history/significant events
- Identify current risks/concerns
- Specify any safeguarding concerns and the status of the case

Formal referrals should be implemented for specific pieces of work with a family. However, it is recognised that this may not be necessary for services which are more informal e.g. drop-ins, after school clubs. In these circumstances a basic registration form will meet the required standard.

Best practice:

- Following an initial enquiry a referral form needs to be completed when an initial enquiry is made (e.g. by telephone, face to face, etc.)
  - Would include a risk assessment already done
  - Contact details of enquirer.
- The Initial Enquiry form is dated and passed to the Manager.
- Within seven working days the referrer needs to receive a written acknowledgement of the referral, indicating whether it has been accepted, declined or placed on a waiting list and indicating that **A case is not live until it is allocated.**
- If a referral is not appropriate a standard letter needs to include a leaflet giving information about what services are available.

- On receipt of the referral, the family need formal acknowledgement that a referral has been made by whom and which agency. Estimated time scales, allocations or waiting periods should be clearly stated. And the family should be given contact details of their local project at that stage.
- The referral is then recorded on the Database and given a Reference Number.

When a project allocates a case, the family will be contacted within a maximum of ten working days to agree an initial introductory visit.

This process needs to be recorded on the family file e.g. on a record contact sheet and attached to the paperwork e.g. initial referral form. (Sometimes we might receive a referral, then the family circumstances change e.g. they move out of the area. In some situations where families are avoiding services, our involvement needs to be tracked and referrers informed).



## ***Policy and Procedure for Community Based Family Support. Lincolnshire Children's Support Service***

*This document details Family Actions local policy and procedure for supporting families in the Boston, Spalding, Holbeach, Sutton Bridge and Long Sutton areas. It is designed to be suitable for both agencies and those families who choose to self refer. This Policy and procedure will be distributed with all requests for referral forms to enable referrers to understand what happens next.*

*The information includes:*

### ***1) Policy***

- 1. Aims of the Service*
- 2. Partnership working*
- 3. Sources of referrals*
- 4. Criteria and targets*
- 5. The detail of what we can provide*
- 6. Statistics*
- 7. Minimum standards*

### ***2) Procedure***

- 1. Making a referral*
- 2. Contact and next step*
- 3. Home visit and Initial assessment*
- 4. Support Agreement*
- 5. Review*
- 6. Other information*



## **POLICY**

### **1. Aims of the service:**

*Family Action delivers and manages high quality tailor made family support services.*

*We offer these services with 3 main aims:*

- *To safe guard and promote the welfare of children*
- ***To build on the wellbeing of families***
- *To identify and work together with parents on specific issues to improve outcomes for children.*

### **2. Partnership Working:**

*We believe that in many cases although we will not always have solutions to concerns and difficulties within families, our relationships with parents and the children often complements more specialised in depth work. We may then offer to work alongside other agencies if this will benefit the family.*

*We aim to remain clear and professional regarding responsibility in safeguarding children and are realistic in what we can achieve with the skills and knowledge we have.*

### **3. Sources of Referrals:**

*We are funded by Lincolnshire County Council. We can take referrals from Children's Social Care and other professional agencies (for example health and the voluntary sector). We can accept self-referrals.*

### **4. Criteria and Target Group:**

*In order to be eligible for our service, the following criteria must be met for your referral to be considered.*

#### **a) Target group and level of need:**

*We are funded by Lincolnshire County Council to provide short-term preventative services for children in need and their families, while ensuring that the principals of Every Child Matters are embedded in our work.*

*The Children Act 1989 defines children to be in need if;*

- (a) "he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services"*
- (b) His health or development is likely to be significantly impaired, or further impaired, without provision for him such as services.*
- (c) He is disabled.*

*The core values of Every Child Matters state that children have a right to:*

- Be Healthy*
- Stay Safe*
- Enjoy and Achieve*
- Make a Positive Contribution*
- Achieve Economic Well-Being.*

The service is committed to the six strategic themes of the Children and Young Peoples Plan for Lincolnshire:

- 1. All children achieving their full potential:** excellence in learning with support.
- 2. Prevention:** early action resulting in a shift of resources from specialist to universal.
- 3. A new single organisation:** developing integrated working
- 4. Safeguarding our children:** ensuring children are safe in every environment.
- 5. Participation and Aspiration:** listening and acting on what children and young people and parent/carers tell us.
- 6. Partnership:** creating sustainable futures through collaboration.

*When considering the needs of families we shall consider: skills regarding parenting capacity, the family and environment and the child's developmental needs. We believe it is also important to recognise and build on the qualities and strengths that are in every family.*

*It is important that referrers are aware of our target group at this point so that we are not rejecting families unnecessarily.*

***b) Geographics:***

*Families must live in the areas defined by Lincolnshire County Council as part of the service level agreement, PE21, PE20, PE22, PE11 and PE12. If they do not fall within this boundary we will help them in accessing information regarding other community services, which may be available.*

***c) Ages of children:***

*We work with families whom have children aged 5-13 years old.*

***5) The detail of what we can provide:***

*The project manager will consider each referral form to check that it meets the criteria for the service. A home visit follows to talk through support needs and concerns in more detail with parents/carers and to discuss what Family Action can offer. A formal agreement outlines all the important issues. Support is tailor made and delivered through home-based support services. Family Support Workers can offer advice, guidance, and emotional and practical support for children and their parents/primary care givers.*

*The package of support is reviewed and evaluated, in partnership with the family, throughout the service delivery period. The service strives to empower and enable families to manage their own specific needs.*

*The service can provide home based family support for a maximum period of 6 months. Working in partnership with families we will strive to complete our work before the maximum time scale expires. We aim to empower and enable families to become confident and self-sufficient as quickly as possible.*

*Home based family support sessions can provide any or a combination of the following:*

- The provision of practical advice and information*
- Listening to the parents and appreciating the stressful position they can be in.*
- Agreeing on areas where parents may want more focused support (for example boundary setting, how the family manages anger, concerns at school, self-esteem, confidence issues, communication skills)*
- offering problem solving techniques and new behaviour strategies*
- acting as an advocate when dealing with other professionals and in school settings*

### ***Inappropriate referrals***

*It may be the level of need is too high in which case contact will be made with the referrer. It is possible that the case may be referred to Children's Social Care for action. It may be that their needs are minimal and other agencies are already funded to work with these issues.*

### ***6) Statistics:***

*We keep statistics on who applies for our service. Such statistics can be useful in planning future services and in monitoring the effectiveness of our procedures.*

### ***7) Minimum Standards:***

*This project is committed to delivering high quality support and to improving our services where we can. To underline our commitment we will build on the following minimum standards:*

- to comply with all relevant legislation*
- through partnership and effective team working to ensure referrals are processed in a fair and non-discriminatory manner*
- support and work towards the five outcomes of 'Every Child Matters'*
- to keep records to monitor the ethnic origin, religion, disability and first language of referrals, accepted and rejected - in order to monitor access to the service, and ensure we have the skills to meet diverse needs*
- we will have an open and fair policy which gives priority to referrals based on funder's criteria, and the urgency of the need*
- we will publicise our service by making our information accessible within the community.*

## **PROCEDURE:**

### **1. Making a Referral:**

*If you wish to make a referral, you should complete the Referral form from Family Action, Lincolnshire Children's Support Service. Forms are available from Family Action, LCSS, 31 Fenside Manor, Shaw Road, Boston, PE21 8NN. They need to be completed and returned to this address. (If any Risk Assessment documents are relevant, these need to be attached.)*

*We will acknowledge receipt of your form.*

### **2. Contact and the next step:**

*Once the referral has been received it will be passed to the Project Manager. The referrer and family will receive written acknowledgement of receipt of the referral form with 15 working days.*

*If there is a high demand for this service then a waiting list will be set up and you will be kept informed.*

### **3. Home Visit and Initial assessment:**

*The family will be telephoned in order to make contact and set a date for an initial visit. If we cannot talk to the family a letter will be sent out offering an appointment.*

*However if families are not at home when we visit and don't make any follow up contact with us, we will assume our support is no longer required and will inform the referrer and close the case.*

#### ***The purpose of the home visit will be to:***

- *Establish initial support needs and concerns with parents/carers*
- *Discuss the services on offer and how they are delivered*
- *Conduct an initial assessment*
- *Leave contacts numbers and information about LCSS and information regarding Family Action.*
- *Inform parents of the next step*

#### **4) Support Agreement:**

*Written agreements will ensure that various important issues are identified and covered from the beginning. Formal partnership agreements will be signed by Family Action and the parent/carer. The agreement will set out clear aims and objectives. The agreement will include child protection, sharing of information and access to records and complaints. Contact notes are recorded weekly and will be subject to our Confidentiality Policy.*

#### **5) Review:**

*Written agreements will be reviewed by the family and family support worker, ideally at four-week intervals. However Family Action acknowledge that this may not be appropriate in every case.*

#### **6) Other information:**

##### **Complaints:**

*Our view is that complaints give us information about the gaps in our services and helps us improve the experiences people have whilst working with us. There are three stages to the Complaints Procedure:*

- ✓ *Step one is problem solving. IF possible we would ask you to talk to the person you are dealing with or a member of staff senior to them about your concerns*
- ✓ *They will try and find a solution with you, which is acceptable to all people involved. However if you are not satisfied with the outcome...*
- ✓ *Step two involves contacting the Project Manager at 31 Fenside Manor on 01205 364742. She will respond accordingly*
- ✓ *If it is regarding the Project Manager then the Service Manger can be contacted and this telephone number can be obtained from Family Actions Central Office on 02072546251*
- ✓ *Step three means that if you are still feel dissatisfied with the situation, you can take your complaint to The Complaints Manager, Mike Beazley. Family Action, 501 - 505 Kingsland Road, London E8 4AU.*
- ✓ *Your complaint will be investigated within 28 days.*

***Please do not hesitate to ask us for a full copy of Family Actions Complaints procedure if you would like one.***

**Client Feedback:**

*We are keen to improve our services and welcome feedback from clients. We ask people who have used our services to complete an Evaluation Form. This then informs us of how the service and the staff were experienced, and gives Family Action ideas and views about how it can improve in the future. Alternatively feedback and comments will be welcomed by letter to the Project Manager, Family Action. LCSS. 31 Fenside Manor. Shaw Road. Boston. PE21 8NN.*

**Further information:**

*If you require further information, please contact the team on 01205 364742. We will be happy to help you and answer any queries you may have.*

## ***Referral form for Lincolnshire Children's Support Service. (Family Action)***

*We provide tailor made support for families living in Boston, Spalding, Sutton Bridge, Holbeach and Long Sutton. This referral/application form is the first stage of the process - with a home visit being next if you meet our criteria and if we think we can offer you support. Information given will be treated as confidential and only shared with others on a need to know basis. Please complete the form and return to the address below (you'll receive an acknowledgement from us). If you require help to complete the form please contact the address below.*

*Lincolnshire Children's Support Service (Family Action)*

*31 Fenside Manor. Shaw Road. Boston. PE21 8NN*

*Tel and fax: 01205 364742*

*E-mail: [boston@family-action.org.uk](mailto:boston@family-action.org.uk)*

### ***1) Personal Information relating to the family being referred***

*Name of parent/carer:*

*Name of child/ren being referred with their date of birth:*

<i>1)</i>	<i>Date of Birth:</i>	<i>Male/female</i>
<i>2)</i>	<i>Date of Birth:</i>	<i>male/female</i>
<i>3)</i>	<i>Date of Birth:</i>	<i>male/female</i>

*Address:*

*Telephone number*

*Preferred method of contact?      Letter or telephone*

**2. How can Family Action help?**

*Please state reason for referral*

**3) Details of who is making the referral, parent or professional.**

*Name of referrer:*

*Address:*

*Telephone Number*

*e-mail:*

*Please confirm whether the person being referred is aware of this referral*

*Yes/No*

*What is your relationship to the client? Eg Relative/friend/professional*

**4) Is the family or referrer related to a member of Family Action staff?**

Yes  if yes, please give name:

No

**5) Information about other agencies currently involved**

*It is important we have accurate information here to help us. Please use a separate box for each agency - e.g. GP/School/Health/Social Services. If you need more space, continue on a separate sheet using the same headings*

***Name, address and telephone number of agency:***

***Type of service being offered and contact person:***

***Approx. start date when service taken up***

***Name, address and telephone number of agency:***

***Type of service being offered and contact person:***

***Approx. start date when service taken up***

**6) Risk Assessment/Management information**

*Family Action staff will be conducting the initial assessment via a home visit and often-lone working.*

*Please supply any relevant information or documents relating to the family, their behaviour, the locality, neighbour disputes, specific triggers etc which staff should be aware of and can take account of in arranging the visit.*

**7) Any other information you want us to consider**

### **8) Consent**

*The information I've provided in this form is true to the best of my knowledge. I understand that if any information is subsequently found to be inaccurate, or if essential information has been withheld, the service could be withdrawn*

*Signature of referrer:*

*date:*

-----

*Signature of parent/carer:*

*date:*

*I agree to this referral, and understand information about me will be shared with Family Action on a need to know basis to process this application.*

*(If a third party is signing for the client, please give name and status)*

### **9) Statistical information about the family**

*Information required to ensure we give you a better service and for Equal*

*Opportunities monitoring:*

*Ethnicity:*

*First Language:*

*Religion:*

*Any disabilities we need to be aware of:*

*Thank you for completing the referral form.*

204-206 Lightbowne Rd, Moston, Manchester  
 Tel: 0161 682 1500 Fax: 0161 681 7012  
 Email: [assessments.mcr@family-action.org.uk](mailto:assessments.mcr@family-action.org.uk)

U.R.N.

### REFERRAL FORM

Date of Referral	Agency		Referrer's name
Agency Address & Contact:			
Tel	Fax:		Email:
Method of referral: (please tick below)			
Fax	Post	Self	Phone

Referral/Family Name:	Adult/Child/Family (Please circle user group)
Address:	
Post code:	Home tel:
	Mobile:

Family Details:						
Family Name:	Dob	Gender	Ethnicity	Relationship to subject	Disability	Employed

Source of Referral (please tick)				
Statutory	Health	Education	OnTrack	SureStart
Vol Org	Community	Self	Friend/Family	Other

Recent contact with other agencies/services:		
Agency	Contact name & no	Others
GP		
Health Visitor		
School/Nursery		
S.S.D.		
Has the family had a CAF		
Y.O.T.		
Sure Start		
OnTrack		



## **Standard Two: Assessments**

**It is vitally important that all the work that we do with children, young people and their families is done in a planned way.**

**As an organisation, Family Action will:**

**Make sure that the work we do with individual children, young people and families is based on an assessment of needs, risks, strengths, wishes and feelings.**

**If an assessment has already been completed which covers the three domains of the assessment triangle, we will review that assessment to check that it is still accurate and relevant.**

**If an assessment has not already been completed, we will carry out our own assessment at an appropriate level and include other agencies, as part of an integrated working approach.**

**Make sure that all assessments are reviewed regularly**

Minimum standards:

- Any current or previous assessments must be obtained from the referring agency ( e.g. local authority assessments, CAF forms or any other relevant assessment) so as to avoid subjecting families to multiple assessments
- When more than one agency is working with a family, one practitioner should take the lead (lead professional role) to help create a partnership with colleagues and the family ,to ensure that services are co-ordinated, coherent and achieving intended outcomes.
- All assessments must consider the three domains of the “Framework for the assessment of children in need and their families” DOH 2000 i.e. the child, their parents and family and their wider environment.
- Assessments should be based on evidence and use professional judgement. Facts used to support evidence must be highlighted and properly sources.
- Assessments must involve working in partnership with children and their families. Families must be given every opportunity to fully participate in the assessment process and their views and opinions must be included
- As part of the assessment process, families will be asked if any other agencies are involved with them. Their written consent will be requested to share information with other agencies in order to meet the needs of the child.
- The purpose and desired outcomes of any assessment will be clear to all concerned from the outset and relate to the ECM outcomes for children
- Assessments must ensure equality. Demonstrate an understanding and work sensitively with diversity, to identify the particular issues for any child

- Assessments should be delivered on an inter-agency basis. A range of agencies have important knowledge which is invaluable to any assessment and families may require services from more than one agency
- Completed assessments should be shared with the family
- All assessments must be recorded using clear, jargon free and understandable language
- Any assessment must be seen and agreed by the supervisor prior to being shared with the family

### Best Practice:

- Assessments will be focussed on helping to clarify what is in the best interests of the child/ren concerned and remain child focussed
- Assessments will be rooted in an in depth understanding of child development and an up to date knowledge of evidence based research and practice
- Assessments will be time limited and anticipated timescales agreed at the outset
- Assessment methods will take into account the circumstances and specific needs of individual families
- The assessment will aim to help families recognise any need for change and identify their capacity and motivation for doing so
- Assessments should consider the holistic needs and strengths of the family and be as positive and supportive as possible, whilst being honest and realistic when identifying needs and deficits
- Assessments should include collaborative working with other professionals to ensure co-ordinated support to avoid gaps or duplication.
- Assessments should enable families to access and benefit from other services as needed and, if necessary, in parallel with the assessment process
- Having shared the report with the family, any additional views or opinions they may have should be added to the record and final report  
A copy of the final assessment report should then be given to the Family, signed and dated by all parties
- Referrers should be invited to the initial meeting with the family and any subsequent review meetings which relate to the assessment
- All assessments should include a family genogram

## **Standard Three: Risk Assessments**

**As an organisation we have a duty of care to the children, young people and families that we work with, as well as to our staff.**

**As an organisation, Family Action will:**

**Assess all the risks involved and make a written record of those risks and the actions required to manage them**

**Continuously review the risks and update the risk assessment when ever any changes occur**

### Minimum Standards:

- Any previous risk assessments should be obtained from the referring agency.
- There must be an up to date risk assessment on each case file

All risk assessments should be recorded in writing and need to include the following:

- Assessment of the family environment.
- Assessment of staff safety.
- Assessment of safeguarding in relation to each child in the family.
- Assessment of family dynamics e.g. domestic abuse, alcohol, drugs and substance misuse, mental health etc.
- Impact of Family Action involvement.
  
- A risk assessment must be completed at the beginning of a piece of work and continuously reviewed.
- Each risk assessment must be monitored and reviewed by the line manager through the supervision process.
- All risk assessments must be recorded and placed on the file

### Best Practice:

- There should be full involvement of the family in the risk assessment process.
- Copy of the risk assessment should be given to the family
- The risk assessment should be continuously updated according to observations made or information received , during the work



**Family Action Lincolnshire Children's Support Service 2008.**

**Risk Assessment Lone Working.**

Name of risk assessor. \_\_\_\_\_

Date of risk assessment. \_\_\_\_\_.

**Information About The Home.**

<b>Name of Staff</b>		
	<b>Family Profile</b>	
<b>Name</b>	<b>Position</b>	<b>Working with FSW</b>
<b>Family Address</b>		
<b>Environment</b>	Detached House Flat Bungalow Attached House	Estate Private location Village Town City Rural location
<b>Date work commencing</b>		

**Risk Assessment Home Visiting.**

<b>Hazard description</b>	<b>Hazard</b>	<b>Control measures</b>	<b>Risk severity</b>
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**The home.**

<b>Entrance</b>			
<b>Exit</b>			
<b>Fire Alarms Installed</b>			
<b>Family Smoke</b>			
<b>Open Fires</b>			
<b>Door ways</b>			
<b>Stairs</b>			
<b>Slips/Trips/Falls</b>			
<b>Confined Spaces</b>			
<b>Heating</b>			
<b>Storage equipment/toys/ clothes</b>			
<b>Pets</b>			
<b>Floor space</b>			
<b>Person/people</b>			
<b>Lighting</b>			

**Safeguarding.**

<b>Concerns expressed by professionals</b>			
<b>Child development.</b>			
<b>Child attachment.</b>			
<b>Parenting Capacity</b>			
<b>Child Safety</b>			

**Transport.**

<b>Journey</b>			
<b>Parking</b>			
<b>Street Lighting</b>			
<b>Vehicle Maintenance</b>			
<b>Accident</b>			
<b>Passengers</b>			

**Health and Environment.**

<b>Stress</b>			
<b>Aggression</b>			
<b>Behavioural Problems</b>			
<b>Substance Misuse</b>			
<b>Domestic Violence</b>			

<b>Disease</b>			
<b>Infection</b>			

**Security and Individual Worker**

<b>Theft</b>			
<b>Large groups of people</b>			
<b>Experience</b>			
<b>Attack</b>			
<b>Unsocial hours</b>			
<b>Working alone</b>			

**Impact of Interventions.**

<b>Family History of Disengagement.</b>			
<b>Heightened discrimination within the community.</b>			
<b>Fear of care proceedings.</b>			
<b>Increased risk of violence.</b>			
<b>Increased risk that the family may move/leave area.</b>			

## FAMILY ACTION

### RISK ASSESSMENT GRID

The aim of the Risk Assessment Grid is to facilitate a structured discussion between a practitioner and their line manager (or another appropriate manager in Family Action in their absence) where there are either immediate or ongoing concerns about a child/family they are involved with. The discussion will inform any action that will need to be taken to follow up on these concerns. It should be good practice to use the grid in all circumstances where thresholds of concern have been reached.

The grid should be completed by the line manager and could be filled in either during formal supervision to supplement supervision notes, or as part of a one off consultation requested by the practitioner or their line manager.

Once completed and signed the grid should be copied and placed on the child(rens) file, with a copy being given to the practitioner with the original being kept by( or forwarded on to) the line manager.

The grid is mostly self explanatory, but some detail is worth giving to the key headings:

- **Identified Problem:** this represents the immediate concern that exists for either a child or parent e.g. child protection concerns (disturbed behaviour, injuries, domestic abuse etc) acute parental mental health (already known concerns or newly presenting). It should also be possible to say who has created the concern and poses a risk to the child or parent.
- **Existing Problems:** These relate to concern in the personal or physical environment that the child is living in e.g. poor housing, poverty, isolation/lack of extended family support, parent/carer with long term mental health problems, parent carer with physical/learning disabilities, resistance to intervention( particularly from the person that poses a risk) etc. These factors can influence, or exacerbate, the identified problem.
- **Assessed Risks:** When the Identified Problem and Existing Problems have been assessed what emerges is a statement of risk, which basically states what the immediate, or possibly not so immediate, consequences are for the child (or other adults if indicated) as a result of the identified and existing problems. This might be stated as a child being immediately, or further, at risk of significant harm or that the child will be at risk in the very near future if the identified problems continue.
- **Supporting/Protective Factors:** In many ways the antidote to the existing problems, they are balancing factors which can lower immediate concerns and/or be used to inform the Action Plan. Examples are active extended family support (siblings/grandparents), family receiving coordinated support from various agencies/resources, parents actively requesting help etc.

Completing the grid is not intended as a bureaucratic exercise it should record a structured discussion which ends up with an informed and agreed decision being made about the **Action** which should be taken to address the concerns raised.

**FAMILY ACTION  
RISK ASSESSMENT and AGREED ACTION**

<b>Name of Child(ren):</b>	<b>Name of Parent/Carers:</b>	
<b>Age(s):</b>	<b>Family Action Worker:</b>	
<b>Address:</b>	<b>Date:</b>	<b>Date Allocate:</b>
<b>Identified Problem/ Change of Circumstances</b>		
<b>Existing Problems inc. personal, family and Environment</b>		
<b>Assessed Risks to child(ren) and/or others</b>		
<b>Supporting/Protective Factors for child(ren) and/or family</b>		
<b>Agreed Action:</b>		
<b>Signed:</b>	<b>Family Action Worker</b>  <b>Line Manager</b>	

## Family Action

### Safeguarding Risk Assessment Checklist

Listed below are a series of key questions that should be considered when carrying out risk assessments, or reviewing cases, where risk has been identified. The list is not exclusive but should give pointers to potential and ongoing risk. The Checklist should be used in conjunction with the **Risk Assessment and Agreed Action** Document which should be completed between the case worker and their line manager.

<b>Key Issues: To be expanded upon with line manager. Do you have concerns about:</b>	<b>Answer: Yes</b>	<b>Answer: No</b>
Not having seen and/or spoken to the child(ren)		Last seen:
The child(ren)'s immediate care and safety		
The presenting behaviour of the child(ren)		
The child(ren)s physical and mental development - delay		
The physical care of the children - neglect		
The physical environment at home – safety in the home		
The child(ren)'s non school attendance		
The isolation of the child(ren) and family		
The mental health of one or both parents/carers		
One or both parents/carers was intoxicated		
One or both parents/carers having drug or substance misuse problems		
The parent/carers attitude to their children		
Adult relationships, inc. domestic abuse, in the household?		
The parent/carers attitude and behaviour towards you or other support workers		
Other agencies not having access to the family		
Who is living in the household		

## **Standard Four: Care Planning & Support**

**Family Action's work with families will be properly planned and focus on clearly identified desired outcomes. Objectives will be negotiated and agreed with the family and will be specific, measurable, achievable, realistic and time-limited (SMART).**

### Minimum Standards:

The work plan will:

- Be completed in partnership with the family and involve other agencies as necessary
- Clearly identify the family's own views, expectations, roles and responsibilities, in addition to those of project workers and partner agencies
- Ensure that desired outcomes are clearly identified
- Ensure all Objectives are SMART
- Demonstrate that the family's agreement has been obtained, if the plan is to be shared with other agencies
- Be in paper format and a copy given to the family
- Include a first review date

### Best practice:

- All parties will sign the agreed work plan
- The work should be reviewed every 6-8 weeks
- Factors which might prevent the goals being achieved should be considered and strategies developed to minimise their impact
- Should follow a thorough assessment of the family's strengths and needs

## **Standard Five: Written Agreement**

**Partnership working is the basis of everything that we do. For that to happen we need to work openly and honestly with children, young people and families.**

**As an organisation, Family Action will:**

**Develop a written agreement with the child, young person and family at the outset about the kind of service we are going to provide and how we will provide it**

**Review the written agreement at regular intervals with the child, young person and family**

**Make sure that they know how to make a complain if they are not satisfied with the service we provide**

### Minimum Standards:

- The written agreement must be compiled with the family
- The written agreement must be agreed by all parties
- The written agreement must be signed and dated by all parties
- The range of work requested by the referring agency, must be agreed, considered and/or included in the agreement
- Objectives, and timescales for meeting them, must be clear, realistic and achievable
- A first review date must be written into the agreement
- The agreement should be in a format and language that families understand e.g. jargon free
- The written agreement should confirm that the family have received information about Family Action policies and procedures. In particular, how to complain, how to access records, safeguarding responsibilities and the professional code of conduct
- Written agreements must contain the reference number and the date of the agreement
- There must be evidence to indicate that families have consented to contact and information sharing with other agencies (see information sharing protocols)
- There must be evidence that the family has given consent to work being completed individually with a child if appropriate
- Clear objectives and desired outcomes must be included

### Best Practice:

- There should be evidence that the family has agreed to share other information in relation to individual children e.g. health needs, allergies, specific developmental needs etc.
- The agreement should include an outline/programme of what work will be completed , by whom and with timescales
- The agreement should detail the day, time and date when workers will visit or meetings have been arranged
- Copy of the agreement should be given to the family
- The agreement should be updated or amended at each review if appropriate
- There should be an specific agreement for undertaking 1:1 work with a child



# Family Agreement

Worker details		Referral number	Postcode	Date Of agreement	
<b>Recording Goals and Outcomes</b> for each goal please record: <ul style="list-style-type: none"> <li>• Date the goal was set</li> <li>• A brief description of the goal</li> <li>• Who the goal applies to - Adults/Children/Family</li> <li>• Outcome: 1=no change to 5=fully achieved, 0=not known</li> </ul>					
	Date set	Description	Target A/C/F	Outcome 1-5, 0=n/k	
				Worker	Serv user
1					
2					
3					
4					
5	It has been agreed that the information can be shared with :				
6		This plan will be reviewed on :			

These goals have been set and agreed by:

Parent/Guardian Name (Please print): ..... Parent/Guardian Signature ..... Date .....

Family Action Assessor's Name (Please print): ..... Assessor's Signature ..... Date .....

Policies Discussed:

Complaints  Confidentiality  Access to records  Safeguarding children  Confidentiality/Data Protection

## Work Agreement

The aim of the work agreement is to involve the service user and all relevant parties in planning the work. It is important to record agreement and differences as well as how decisions were reached.

PARTICIPANTS TO THE AGREEMENT
BACKGROUND: reason for doing the work, identified need, summary of assessment
WHAT DO WE WANT TO ACHIEVE – aims including family's aims if different and differences in aims between participants
HOW WILL WE KNOW WE'VE ACHIEVED THEM (Outcomes)
HOW WILL WE ACHIEVE THEM (Objectives/ actions)

HOW / WHEN WILL IT BE REVIEWED

GROUND RULES AND EXPECTATIONS

SERVICE USER RIGHTS LEAFLET; Explained and given, which covers  
Access to records; How to complain; Consent for 1:1 work with a child;  
Information sharing etc

AGREEMENT SIGNED BY ALL PARTIES

Family Members

Family Action

Other parties

Date:

## **Standard Six: Reviews**

**We owe it to the children, young people and families we work with and to our funders, to ensure that the services we provide are relevant and appropriate.**

**As an organisation, Family Action will:**

**Meet with children, young people and families to review that the assessment of needs, the risk assessment and written agreement are still accurate and appropriate and, where necessary, make any changes**

**Keep a written record of the review and of the decisions taken and action agreed**

**Contribute to any multi – agency reviews as required**

### Minimum standards:

- All reviews must be recorded in writing
- Reviews must be dated and signed by each party
- The review form must include the family's reference number
- The review must incorporate the views of family members
- New goals must be agreed ,if appropriate
- The next review date should be set
- When objectives have not been met, the reasons why must be clearly stated
- It is the responsibility of the worker, to inform (remind) all parties of the date, time and venue of the review
- The completed review form must be passed to the line manager for counter signing and approval
- Risk assessments need to be included as part of this process
- Staff to take contemporaneous notes at any review attended and place on the case file
- Staff to be proactive and assertive in obtaining a formal written record of any multi-agency review attended or where apologies have been given
- Apologies always to be given when attendance at multi agency meetings cannot take place

### Best Practice:

- The manager or supervisor ,along with the worker and family, should be involved in the formal review meeting
- Other professionals can be invited as appropriate and with the prior agreement of the family
- Reviews should be held every 6 -8 weeks and no longer than every 3 months
- A copy of the review should be given to the family and referring agency

## REVIEW

The purpose of the review is to reflect on the work over a period of time. It ensures that the service user/s is involved in further planning. It takes the same walk through the evaluation cycle as the running record.

PARTICIPANTS
DATE
WHAT ACTUALLY HAPPENED
WHAT WENT WELL and WHAT DIDN'T GO WELL – AND WHY
WHAT DID WE LEARN
EVIDENCE OF WHAT WAS ACHIEVED (OUTCOMES)

WHAT NEEDS TO HAPPEN NEXT
DATE OF NEXT REVIEW

## Standard Seven: Recording

Accurate case records are essential. As an organisation, Family Action will:

**Make sure all staff know and understand, what is required in terms of style, content and the timely production of case records**

**Complete a written record of all contacts with, or about a child, young person and family within five days of that contact**

**Make sure that there are systems in place for checking that all case records are accurate and up to date**

### Minimum standard:

- Every contact or activity in relation to a case should be recorded on the family file (see file structure standard)
- Observations about the child/ren, their relationships and circumstances must always be recorded

Recording should be:

- Accurate
- Timely (completed within five working days) – **if there are any safeguarding concerns recording must be completed and placed on the file within 24 hours.**
- Legible
- Non-discriminatory
- Should indicate who was present or who the contact was between
- Should indicate, where appropriate, if the children were seen and make reference to their wellbeing
- Clearly differentiate between observations, opinions, fact and third party information
- Be in a format and language that can be easily understood by service users and their families
- The person making the entry must print their name, sign and date it
- The supervising manager must evidence that they have seen the file on a monthly basis
- Show evidence that the views of children have been sought and are listened to
- No tippex must be used in a file. Any correction must be clear and transparent
- Staff must take their own contemporaneous notes of any decisions made during core groups and case conferences and place on the case file immediately
- Any discussion or decisions made within supervision must be recorded on the family file

### Best Practice:

- Individual case decisions must show evidence that they have been informed by the views of children and their families
- Requires recording to be shared with families
- Records are typed in Arial 12
- An initial write-up is completed immediately after the contact



## Session Recording

Family Action Number: Date:	Time:
Persons Present:	
Presentation of child/family	
Focus of Session:	
Brief Report of Session:	
Description of Activities	
ECM - Be healthy	
ECM - Stay safe	
ECM - Enjoy & achieve	
ECM - Make a positive contribution	
ECM - Achieve economic well being	
Outcomes	
Worker's Views/Concerns:	
Is report continued on back of form Yes/No	
Future Action/Purpose of next meeting:	
Date of next meeting:	

## DETAILED RECORDING

Detailed record sheets must be completed for each session. The form walks you through the cycle of gathering information, planning the session, activity and reflection.

Date:	FAMILY:	WORKER:
WHO WAS PRESENT and WERE THE CHILDREN SEEN		
WHAT ACTUALLY HAPPENED		
WHAT WENT WELL and WHAT DIDN'T GO WELL AND WHY		
WHAT NEEDS TO HAPPEN NEXT		
SIGNED:		
DATED:		

## Standard Eight: File Structure

It is important to have a consistent approach to the way in which information is recorded and stored not least in terms of performance management, quality assurance and access to case files.

As an organisation, Family Action will:  
Prescribe the way in which case files are structured

Require managers and staff to set up and maintain case files in the standard format

### Minimum standard:

The outside of the file must clearly indicate:

- Family name
- Data base/ reference number
- Level of concern (using traffic light system\*)

Each file must contain:

- Contact record sheet (sometimes known as a log) which is a record of every contact in respect of a family e.g. telephone calls, faxes, emails, meetings, home visits, letters and discussions. This, or a separate attached sheet, must identify when the child was last seen. **These to be firmly attached to the inside front cover of the file.**
- Current family details to be placed **on the front of the first section of the file** together with a **chronology** of significant events

Followed by the sections below :

- File content
- Referral form
- Assessment
- Risk assessment
- Written agreement
- Detailed recording sheets
- Reviews
- Closing summary
- Reports e.g. Core group and conference minutes, court reports etc
- Confidential third party information
- Correspondence (letters and emails)
- Managers audit form (attached to inside back cover of file)

Best Practice:

As above plus:

- Monitoring information included
- Family evaluations
- All pages would be numbered within each section
- Every document in the file is securely held in chronological order

\* Traffic light system

**RED** – where a case is already in child protection processes and there are significant concerns

**AMBER** – where you have concerns about a case and need to monitor very closely in case of escalation

**GREEN** - Where there is no identified risk

**FAMILY ACTION - Case Contact Calendar/ Log**

Name of the Family  
 Address  
 Member of Staff

Month Year	<b>September 2008</b>	Home Visit	Parent/ Carer Seen	Child Seen	Phone Contact	Meeting	Contact with Other Agency
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
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	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						

### Case Contact Log Example

		<u>Family Name/Number</u>		S... – File number 53		
Date & Time	Family Contact		Communication		Response And/or outcome	Comment
	Child <i>Specify if her/ his views recorded &amp; if seen alone</i>	Adult <i>Specify if her/his views recorded</i>	Within Agency <i>Specify: phone, written, meeting</i>	External to agency <i>Specify: phone, written, meeting</i>		
5/10/07				Case Conference	CPR PA – James Snooks	Recommended FWA assist around practical tasks relating to housing and school attendance. See notes in Reports of Meetings. Await CC minutes
8/10/07			Team Meeting		Decision to joint work	See Reports of meetings
12/10/07				Core Group Meeting	Agreed FWA would meet family next week	See notes in Reports of Meetings. Suggest weekly visiting for first 4 weeks to reduce to fortnightly after that
12/10/07				T/C to Monica Mann (SW) . Suggested proposal for weekly to fortnightly visiting	MM agreed. Said she would get back to us about stair rail	
18/10/07	James (2) Emma (7)	Brenda (mother) Gail (neighbour)				Mother finding it hard to cope after CC. Says she feels SW has it in for her. Says she's more concerned about Emma at school than James. She wants help with the school Agreed to contact school and ring SW – See Session Notes
18/10/07				Left message for SW to ring and Greenwood School (Teacher – Mary Jones)		Await reply – suggest meeting with school with mother
19/10/07				Email to SW re outstanding CC minutes. Also mentioned Stair rail		Await reply

### CHRONOLOGY OF EVENTS AND ACTIVITY (example)

<b>Date</b>	<b>Event/Action undertaken</b>	<b>By whom</b>	<b>Source of information/ evidence</b>	<b>Comment</b>
10.01.04	Weekly supervised contact for A.N.Other with her father. Contact lasted an hour and child observed to be happy and relaxed. Arrangements made for next visit	Worker 1	Family file – recording sheet	Positive contact session
11.01.04	Letter to Social worker to report on contact session	Worker 1	Family file – correspondence section	

## **Standard Nine: Closing Summary**

**The way we end our involvement with children, young people and families is as important as the way we begin with them**

**As an organisation, Family action will:**

**Make sure that when a decision is made to end our involvement with a child, young person or family that the decision is properly recorded and that all relevant parties are informed**

### Minimum standards:

- Family Action staff will discuss all case closures with the project manager/senior worker/coordinator before formally closing a family file and the closure process must then be completed by the next supervision date.
- Where possible a case closure should be discussed with families prior to closure.
- Referring agencies/professional will be notified of the closure. (In the case of CAF all other professionals involved will be notified of the case closure)
- Families will be offered the opportunity to have a closure meeting.
- A summary of the closure will be placed on the family file, dated and signed by the worker and project manager.
- Referring agencies/professional will be notified when families decline a service prior to or during assessment/are not available for assessment (fail to keep pre-arranged appointments) or Family Action cannot contact the family prior to assessment.
- Closure must be identified on the database and dated.
- All actions taken in respect of case closures will be recorded, dated, signed and entered onto the case file.
- Hard copy case files must be archived securely.

### Best Practice:

- Closures should be planned and involve the family.
- Clear dates and timescales about the closure process will be given to the family.
- All pending case closures should be evaluated and discussed as part of supervision.
- Aims, objectives and outcomes of intervention/s should be reviewed with the family highlighting strengths and achievements.
- A written summary of the work undertaken and the outcomes should be signed by the family, worker, project manager and shared with the initial referrer.
- Closure summary clearly states period of intervention, the start and end date of work undertaken.
- Every attempt must be made to formally notify a family that their case has been closed, in person and in writing.
- Referring agencies/professionals receive written notification when Family Action cannot allocate a case because the family have declined services/not available for pre-arranged appointments/family Action cannot contact the family to commence assessments.
- All actions taken and contacts during the closure of any case will be recorded, dated and placed on the family file with the referral information
- A summary of the contact log to be filed with the closing summary.



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Boston  
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01205 364742

**REFERRER/REFERRAL FEEDBACK FORM. CLOSING SUMMARY**

Date of Referral :			
Name of Referrer :			
Start Date of Work :		End Date of Work :	
Name of Family :			
Name of Child referred :			
Address of Family :			
Aim of Work :			
Objectives :			
Outcomes :			

Number of sessions delivered:		Number of sessions not achieved:		Reason sessions not achieved:
Number of meetings attended by Family Support Worker by:				
CAF	Child in Need	PSE	Safeguarding Conference/Core Group	Other
Case Closure Summary				
Date form completed:				
Name of Referrer:				
Referrer's Organisation				
Referrer's Contact Address/Telephone:				
Family Support Worker name:	Signature:	Date:	Mobile:	Email: <a href="mailto:boston@family-action.org.uk">boston@family-action.org.uk</a>
Project Manager name: Caroline Lambert	Signature:	Date:	Mobile: 07903074192	Email: <a href="mailto:caroline.lambert@family-action.org.uk">caroline.lambert@family-action.org.uk</a>
Parent/Guardian name:	Signature:	Date:	Telephone:	By signing this form you are giving permission for Family Action to share this information with the initial referrer

Please contact the Family Support Worker or Project Manager if you wish to discuss this case or any issues arising from the feedback given.

## **Standard Ten: Case Management**

**We are responsible for providing services that are efficient, effective and offer value for money.**

**As an organisation, Family Action will:**

**Make sure that there are systems in place to monitor and manage the allocation and progress of cases, including the periodic audit of case files and the storage of case files**

### Minimum standards:

- There will be systems in place to review and monitor the progress of all referrals
- Work is allocated appropriately, taking into account the complexity of the work and the skills, experience and availability of staff and work –loads monitored ( see Family Action Caseload Monitoring Tool)
- The scale of risk must be immediately identifiable and visible on the outside of the file, using the traffic light system (red, amber and green)
- Concerns and risks must be evidenced
- Ensure minimum standards 1-10 are met
- Work is monitored throughout
- The regular audit ( at least every three months) of case files by the line manager is evidenced on the file
- All staff receive regular supervision which is recorded appropriately (see supervision policy and Family Action running supervision record)
- Staff must ensure that all files are securely stored
- All staff absences will be managed - in accordance to the complexity of the case
- All incoming correspondence pertinent to a case is date stamped on arrival/receipt at the office
- If minutes of conference and core groups are not received within the appropriate time scales \* they will be robustly pursued and this will be recorded

### Best Practice:

- Allocation needs to take into account skills and experience of staff
- Risk assessment and management needs to be appropriate to the complexity of the case
- Capacity of the service must be reflected in allocation
- Access to other resources i.e. external consultancy available and evidenced as necessary
- Provide opportunities for team reflection and mutual consultation
- An initial meeting would be held with the referrer, line manager and allocated worker which may or may not include the family
- All meetings/ conversations or decisions made must be recorded
- If the family fails to engage a decision will be made about closure and those who will need to be informed
- Robust mechanisms are in place to ensure essential documents are available e.g. case conference minutes, assessment reports etc

\*NB

- the decisions of a case conference, the name of the key worker/lead professional & core group membership should be circulated to all those invited to the conference within one working day.
- Working Together gives no timescales for the circulation of core group minutes but does say all meetings must be recorded **it is essential that staff take their own contemporaneous notes during the meeting and place a copy on the case file**

**FAMILY ACTION - Running Supervision  
Record**

**Supervisor Jayne Stokes**

Supervisee	<b>Paul Allum</b>	<b>Anne Kelly</b>	<b>Melanie McGuinness</b>	<b>Nigel Parkes</b>	<b>Stephanie Ward</b>
Job Title	Regional Manager	P.A.	Regional Manager	Regional Manager	Regional Manager
Grade					
Last Performance Appraisal					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					









## Safeguarding Children Minimum Standards – Recruitment

**Family Action recognises the importance of its services to families, children, young people and adults, and its particular responsibility to safeguard and promote the welfare of those who are vulnerable and at risk.**

**All our staff, students and volunteers are expected to share this commitment.**

**Robust recruitment processes have been established to ensure that Family Action is a safer organisation and that all its staff, students and volunteers are suitable to work with vulnerable groups.**

### **Standard One: PREVENTION**

Family Action will actively seek to deter unsuitable people from applying to work for them. It will:

- Clearly state its commitment to safeguard and promote the welfare of vulnerable groups, on its website
- All recruitment advertisements will clearly indicate the appropriate checks will be sought e.g. CRB, POVA etc
- Family Action will include a copy of its - Safeguarding Children Policy Statement, within each application pack
- Include a copy of Family Action's Code of conduct and the DCSF Code of Conduct in Relation to those Working with Children, as part of the application pack
- Each Job description will include an outline of the responsibilities of the post in safeguarding and promoting the welfare of children
- As part of the person specification applicants will be asked to demonstrate their commitment to, and suitability for, safeguarding and promoting the welfare of children. This will form an **essential** element of the short-listing process.
- Application forms and guidance, will invite applicants to write separately to the Head of Human Resources declaring any criminal convictions

### **Standard Two: SELECTION**

Family Action through its robust selection processes will only employ those who share its values and commitment to safeguard and promote the welfare of children and demonstrate their suitability to do so.

It Will:

- Ensure that at least the chair of the interview panel has undertaken training in safer recruitment
- Ensure those short-listed meet the requirements of **all** essential elements within the person specification and that short listing processes are robust, consistent and recorded

- Use a variety of methods to assess an applicants suitability, level of experience and attitudes, for working with children and vulnerable families  
e.g. interview (skills and values based questioning), written exercises, presentation, group discussion and /or activity etc
- Family Action will identified a number of questions relating to safeguarding children, some of which must be included within each interview
- Verify the identity of the applicant and their qualifications
- Request references from former employers, that specifically address the applicants suitability to work with children and vulnerable families
- Obtain all relevant checks e.g. CRB, POVA
- Family Action will encourage, support and where necessary train, service users to enable them to both contribute to and participate in, the selection of staff, students and volunteers, whenever possible.

### **Standard Three – VIGILANCE & TRAINING**

Family Action will continuously monitor the suitability of its staff to work with children and vulnerable families.

By:

- Induction – staff, students and volunteers will be given clear guidance about Family Actions' approach and expectations of its staff towards safeguarding children through the induction process both at Head Office and Local level and as part of the Social Care Induction Programme.
- All staff will be introduced to Family Action's Safeguarding Children Policy and Procedures, Code of behaviour for those working with children and young people, Supervision Policy and the Whistle Blowing Policy
- All staff working with children and families will undertake the Safeguarding Children Foundation training within their probationary period
- Supervision sessions will actively monitor the suitability of staff to work with children and vulnerable families and address any training needs
- The 3 and 6 monthly probationary reports will specifically address a persons suitability to work with children and vulnerable families and identify any training needs
- The annual staff appraisal will specifically address a persons suitability to work with children and vulnerable families and address any training deficiencies and confirm whether safeguarding children has been undertaken at the appropriate level and within the timescales required
- CRB checks (and others) are updated on current staff at least every three years

<b>Post: Project Manager</b>	1 = not met 2 = partially met 3 = met 4 = met well 5 = fully met
<b>Name of panel member:</b>	
<b>Candidate name:</b>	
<b>Date:</b>	

### Exercise

Two members of staff are constantly bickering with each other in the open plan office . During a Family Action team meeting another member of staff refers to this, highlighting the fact that she is an atheist, and says that she is fed up with her colleagues arguing around their religious differences.

As Project Manager you are chairing the meeting.

You aren't the line manager to any of the staff concerned – the Assistant Managers are the line managers.

### **Your task for the interview – you will asked to speak for a few minutes about the following**

You are bringing this situation to discuss in your own supervision:

1. Imagine how you would have dealt with this situation there and then in the meeting and describe this
2. What are the range of issues to consider in this situation?
3. What are your ideas about what you would do about this situation beyond the meeting in which it occurred? Who would it involve and why?
4. Is there anything about the situation you may particularly wish to raise in your own supervision?

(Panel members will not be asking follow up questions about this exercise)

<b>No.</b>	<b>Comments</b>	<b>Score 1-5</b>
<b>1.</b>	<p>(Team management, diversity, use of supervision)</p> <p>Exercise outlined above (be particularly aware of own self reflection and ability to encourage mechanisms/skills of self reflection in the team)</p>	
<b>2.</b>	<p>(Safeguarding)</p> <p>Can you describe a situation in which you have had to persist with raising a safeguarding issue – what do you think might be happening when this situation arises?</p>	
<b>3.</b>	<p>(Safeguarding)</p> <p>What do you think are the challenges of managing others to work with risky</p>	

	<p>family situations in a reflective way – what do you need to do as the overall Project Manager to ensure safe practice?</p>	
<p><b>4.</b></p>	<p>(Supervision)</p> <p>Can you describe a supervisory experience that was challenging to you – what with hindsight have you learnt from this experience? (How has this changed your approach to supervision?)</p>	

<b>5.</b>	<p>(Consultation – Comparing Supervision/Consultation)</p> <p>What are the similarities and what are the differences between supervising/line management of FWA staff and consulting to non FWA (EPIC) staff? How will you assist your managers to implement this diverse role?</p>	