Level 1 Training

Child Protection & Safeguarding
Programme

➢ Child Protection Law
➢ Categories & Indicators of Abuse
➢ Child Protection Procedures & Referrals
➢ Safe Practice
➢ Serious Case Reviews and Practice Reviews
➢ Key Contacts
Learning Objectives

➢ Understand concepts of Safeguarding & Child Protection and how they relate to your job

➢ Understand your responsibilities

➢ Be able to recognise and respond to concerns appropriately

➢ Know how to share information appropriately with other professionals and agencies
What is the Hertfordshire Safeguarding Children Partnership?

The Hertfordshire Safeguarding Children Partnership (HSCP) has been set up so that all agencies and organisations who work with children and young people work together to keep children safe.
HSCP Website and Procedures

All agencies in the County who work with children need to follow the Child Protection Procedures, which are on the HSCP [website](#).

The Procedures are not optional and **must** be followed by all those that provide a service for/work with/or come into contact with children.

The website is updated regularly and the Procedures are updated every six months.

What is Safeguarding?
What is Child Protection?
Safeguarding

Child Protection

Restraint

Staff Conduct

Curriculum

Allegations against Staff

Safe Recruitment

Health & Safety

Intimate Care

Preventing Bullying

Behaviour Management

Whistle-blowing

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CHILD PROTECTION LAW
The Children Act 1989

- Children Act 1989 comprises the child protection legislation including taking children into care
- The welfare of the child is paramount
- Children should usually be brought up in their own families
- Introduces concept of Significant Harm and Children in Need
- Permits reasonable physical chastisement
Significant Harm

➢ Risk of, or actual significant harm can be from a single event or a number of events that interrupt the child’s health and development

➢ Risk of, or actual significant harm, justifies compulsory intervention by the local authority (section 47)
The Children Act 1989

- **Section 17** – Children in Need
  
  the County has a duty to assist where children’s development would be impaired without input

- **Section 47** - Child Protection
  
  the County has a duty to investigate where a child is considered to be or is at risk of significant harm

- **Section 27** – Duty of Cooperation between agencies with regard to matters of Child Protection
Education Act 2002 (S175)

The Local Authority and Governing bodies of maintained schools have a legal duty to make arrangements for ensuring that the functions conferred on them are exercised with a view to safeguarding and promoting the welfare of children.
Children Act 2004 (S11)

Section 11 places a statutory duty on a range of organisations, agencies and individuals to ensure their function, and any services that they contract out to others, are discharged having regard to the safeguard and promote the welfare of children.
CATEGORIES OF ABUSE
Definitions of Abuse

Inflicting harm, or failing to act to prevent harm

Children may be abused:

- In a family
- In an institutional or community setting
- By those know to the child
- More rarely, by a stranger
- By an adult or adults
- By another child
Categories of Abuse

➢ Neglect

➢ Physical abuse

➢ Sexual Abuse

➢ Emotional Abuse
Neglect

Persistent failure to meet a child’s basic physical, emotional 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. When the child is born, neglect may involve the parents or carers failing to:

- Provide adequate food, clothing and shelter (including exclusion from home of abandonment);
- Protect the 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.
- It may also include neglect of, or unresponsiveness to, a child’s emotional needs.
## Possible indicators of Neglect

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirty bedroom, no sheets on bed, inappropriate sleeping place</td>
<td>Being tired all the time</td>
</tr>
<tr>
<td>Being unkempt, dirty or smelly</td>
<td>Frequently missing school or being late</td>
</tr>
<tr>
<td>Loss of weight or constantly being underweight</td>
<td>Failing to keep medical appointments</td>
</tr>
<tr>
<td>Lacks sufficient clothing for the weather</td>
<td>A baby who never cries</td>
</tr>
<tr>
<td>Learning disabilities due to poor brain development</td>
<td>Psycho-social development, depression, psychiatric illness &amp; personality disorders</td>
</tr>
<tr>
<td>Untreated medical conditions</td>
<td>Being left supervision regularly</td>
</tr>
<tr>
<td>Begs or steals food or money</td>
<td>Says that there is no one at home to provide care</td>
</tr>
</tbody>
</table>
Physical Abuse

- Hitting
- Shaking
- Throwing
- Burning or scalding
- Drowning
- Suffocating
- Causing physical harm to a child
- A parent fabricates the symptoms of, or deliberately induces illness in a child.
Non-accidental Injuries are suspected when:

- Injuries to both sides of the body
- Injuries to soft tissue
- Injuries with particular patterns
- An injury that doesn’t fit the explanation given
- Delays in presentation
- Untreated injuries
- Bruising on pre mobile babies

REMEmBER
Concerns are raised by:
- Injuries to both sides of the body
- Injuries to soft tissue
- Injuries with particular patterns
- Any injury that doesn’t fit the explanation
- Delays in presentation
- Untreated injuries
# Possible indicators of Physical Abuse

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexplained injuries</td>
<td>Reluctant for parents to be contacted</td>
</tr>
<tr>
<td>Untreated injuries</td>
<td>Aggressive behaviour and temper</td>
</tr>
<tr>
<td>Injuries on parts of body where accidental injury is unlikely</td>
<td>Child who shows fear of going home or runs away</td>
</tr>
<tr>
<td>Hand or finger marked bruising; cigarette burn or bite marks</td>
<td>Child flinches when approached/touched</td>
</tr>
<tr>
<td>Scalds, esp. with upward splash marks, or rings where made to sit or stand in very hot water</td>
<td>Reluctance to get undressed for sporting activities</td>
</tr>
<tr>
<td>Broken bones (esp. in under 2s)</td>
<td>Covering arms/legs even when hot</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Overly compliant to parents/carers</td>
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</tbody>
</table>
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 by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

➢ Non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or 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. Woman can also commit acts of sexual abuse, as can other children.

➢ Abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under S5 of the Sexual Offences Act 2003.
# Possible indicators of Sexual Abuse

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain, itching, bruising or bleeding in genital or anal areas</td>
<td>Sudden unexplained changes in behaviour</td>
</tr>
<tr>
<td>Any sexually transmitted infection (STI)</td>
<td>Apparent fear of someone</td>
</tr>
<tr>
<td>Recurrent genital discharge or urinary tract infections without apparent cause</td>
<td>Being sexually coercive with other children</td>
</tr>
<tr>
<td>Stomach pains</td>
<td>Nightmares or bedwetting</td>
</tr>
<tr>
<td>Discomfort when child is walking or sitting down</td>
<td>Self-harm, self-mutilation, suicide attempts, abuse of drugs/alcohol, eating problems (anorexia/bulimia/overeating)</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Sexualised behaviour or knowledge, drawings, language</td>
</tr>
<tr>
<td></td>
<td>Running away from home</td>
</tr>
</tbody>
</table>
Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on a child’s emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as the meet the needs of another person;
- Imposing age or developmental inappropriate expectations on children. These may include interactions that are beyond the child’s developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic abuse;
- Serious bullying, causing children frequently to feel frightened or in danger;
- Exploiting and corrupting children.
## Possible indicators of Emotional Abuse

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Failure to grow or to thrive (particularly if child thrives away from home)</td>
<td>Compulsive nervous behaviours such as hair twisting or rocking</td>
</tr>
<tr>
<td>Sudden speech disorders</td>
<td>An unwillingness or inability to play</td>
</tr>
<tr>
<td>Delayed development, either physical or emotional</td>
<td>Excessive fear of making mistakes</td>
</tr>
<tr>
<td></td>
<td>Self-harm or mutilation</td>
</tr>
<tr>
<td></td>
<td>Excessive deference towards others, especially adults</td>
</tr>
<tr>
<td></td>
<td>Excessive lack of confidence, and need for approval, attention and affection</td>
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<tr>
<td></td>
<td>Inability to cope with praise</td>
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</tbody>
</table>
Specific types of violence towards children

➢ Honour based violence
➢ Forced marriage
➢ Trafficking
➢ Prostitution
➢ Domestic servitude
➢ Spirit possession
➢ Female genital mutilation
➢ County lines
It is important to note that the lists of signs and symptoms are possible indicators of abuse. Many of these signs could have other explanations. They do not necessarily indicate that a child has been abused. They may help you to recognise that something is wrong.
Other Factors that raise concern

➢ Parent (and or child) misusing alcohol or drugs
➢ Domestic abuse within the household
➢ Parents with learning difficulties and or mental health problems
➢ Children with disabilities
➢ Grooming & Sexual exploitation (including online)
➢ Teenage pregnancy & parenthood
➢ Child Trafficking
➢ Highly mobile families & families without recourse to public funds
➢ Bullying (including online)
➢ Self-harming behaviours
Domestic Abuse (DA)

- Domestic abuse is any threatening behaviour, violence or abuse between adults who are or have been in a relationship, or between family members.
- It can affect anybody, regardless of their gender or sexuality.
- It can be psychological, physical, sexual or emotional.
- Domestic abuse can include honour based violence, female genital mutilation, and forced marriage.

(Home Office)
Facts about Domestic Abuse

➢ At least 750,000 a year are believed to witness DA.
➢ Nearly 75% of children who are subject to a Child Protection Plan live in households were DA occurs.
➢ Parents and professionals tend to minimise children’s awareness / impact of the DA.
➢ DA increases likelihood of other types of abuse (sexual, emotional, neglect).
➢ Younger children suffer more significant effects of DA.
Children with Disabilities

Children with disabilities are **up to three times more likely** to be abused:

- They are more likely to receive intimate care from more people
- Likely to spend more time away from the family
- May be less able to communicate
- May be hard to see where disability ends and signs and symptoms of abuse begin
- Children with disabilities are less likely to disclose abuse, or to be listened to, or treated as a reliable witness if they do disclose
Internet and virtual dangers

➢ Besides the tangible aspects of keeping children safe from harm, there are significant risks of sexual and emotional abuse for children via online and virtual environments.

➢ It is impossible to prevent children/young people from using the internet and technology. Indeed it can play an important role in children’s lives and help support their education and social lives.

➢ There are many technological devices and online environments, including Smartphones, online games, chat rooms, blogs and social networking sites (Facebook etc).
Research shows that almost all children have access to the internet, either at home or school. However, it is crucially important that children/young people know the risk and are able to protect themselves.

The two most common risks for using the internet are:
- Accessing inappropriate information
- Giving out personal information about themselves

As well as innocently giving out personal details, children often accidentally type words incorrectly into search engines and inadvertently stumble across inappropriate information (NSPCC, 2016)

Online Safety Guidance is available on the NSPCC website
CHILD PROTECTION PROCEDURES & REFERRALS

What to do if you are worried about a child?
Response to Concerns

Observe: Causes Concern

Record

Protect:
e.g. Monitor,
In most cases, discuss with Parents *,
Share Information, & Refer

Share:
Speak to the:
Designated Safeguarding Officer,
Lead Professional,
Key Worker,
Allocated SW
Guidance on making referrals can be found on the HSCP website

Advice for Early Years, Childcare Providers and other Professionals

Children have a right to be cared for and protected and protecting them is everyone's responsibility

If you know of a child who is being neglected or abused – it's simple...

Recognise, Respond and Refer

Report it now to Children's Services, on 0300 123 4043

Safeguarding Children

Advice for Schools and Key Workers of open Families First Assessments

Children have a right to be cared for and protected and protecting them is everyone’s responsibility

If you know of a child who is being neglected or abused – it's simple...

Recognise, Respond and Refer

Report it now to Children’s Services, on 0300 123 4043

Safeguarding Children
Sharing concerns with parents

➢ The needs of the child should always come first
➢ Advising a parent about a referral is different from gaining their consent. In general, it is good practice to tell a parent about a referral unless doing so poses a risk to the child or yourself. Do not contact parents where:
   ▪ Sexual abuse is suspected
   ▪ Organised or multiple abuse is suspected
   ▪ Fabrication of illness is suspected
   ▪ Forced marriage is suspected
➢ If you think a child is at risk of significant harm, you do not have to get consent to share information
It is your duty to...

➢ Be familiar with your organisation’s Child Protection (CP) Policy
➢ Know who your Designated CP Officer is
➢ Understand the reporting structure for Safeguarding & CP concerns within your organisation
➢ Be familiar with the Hertfordshire Safeguarding Children Partnership’s Procedures on the website
Recording information

Record the facts of the case as soon as possible:

➢ Your concern about the child
➢ Details of what you observed / heard / saw, etc
➢ Use the child’s words – do not interpret
➢ Note discussions with parents / carers
➢ Note context – what has been done previously & other professionals involved
➢ Say how you interpret the facts and note any decisions, such as information sharing or making referrals
➢ Use plain language and type up your recording
Information Sharing with Other Professionals: 7 Golden Rules

1. Data Protection Act is not a barrier for sharing info about Child Protection
2. Be open & honest about how you plan to share info
3. Seek advice if in doubt about whether to share
4. Share with consent, where appropriate
5. Consider safety and well-being of those about whom you are sharing information
6. Ensure sharing of information is necessary, proportionate, relevant, accurate, timely & secure
7. Keep a record of information sharing & reasons
Challenging professionals

➢ If you disagree with the response of another agency or someone in your own agency about risks to a child, challenge it.

➢ See Chapter 7.2 of the HSCP Procedures
Disclosures made by children

RECEIVE/ LISTEN

REASSURE

DISCLOSURE

DECIDE ON RESPONSE

SELF-CARE/ SUPPORT

RECORD AND REFER
Some helpful responses if a child confides in you...

➢ Remain calm
➢ Take what the child says seriously
➢ Listen carefully without interrupting or prompting
➢ Reassure them that they are not to blame
➢ Let them know what you are going to do to help
➢ Make sure relevant emergency service is contacted if required
➢ Report what you have been told to the Designated Child Protection Officer (or deputy) as soon as possible.
➢ Record what was said and who was present, using the child’s words
What to avoid if a child confides in you...

- Do not allow your shock or disgust to show
- Do not press for details (such as ‘What did they do next’)
- Do not ask them to repeat their story to a colleague
- Do not make assumptions
- Do not blame and child or the alleged perpetrator
- Do not make promises you cannot keep
- Do not agree to keep information secret
- Never delay emergency action to protect a child
- Never express disbelief in what the child is saying
- Do not try to investigate or question the child, except to clarify what you have heard – especially in cases of suspected sexual abuse
Speaking to a child

➢ You can ask the child ‘open’ questions (how, what, when, where) to clarify what they have said and to gain enough information to refer your concerns.

➢ You should not promise the child confidentiality

➢ You must not interview the child
SAFE PRACTICE
Safe Workforce Cycle

- Safer Recruitment Induction Processes
- Barring of Inappropriate & Unsafe Staff
- Management of Allegations
- Ongoing Training
- Policies & Safe Practice Including Supervision
Safe Practice

consider....

➢ Professional codes of conduct
➢ Being alone with the child / young person
➢ Physical contact / restraint
➢ Social contact outside setting / appropriate boundaries
➢ Gifts & favouritism
➢ Behaviour management
➢ Intimate care
➢ Safe use of technology (Security / Internet / mobile phones / digital images of children, etc)
Allegations against professionals

➢ Any paid/ voluntary staff may be accused of causing harm to a child or behaving inappropriately
➢ This could occur in or outside of work
➢ The action or behaviour must be reported to a senior/ designated member of staff (in strict confidence)
➢ The senior/ designated person must refer this to the Local Authority Designated Officer (please refer to the HSCP Procedures, Chapter 4.1. Managing Allegations Against Adults Who Work with Children and Young People).
Lessons from Serious Case Reviews (National and Local Practice Reviews)
Serious Case Reviews
National and Local Practice Reviews

In Working Together to Safeguarding Children 2015, Serious Case Reviews were replaced by National or Local Practice Reviews

What is a Practice Review?
A Practice Review is carried out when a child dies or is serious harmed. These incidents must be reported to the Child Safeguarding Practice Panel for a decision to be made if a Practice Review should be carried out. A Practice Review enables multi-agencies to share concerns, highlight areas that may need further investigation, share learning and identify areas for improvement.

Purpose of Practice Reviews
➢ To identify improvements to safeguard and promote the welfare of children
➢ To prevent or reduce the risk of reoccurrence of similar incidents.
➢ To identify potential changes in policy and practice
Key Themes from Hertfordshire Serious Case Reviews

➢ Parenting assessments and assessments of extended family to be carried out in a timely and systemic way, including multi-agency involvement.
➢ Improved multi-agency information sharing
➢ Training for practitioners, to include
  ▪ Emotionally Unstable Personality Disorder and the ability to parent
  ▪ Trauma Informed Practice
  ▪ Safeguarding Vulnerable Groups
  ▪ General Safeguarding Awareness
  ▪ Motivational Interviewing.
➢ Review of the CAMHS/Mental Health Pathway
➢ Regular auditing to evaluate multi-agency working and identify areas for improvement.
Other Lessons for Hertfordshire

➢ Identification and referral of bruises on babies – *Babies who don’t cruise rarely bruise*. Read the HSCP Procedures on ’10.6 Management of Suspicious Bruises/Marks in Infants Under Six Months’. HSCP partners are now using the Graded Care Profile

➢ Identification and referral of risk factors pre-birth

➢ Campaigns – Tackle Child Abuse, How to Spot and Report Abuse, Safe Sleeping and Safe in the water, Bruising

➢ A better understanding of risk – toxic trio and of added vulnerabilities e.g. for children with disabilities

[Link](#) to HSCP Serious Case Reviews

[Link](#) to NSPCC Learning – Case Reviews
Toxic trio

Multiple risk factors

➢ Parental substance misuse
➢ Parental mental health problems
➢ Domestic abuse
Best practice for practitioners

➢ Apply ‘professional curiosity’, ‘healthy scepticism’, ‘respectful uncertainty’
➢ ‘Think the unthinkable’
➢ Don’t make assumptions (about anything). Instead, ask a question - to other professionals or families eg you are already working with the family, are you going to make a referral?
CONTACTS
In Emergencies

Services
Office hours (Customer services) 0300 123 4043
Out of hours (Emergency Team) 0300 123 4040

Call 999 if you are in immediate danger or a crime is being committed.

If you are a practitioner and need advice, contact the Consultation Hub on 01438 737 511

NSPCC 0808 800 5000 or visit their website
How to use these slides

• The information in this pack can be used by any of the Hertfordshire Safeguarding Children Partnership (HSCP) partner agencies.

• Please adapt the information to make it relevant for your agency and remove and add information appropriate to the staff you are training.