

Appendix 3

St Saviour's CE Primary School

CONFIDENTIAL

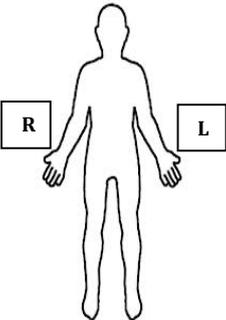
Staff should log incidents directly onto CPOMS

<https://stsaviours.cpoms.net/login>

However, in the case that the internet is down or other reason why the incident cannot be logged electronically, this form may be used and then scanned onto CPOMS once it is accessible.

SAFEGUARDING NOTE OF CONCERN

Please give a copy to the **Designated Child Protection Officer**

Name of Adult logging Concern:		
Child's Full Name:	Child's D.O.B:	
Class:	Class Teacher:	
Date:	Time Information Received:	
This is a record of a disclosure made to me by the above child (Immediate concern): <input type="checkbox"/> <i>(Please handover this form to the designated CP Officer immediately)</i>		
For other non-urgent OR ongoing concern/s (Ongoing Concern): <input type="checkbox"/> <i>This is a record of something that I am concerned about regarding a child's safety or welfare.</i>		
Place <i>(Please note where the disclosure was made or where concern was raised)</i>		
Incident/Record of concern: <i>(Continue on separate sheet if necessary)</i> <i>Please make a clear record of the incident or disclosure using the child's exact words/indicate using the diagram as necessary.</i>		
		
Follow Up by Designated Lead:		
Name:	Signed:	Date:

Guidance on Significant Harm

Introduction

This guidance is intended to help staff in making the difficult professional judgements involved. It is not intended to be used as a checklist and is intended to support professional judgement, not replace it. Where there is doubt about the application of the law, legal advice should be sought.

The concept of significant harm is crucial to child protection work. It is a legal concept, enshrined in the Children Act 1989 and is referred to frequently in government guidance such as 'Working Together'. There are a number of points in the child protection process where professionals have to make judgements in relation to significant harm i.e.:

1. Following initial assessment, when deciding whether to make further enquiries under Section 47 of the Children Act 1989.
2. Following Section 47 enquiries, when deciding whether or not to convene a child protection conference.
3. In the child protection conference, when deciding whether or not to place a child on the child protection register.
4. For Children's Social care and the police, in deciding whether to apply for a variety of orders under the Children Act. At each of these stages, the concept of significant harm applies, although the thresholds for action are different. Professional judgment at each stage must be based on careful assessment and analysis, using the 'Framework for the Assessment of Children in Need and Their Families'.

Thresholds

Section 47 Enquiries

The threshold for initiating Section 47 enquiries is 'reasonable cause to suspect that a child..... is suffering, or is likely to suffer, significant harm' (the full text of Section 47 is in Section C, para 4.4). This is the lowest threshold in relation to significant harm.

Child Protection Conference

A child protection conference should be convened when it is judged that 'a child may continue to suffer, or to be at risk of suffering significant harm' (Section C, para 7.10). The Section 47 enquiry, which began on the basis of a 'reasonable suspicion' must therefore have established that the grounds for that suspicion were

substantiated i.e. the child has suffered, or is likely to suffer, significant harm. The issue here is a judgement as to whether that situation may continue.

Child Protection Plan

The threshold for a child to be made subject to a child protection plan is that 'the child is at continuing risk of significant harm' (Section C, para 8.29). This is therefore a higher threshold again, than that required for convening a conference. The judgement is that the child is, rather than may be, at continuing risk. It seems clear from the tests given for this threshold that 'at risk of' carries the same meaning as 'likely to suffer' significant harm.

Harm, Significance and Likelihood

Harm is defined in S.31 (9) of the Children Act 1989 as ill-treatment or the impairment of health or development. In this context:

- ill-treatment includes sexual abuse and other forms of ill-treatment which are not physical;
- health means physical or mental health;
- development includes physical, intellectual, emotional, social or behavioural development.

It is important to keep in mind that the health or development of children subject to ill-treatment may be impaired in a number of different ways. For example:

- physical abuse can lead directly to physical injury, disability and neurological damage, but has also been linked to aggressive behaviour in children, emotional, behavioural and educational problems.
- emotional abuse can impact on a child's mental health, behaviour and self-esteem.
- sexual abuse can cause physical injury, and can also lead to a variety of disturbances in behaviour and emotional health.
- neglect can cause impairment of physical growth, intellectual development, and social functioning.

Significance

The significance of harm will be a matter for assessment and judgement in relation to each individual child. There are no absolute criteria, but the following should be borne in mind:

- The seriousness of the alleged harm, e.g.,
- any bruising, even minor, to babies should be considered as serious

- all fractures should be taken seriously, and fractures to certain parts such as the skull may be life-threatening
- numbers of bruises together are more serious than a one-off bruise
- The duration and frequency of abuse and neglect. Sometimes a single traumatic event may constitute significant harm, but more often it is an accumulation of events, both acute and long-standing which cause the harm.
- The context in which the harm takes place. For every child, there may be factors which aggravate the harm caused, such as living in a family characterised by low warmth/high criticism, and factors that protect against harm, such as the presence of at least one parent or carer who can respond to the child's needs.
- The needs of the individual child. For example, a severely disabled child may need a much greater level of supervision than a non-disabled child of the same age, so that a 'home alone' scenario would have greater significance. In determining whether or not harm is significant, the Children Act requires comparison of the individual child's health or development with that which could reasonably be expected of a similar child i.e. a child with a similar level of needs, not a child of similar parents, or living in a similar setting.
- The presence of factors such as premeditation, threats and coercion, sadism and bizarre or unusual elements in child sexual abuse have all been associated with more severe effects on the child.

In assessing and establishing significant harm, it is therefore necessary to consider:

- the family context;
- the child's development within the context of their family and wider social and cultural environment;
- any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- the nature of harm, in terms of ill-treatment or failure to provide adequate care;
- the impact on the child's health and development; and
- the adequacy of parental care.

It is important always to take account of the child's reactions, and his or her perceptions, according to the child's age and understanding.

Likelihood. Although not defined in the legislation, likely clearly means more than merely possible, but less than certain. As a working definition, likely can be taken to mean 'more likely than not'

Coercive Action

In a small number of cases, where significant harm has been established, Children's Social care may need to consider using the provisions of the Children Act to apply for one or more of a number of Orders. Thoburn and Bailey (1996) have suggested the following list of questions to be asked where such action is being considered.

- Is the child actually suffering significant harm?
- How likely is it that the child will suffer significant harm in the short term and long term future?
- Is there a serious danger of 'life or limb'?
- Is there a danger that the child will be sexually assaulted by a carer? (Special consideration to age and vulnerability as a result of disability should be paid when answering these questions).
- Is there a parent or carer who is able to make a concerted effort to protect the child from significant harm?
- Is this carer willing to make a concerted effort to protect the child from significant harm?
- Does this carer have some positive feeling towards the child?
- Are the parents/carers willing to work with agencies to secure the child's protection from future harm?
- Is the older child willing to work with agencies to keep him/herself safe from future harm?
- Are the parents and child able (e.g. not prevented by a serious mental illness or immaturity of personality leading to impulsive behaviour) to work with agencies to protect the child from significant harm?
- Is there any evidence that the steps which would be taken and the methods used, if coercive action were taken, are likely to be effective?
- Is there anything to suggest that if coercive action is taken the child is more likely to be helped than harmed?

NB: It is the pattern and combination of the answers to these questions which is important, not the answer to any one question on its own.

SIGNS OF DOMESTIC ABUSE (Duluth Model)

