



The Child's Journey in Bromley

A partnership model for providing services to support children and families in Bromley including the safeguarding thresholds guidance

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**Jenny Dibsdall, Chairman
Bromley Safeguarding Children Board**



FOREWORD

The Bromley Safeguarding Children Board (BSCB) is a statutory body with aims and objectives set out in the Children Act 2004. Its duty is to ensure that all agencies operating in Bromley work together to safeguard children and young people from harm.

The Child's Journey in Bromley is a guide to working together effectively to safeguard children, which applies to practitioners in every agency. It will assist practitioners in identifying a child's level of need (using the Bromley Continuum of Need) and what type of services/ resources may meet those needs. It also contains the Bromley threshold criteria for referrals to children's social care, to aid practitioners to identify those children and young people who are suffering, or likely to suffer, harm from abuse or neglect and who need a referral to children's social care.

All the evidence suggests that one of the effective ways to protect children from harm is through early intervention and prevention services. Professor Eileen Munro in her Review of Child Protection in England (2011) emphasises the importance of early intervention. By ensuring earlier identification and support we can help to prevent an escalation of concerns.

In Bromley we want to ensure that all those working with children are able to identify the early help that is needed by a particular child and their family. Using their professional judgement along with this guide, practitioners will feel better equipped to direct families to appropriate resources or to refer them to appropriate specialist services.

The Safeguarding Board endorses and actively promotes the use of the Common Assessment Framework (CAF) as means of assessing a child and their family where their needs are greater. It is difficult for one agency alone to complete a CAF assessment effectively. The assessment is a process that facilitates joint working, placing a team around the child where appropriate.

Taking a partnership approach from the start should mean that fewer children in Bromley are at risk of serious harm from abuse or neglect and in need of protection. Of course working together in partnership is at the heart of what all practitioners do when they work with children. However, we recognise how day to day pressures can get in the way. *The Child's Journey in Bromley* helps every practitioner to focus on identifying the child's needs and sets out next steps. We hope that the guide will be a useful tool for all practitioners.

1. INTRODUCTION

This document outlines the partnership model for agencies in Bromley working with children, young people and their families. It includes the Bromley continuum of need and the threshold criteria for referrals to Children's Social Care.

The model will help everyone in Bromley to work together to provide the most effective support and clearer pathways for children and their families. This guidance is a tool for professionals to help ensure that all the needs of children, young people and their families are met from those who need very low levels of support to those who are at risk of significant harm. It will assist practitioners in identifying a child's level of need and what type of services/resources may meet those needs.

The partnership model to support children and families in Bromley has been developed:

- To establish use of the Common Assessment Framework (CAF) in Bromley to more effectively meet the needs of children and young people;
- To provide early intervention and preventative services to children with additional needs;
- Because of increasing volumes of contacts and referrals to Children's Social Care, many of which are not meeting the threshold.

The Working Together to Safeguard Children (2010) guidance emphasises that protecting children from harm and promoting their welfare depends on a shared responsibility and effective joint working between different agencies, and it is these principles which the partnership model is based on.

2. BROMLEY CONTINUUM OF NEED AND INTERVENTION

This is Bromley's continuum of need and intervention triangle (Bromley Safeguarding Continuum of Need and Intervention) similar to those found in other local authorities. For some children/young people it is clear where they fall on the continuum; for other children/young people a practitioner may need to use the Indicators of Need contained in this document to try to decide whether or not the child/young person has additional needs, and where they might fall on the continuum; this process can help decide whether a CAF would be appropriate, to help further clarify need and appropriate response.

Sometimes it is only by completing a CAF that practitioners can gain a clear understanding of the child or young person's level of need and what would be the appropriate service response.

Examples of some of the services which work at each of the levels of need are:

Level 1 Universal

- maternity services at birth,
- health visiting,
- GP's,
- schools,
- voluntary and community service,
- Bromley children and family centres etc.

Level 2 (a) & (b) Targeted

- CAMHS Tier 2/3,
- voluntary sector services,
- Bromley children and family centres,
- health,
- education

Level 3 Targeted and co-ordinated multi-agency –

- CAMHS Tier 3,
- Youth Offending Team (YOT),
- Education Welfare,
- Behaviour service,
- drug and alcohol services,
- domestic violence services

Level 4 Specialist

- Children's Social Care

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate or acute risk of suffering significant harm, make a referral directly to Children's Social Care straightaway.

BROMLEY SAFEGUARDING CONTINUUM OF NEED & INTERVENTION

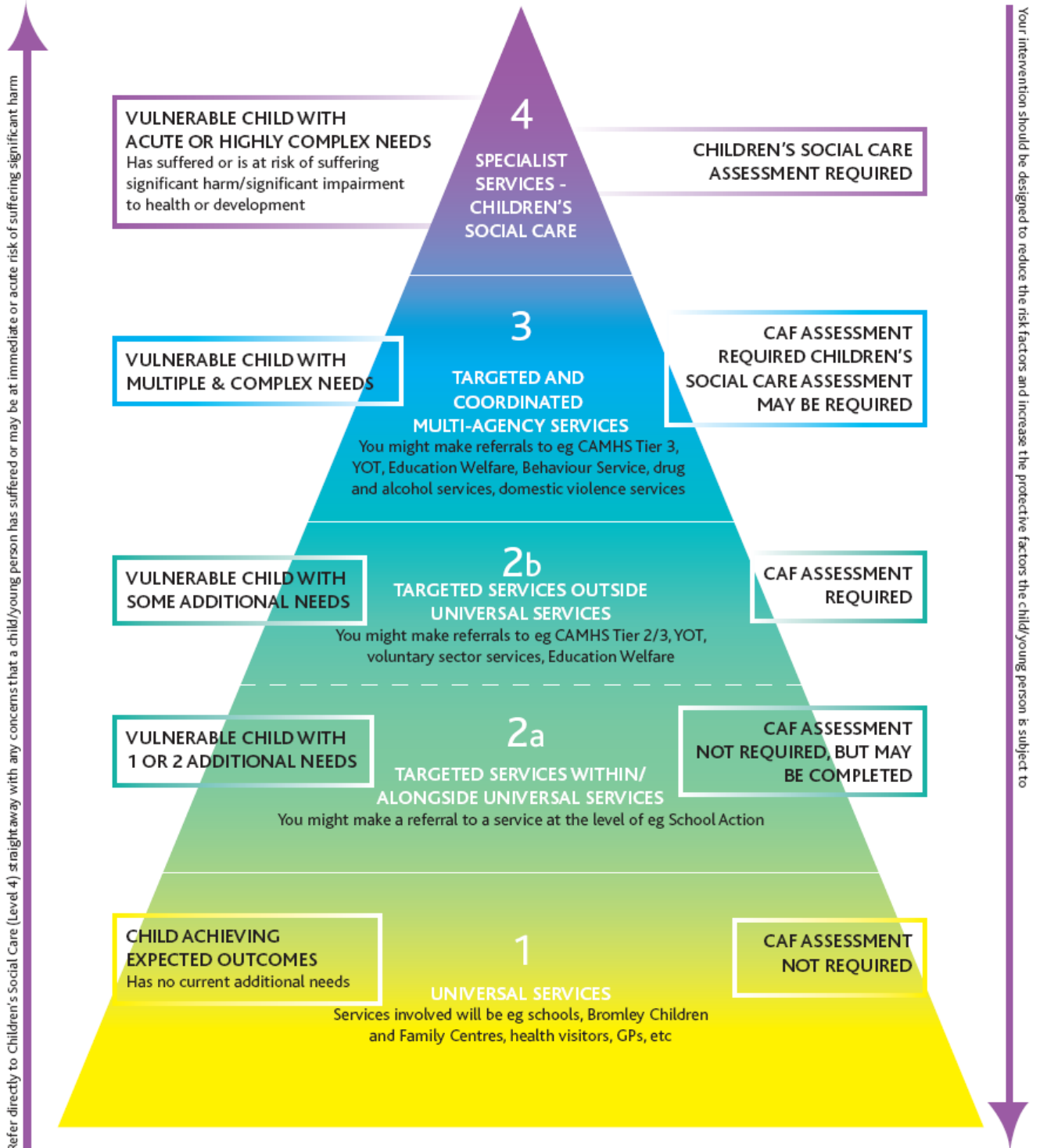
<p>VULNERABLE CHILD WITH ACUTE OR HIGHLY COMPLEX NEEDS Has suffered or is at risk of suffering significant harm/significant impairment to health or development</p>	<p>4. SPECIALIST SERVICES – CHILDREN'S SOCIAL CARE</p> <p><i>Children's Social Care assessment required</i></p> <ul style="list-style-type: none"> • If there is already a "Team Around the Child" (TAC) in place, they will continue to work with the family. • The "Lead Professional" will be replaced by the allocated social worker from Children's Social Care.
<p>VULNERABLE CHILD WITH MULTIPLE AND COMPLEX NEEDS</p>	<p>3. TARGETED AND COORDINATED MULTI-AGENCY SERVICES</p> <p>You might make referrals to eg CAMHS Tier 3, YOT, Education Welfare, Behaviour Service, drug and alcohol services, domestic violence services. <i>CAF assessment required (unless another multi-agency Bromley specialist referral has been or will be made); Children's Social Care Assessment may be required</i></p> <ul style="list-style-type: none"> • You will need to convene a "Team Around the Child" (TAC) Meeting with all agencies involved. • Best practice should identify a "Lead Professional" from one of the key agencies involved. • Families at this level may, but not necessarily, be eligible for a referral to Children's Social Care. • Before deciding whether to make a referral to Children's Social Care, first complete the CAF and TAC mtg. • Before referring to Children's Social Care, ask yourself what their involvement would add to the intervention.
<p>VULNERABLE CHILD WITH SOME ADDITIONAL NEEDS</p>	<p>2. (b) TARGETED SERVICES OUTSIDE UNIVERSAL SERVICES</p> <p>You might make referrals to eg CAMHS Tier 2/3, voluntary sector services, Education Welfare <i>CAF assessment required (unless another multi-agency Bromley specialist referral has been or will be made)</i></p> <ul style="list-style-type: none"> • You or someone in your agency will need to complete a CAF – to analyse strengths and needs and to identify necessary targeted services. • The "Bromley Families" website can help identify agencies to provide the necessary targeted services. • Practitioners will need to identify with the family who should act as the "Lead Professional" - possibly through holding a "Team Around the Child" (TAC) meeting.
<p>VULNERABLE CHILD WITH ONE OR TWO ADDITIONAL NEEDS</p>	<p>2. (a) TARGETED SERVICES WITHIN/ALONGSIDE UNIVERSAL SERVICES</p> <p>You might make a referral to a service at the level of eg School Action <i>CAF assessment not required, but may be completed</i></p> <ul style="list-style-type: none"> • You or someone in your agency should address the child/YP's additional needs directly as long as they fall within the remit of your agency and possibly one other. • You will not need to complete a CAF, unless the child/YP's needs are not clear or you and the family believe the family would benefit from further exploration of their strengths and needs.
<p>CHILD ACHIEVING EXPECTED OUTCOMES Has no current additional needs</p>	<p>1. UNIVERSAL SERVICES</p> <p>Services involved will be eg schools, Bromley children and family centres, health visitors, GPs, etc. <i>CAF assessment not required</i></p> <ul style="list-style-type: none"> • Most children/YP's needs are adequately met by these Universal Services alone. • If you develop concerns that a particular child/YP is not achieving his or her potential in any of the five outcome areas, consider what additional needs the child/YP may have and at what level to address them (perhaps through using the CAF Checklist).

What do I do if I am concerned that a child or young person has additional needs?

The expectation is that most children and young people's additional needs will be identified at an early stage by workers in Universal Services; however, you must always be prepared to assess the complexity of a child or young person's needs and intervene at the appropriate level.



Bromley Safeguarding Continuum of Need and Intervention



CAF stands for 'Common Assessment Framework'.
 To be used in conjunction with BSCB document "A Partnership model for providing services to support children and families in Bromley". CAF assessment not normally required if another multi-agency Bromley specialist referral has been or will be made (eg. Early Support, Sensory Support for children with disabilities).

3. LEVELS OF NEED

The Partnership model is based on the four levels of need in the Bromley continuum of need and intervention:

- Universal Services – Level 1
- Targeted Services – Level 2 (a) and (b)
- Targeted and Co-ordinated Multi-Agency Services – Level 3
- Specialist Services – Children's Social Care – Level 4

3.1 Universal Services

Most children and young people's needs will be met through universal services (Level 1) – for example, schools, youth services, GP surgeries – as well as from support from within the family, friendship, and community networks. A relatively very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support (Level 4), usually led by children's social care. All who come into contact with families have a part to play in identifying those children whose needs are not being adequately met. Some of these needs can be helped by universal and early intervention services, while others may need referral to more specialist services, including children's social care.

3.2 Additional Needs

In between Levels 1 and 4 are the vulnerable children/young people who have additional needs and are in need of targeted support. Information on how to find out about the range of services available between Level 1 and 3, universal services and targeted and co-ordinated multi-agency services is available in the services to support children, young people and their families section below.

Bromley children's social care uses thresholds to consider whether a referral will be accepted, whether an assessment will be undertaken, and what services will be offered or provided. This way, they can ensure that help is targeted at those children who are most vulnerable, and that any decisions made about services are consistent.

3.3 Targeted & Co-ordinated Services – Common Assessment Framework (CAF)

Under the partnership model, the CAF will be used for all children and families who need targeted services and targeted and co-ordinated multi-agency services. The CAF for children and young people is a shared assessment tool to help develop a shared understanding of a child's need, so they can be met more effectively. It will help avoid children and families having to tell and re-tell their story. The CAF will act as the key assessment tool before any referral. This is to make sure that we are assessing families needs properly and have a whole picture of the services they need and are being offered. The principle is therefore that a CAF should always be completed (and consent received from the child/young person and/or their parent or carer, unless the case is so serious that consent can be waived) before any referral.

A Holistic Assessment Process

The CAF is a holistic assessment of a child's needs for services. It is a process for recognising signs that a child may have unmet needs that universal services cannot meet. It is also a process for identifying and involving other agencies who may be able to support the child and/or undertake specialist assessment. Central to its development is the principle that it is child/young person centred, holistic and can be shared across professionals as appropriate.

The CAF provides a common method of assessment across children's services and local areas. It facilitates early identification of needs, leading to co-ordinated provision of services, involving a lead professional where appropriate, and sharing information to avoid the duplication of assessments.

When to use a CAF?

The CAF is designed to be used at Levels 2a, 2b, and the lower part of Level 3, primarily as a holistic assessment of need to support multi-agency work. It should be used whenever there is a concern about a child or young person's wellbeing (a child/young person appears not to be progressing towards one or more of the five outcomes) and the cause and appropriate response are not clear. You might use a CAF when for example:

- You are concerned about how the child/young person is progressing, in terms of their health, welfare, behaviour, learning, or any other aspect of their wellbeing;
- You receive a request from the child/young person or parent/carer for more support;
- You are concerned about the child/young person's appearance or behaviour, but their needs are unclear or are broader than your service can address;
- You want to use the CAF to help you identify the needs of the child/young person and/or to pool knowledge and expertise with other agencies to support the child/young person better.

The holistic picture of needs identified by the CAF might then underpin either a single-agency response (Level 2a), a joint-agency response (Level 2a or Level 2b), a coordinated multi-agency response organised by a Lead Professional and a Team Around the Child (Level 2b or Level 3), or a referral to Children's Social Care (Level 3 or Level 4).

Complexity – Level 3

The CAF has the potential to support some multi-agency work with families with fairly complex needs at Level 3. Families at this level may, but not necessarily, be eligible for a referral to Children's Social Care – but only if a CAF and Team Around the Child Meeting has been completed first, or if the family or young person refuses to participate in the CAF process. The process of completing a CAF will help to identify whether Children's Social Care thresholds have been met, and might then trigger their involvement. Before considering a referral to Children's Social Care, practitioners should also ask themselves what the involvement of Children's Social Care would add to the intervention.

Consent - a partnership with parents

The CAF process is designed to be empowering for families. You should discuss your concerns with the child/young person and their parent/carer before deciding on a CAF. You might also use the pre-assessment checklist. A CAF assessment is first and foremost about *having a conversation* with the family; the CAF form is just a

structured way of recording the conversation. If the family does not agree to undergo a CAF assessment, their wishes must be respected.

If a family has not agreed to a proposed CAF assessment, the practitioner should try to identify why the family might be reluctant to engage. Some families will have had a negative experience of accessing services and it may take some time to build their trust. If the practitioner does not gain the family's consent and in the future has ongoing concerns, the practitioner should consider a referral to Children's Social Care.

If the child or young person gives consent and the parents do not, the practitioner should consider whether the child or young person is of an age and understanding where their consent can override their parents' lack of consent.

4. SERVICES TO SUPPORT CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

Further information about services to support children, young people and families between Levels 1 and 4 is available on the Information for Bromley Families website. The website provides a directory of organisations working in the borough, from voluntary groups to health services, Bromley Council services to activity groups, with information ranging from after school activities to agencies offering advice on abuse, bullying and drugs. www.bromleyfamilies.info/BromleyFamilies/

You will find details of the services agencies provide, opening hours and information on how to access a service.

4.1 Children with Special Educational Needs And Disabilities

Bromley's Special Educational Needs (SEN) and Disabilities Services aim to meet the needs of children and young people with additional needs and disabilities through early intervention and working with service users to develop and provide the support services needed.

Bromley's SEN and Disabilities Service is organised through three teams offering a wider range of support and services. These are:

- Special Educational Needs Service
- Specialist Support and Disability Services
- Inclusion Support Services

Information for parents, carers and professionals of children and young people with additional needs and disabilities in Bromley can be found in the following booklets:

- Special Educational Needs and Disabilities – A guide to Specialist Support and Provision for Children and Young People in Bromley (March 2011)
- Resource Guide – Services and Support for Parents/ Carers and Families of Children and Young People with additional needs or disabilities in Bromley (March 2011)
- Resource Guide for Early Support available to parents and carers of babies and young children with additional needs or disabilities in Bromley (March 2011)

The booklets can be downloaded from here (www.bromley.gov.uk) or hard copies are available through the Specialist Information Officer, tel: 020 8315 6697.

5. INDICATORS OF NEED

The indicators provide practitioners with examples and an overarching view on what tier of support and intervention a child/ young person might need. They are a tool to assist planning, assessment and decision making when considering the needs of children.

INDICATORS OF NEED



Level 1. Child Achieving Expected Outcomes: has no current additional needs

<p>Developmental needs of child or young person</p> <p>Learning / Education</p> <ul style="list-style-type: none"> • Achieving key stages • Good attendance at school/ college/ training • No barriers to learning • Planned progression beyond statutory school age <p>Health</p> <ul style="list-style-type: none"> • Good physical health with age appropriate developmental milestones including speech and language 	<p>Parent & Carer Factors</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parents able to provide care for child's needs <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Parents provide secure and caring parenting <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Parents provide appropriate guidance and boundaries to help child develop appropriate values
<p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Good mental health and psychological well-being • Good quality early attachments, confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable families where parents are able to meet the child's needs <p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Age appropriate independent living skills 	<p>Family & Environment Factors</p> <p>Family History and Well-Being</p> <ul style="list-style-type: none"> • Supportive family relationships <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Child fully supported financially • Good quality stable housing <p>Social and Community Resources</p> <ul style="list-style-type: none"> • Good social and friendship networks exist • Safe and secure environment • Access to consistent and positive activities

INDICATORS OF NEED



Level 2. Vulnerable Child with Some Additional Needs

<p>Developmental needs of child or young person</p> <p>Learning / Education</p> <ul style="list-style-type: none"> • Occasional truanting or non attendance • School action or school action plus • Identifies language and communication difficulties • Reduced access to books, toys or educational materials • Few or no qualifications • NEET <p>Health</p> <ul style="list-style-type: none"> • Slow in reaching developmental milestones • Missing immunisations or checks • Minor health problems which can be maintained in a mainstream school <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Low level mental health or emotional issues requiring intervention • Pro offending behaviour and attitudes • Early onset of offending behaviour or activity (10-14) • Coming to notice of police through low level offending • Expressing wish to become pregnant at young age • Early onset of sexual activity (13-14) • Sexual active (15+) with inconsistent use of contraception • Low level substance misuse (current or historical) • Poor self esteem <p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion 	<p>Parent & Carer Factors</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Lack of response to concerns raised regarding child <hr/> <p>Family & Environment Factors</p> <p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> • Parents/carers have relationship difficulties which may affect the child • Parents request advice to manage their child's behaviour • Children affected by difficult family relationships or bullying <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Overcrowding • Families affected by low income or unemployment <p>Social and Community Resources</p> <ul style="list-style-type: none"> • Insufficient facilities to meet needs e.g. transport or access issues • Family require advice regarding social exclusion e.g. hate crimes • Associating with anti social or criminally active peers • Limited access to contraceptive and sexual health advice, information and services
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INDICATORS OF NEED



Level 3. Vulnerable Child with Multiple and Complex Needs

Developmental needs of infant/child/ young person

Learning / Education

- Short term exclusions or at risk of permanent exclusion, persistent truanting
- Statement of special educational needs
- No access to books, toys or educational materials

Health

- Disability requiring specialist support to be maintained in mainstream setting
- Physical and emotional development raising significant concerns
- Chronic/recurring health problems
- Missed appointments - routine and non-routine

Social, Emotional, Behavioural, Identity

- Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage
- 16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent
- Under 18 and pregnant
- Coming to notice of police on a regular basis but not progressed
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Evidence of regular/frequent drug use which may be combined with other risk factors
- Evidence of escalation of substance use
- Evidence of changing attitudes and more disregard to risk
- Mental health issues requiring specialist intervention in the community
- Significant low self esteem
- Victim of crime including discrimination

Self-Care and Independence

- Lack of age appropriate behaviour and independent living skills, likely to impair development

Parent & Carer Factors

Basic Care, Safety and Protection

- Physical care or supervision of child is inadequate
- Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child
- Parental non compliance

Emotional Warmth and Stability

- Inconsistent parenting impairing emotional or behavioural development

Guidance Boundaries and Stimulation

- Parent provides inconsistent boundaries or responses

Family & Environment Factors

Family and Social Relationships and Family Well-Being

- History of domestic violence
- Risk of relationship breakdown with parent or carer and the child
- Young carers , Privately fostered, children of prisoners, periods of LAC
- Child appears to have undifferentiated attachments

Housing, Employment and Finance

- Severe overcrowding, temporary accommodation, homeless, unemployment

Social and Community Resources

- Family require support services as a result of social exclusion
- Parents socially excluded, no access to local facilities

INDICATORS OF NEED



Level 4. Vulnerable Child with Acute or Highly Complex Needs

<p>Developmental needs of infant/child/ young person</p> <p>Learning / Education</p> <ul style="list-style-type: none"> • Chronic non-attendance, truanting • Permanently excluded, frequent exclusions or no education. Provision • No parental support for education <p>Health</p> <ul style="list-style-type: none"> • High level disability which cannot be maintained in a mainstream setting • Serious physical and emotional health problems 	<p>Parent & Carer Factors</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parent is unable to meet child's needs without support <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Parents unable to manage and risk of family breakdown <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Parent does not offer good role model e.g. condones antisocial behaviour
<p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Challenging behaviour resulting in serious risk to the child and others • Failure or rejection to address serious (re)offending behaviour. Likely to be in Deter cohort of youth offending management • Known to be part of gang or post code derived collective • Complex mental health issues requiring specialist interventions • In sexually exploitative relationship • Teenage parent under 16 • Under 13 engaged in sexual activity • Frequently go missing from home for long periods • Distorted self image • Young people experiencing current harm through their use of substances • Young people with complicated substance problems requiring specific interventions and/or child protection • Young people with complex needs whose issues are exacerbated by substance use <p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation 	<p>Family & Environment Factors</p> <p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> • Suspicion of physical, emotional, sexual abuse or neglect • High levels of domestic violence that put the child at risk • Parents are unable to care for the child • Children who need to be looked after outside of their own family <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • No fixed abode or homeless. • Family unable to gain employment or extreme poverty <p>Social and Community Resources</p> <ul style="list-style-type: none"> • Child or family need immediate support and protection due to harassment /discrimination and No access to community resources

6. WHEN TO REFER TO CHILDREN'S SOCIAL CARE

Children's Social Care provide support for children and their families, where children have complex needs and where children are at risk of significant harm (indicator Level 3 and 4).

They also provide support for children who need to be accommodated or looked after by the local authority, through fostering or residential care and children who are placed for adoption.

6.1 Risks to a child/young person's health or development

The risks can be broadly of two kinds:

1. *Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/young person's health or development*

If at any time you have reasonable concern that a child or young person may be at immediate or acute risk of suffering significant harm or has already suffered significant harm, make a referral to children's social care straightaway. Do not consider arranging a CAF assessment or organising a multi-agency response.

Examples of when to refer directly to children's social care:

- Allegations/ reasonable suspicions about physical abuse: e.g., a series of apparently accidental injuries or a minor non-accidental incident, allegations of serious verbal threats, person who poses a risk to children moving into a household with under eighteen-year-olds, suspicion that the child is at risk of significant harm due to fabricated/ induced illness, child subject of parental delusions which imply risk.
- Allegations/ reasonable suspicions of sexual abuse: e.g., a referral by a concerned neighbour or friend, sexualised behaviour on the part of the child, allegation of sexual abuse made by a child, confession by an adult of sexual abuse of a child, any allegation suggesting connections between sexually abused children in different families or more than one abuser.
- Allegations/ reasonable suspicions of emotional abuse: e.g., witnessing domestic violence, repeated allegations of emotional abuse.
- Allegations/ reasonable suspicions of serious neglect: e.g., medical referral of non-organic failure to thrive in under-fives, child left insufficiently supervised, child chronically having inappropriate clothing, poor hygiene, failing to attend appointments.
- Allegations/ reasonable suspicions that the child has been injured (even if inadvertently) during an incident of domestic violence.
- Allegations/ reasonable suspicions a child has witnessed one serious or three minor domestic violence incidents. If in doubt about seriousness of incident, seek advice.

2. A chronic and long-term risk of harm to the child's health or development

Some situations represent a more *chronic, long-term risk of harm* to the child's health or development. These situations may be best addressed through a coordinated multi-agency response organised by a Lead Professional around a Common Assessment and a Team Around the Child.

However, if the Team Around the Child has been working with the family and feels they are not having an impact on the situation, the team should then have a discussion with Children's Social Care or make a referral to Children's Social Care.

Significant Harm

Significant harm can typically fall into the following categories:

PHYSICAL ABUSE	Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
SEXUAL ABUSE	Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
EMOTIONAL ABUSE	Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
NEGLECT	<p>Neglect is 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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • provide adequate food, clothing and shelter (including exclusion from home or abandonment); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers); or • ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>

6.2 How to make the referral

Referrals to children's social care should be made using the children's social care referral form. The referral form and guidance can be downloaded from www.bromleysafeguarding.org.

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate or acute risk of suffering significant harm, telephone children's social care immediately and then complete the referral form.

Bromley Children's Social Care Contact Details

Referral & Assessment Team London Borough of Bromley Old Town Hall Tweedy Road Bromley BR1 3FE	Phone: Fax:	020 8461 7373 / 7379 / 7404 01689 897475
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Emergency Duty Team (at weekends and outside normal working hours)
Phone: 020 8464 4848

6.3 Closing cases - a step-down process

During children's social care involvement with a child/ young person, the social worker assumes the role of the Lead Professional. Once these concerns have been addressed and/or resolved but there are ongoing needs which don't require children's social care involvement, the social worker will give consideration to who will carry out the role of the Lead Professional and seek the views of the young person and/or parent(s). The social worker will contact the preferred Lead Professional and discuss this with them. Usually, the Lead Professional will already be a practitioner who is familiar with the family and has supported the child or young person during children's social care intervention. If the family give consent, the social worker can share a copy of their recent assessment report with the Lead Professional. The ongoing needs must be clearly identified and a proposed action plan put in place. The Lead Professional should then register a copy of the shared assessment and agreed action plan with the CAF team.

If the child has complex multiple needs, good practice should mean that the social worker arranges a final case closure/ Team Around the Child (TAC) meeting and invites the lead professional to the meeting as well as other practitioners. The young person (where age appropriate) and/or parent/carer(s) must also be present.

7. INFORMATION SHARING

Sharing of information amongst practitioners working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm.

Information should normally only be shared with explicit and informed consent **except** where to seek consent will put a vulnerable person at risk (Children Act 1989 and Data Protection Act 1998) to prevent a crime or as directed by a court (Data Protection Act 1998).

The Government has issued guidance in respect of information sharing entitled 'Information Sharing: Practitioners' Guide' and is available from www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing

8. USEFUL RESOURCES

Guide to services for children and families in Bromley -

www.bromleyfamilies.info/BromleyFamilies/

The Information for Bromley Families website provides a directory of groups and services available for children, young people and their families, including details of the services they provide, opening hours and information on how to make referrals to services.

Bromley Safeguarding Children Board (BSCB) Website -

www.bromleysafeguarding.org

London Child Protection Procedures - www.londonscb.gov.uk/procedures/

BSCB - A Safeguarding Guide for Anyone in contact or working with Children and Young People -

www.bromleysafeguarding.org/pdfs/Safeguarding%20Children%20Briefing%20Pack.doc

Special Educational Needs and Disabilities – A guide to Specialist Support and Provision for Children and Young People in Bromley (March 2011)

www.bromley.gov.uk/downloads/file/557/special_educational_needs_and_disabilities_-_guide_to_specialist_support

Resource Guide – Services and Support for Parents/ Carers and Families of Children and Young People with additional needs or disabilities in Bromley (March 2011)

www.bromley.gov.uk/downloads/file/182/disability_services_for_parents_carers_and_families

Resource Guide for Early Support available to parents and carers of babies and young children with additional needs or disabilities in Bromley (March 2011)

www.bromley.gov.uk/downloads/file/532/guide_to_services_and_support_for_parents_of_babies_and_young_children_with_additional_needs_or_disabilities_birth_to_5_years

Information Sharing – Practitioners Guide

www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing

Bromley Children and Young People Partnership

www.bromley.gov.uk/childrenstrust



**Bromley Safeguarding Children Board
St. Blaise
Room B40a
Civic Centre
Stockwell Close
Bromley BR1 3UH**

Telephone: 020 8461 7816

Fax: 020 8313 4324

Web: www.bromleysafeguarding.org

Email: BSCB@bromley.gov.uk