Level 1 Training

Child Protection & Safeguarding
Programme

1. Child Protection Law
2. Categories & Indicators of Abuse
3. Child Protection Procedures & Referrals
4. Safe Practice
5. Serious and Partnership case review
6. 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
Learning Agreement

• Respect each other
• Listen
• Acknowledge difference & diversity
• Confidentiality, however…
• Participation
• Mobile phones
• Punctuality
What is the Hertfordshire LSCB?

The Hertfordshire Safeguarding Children Board (HSCB) is a partnership organisation that brings together all of the main organisations who work with children and families in the County to ensure they work together to keep children safe.
HSCB website and procedures

www.hertssafeguarding.org.uk

All agencies in the County who work with children need to follow the child protection procedures, which are on the HSCB 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.
HSCB website and procedures

The website is updated every 3 months and the procedures are updated every 6 months.

The procedures reflect current legislation, accepted best practice and comply with the government guidance: Working Together to Safeguard Children 2013

Register for updates to get all of the new and latest changes and procedures.
What is acceptable?
What is Safeguarding?

What is Child protection?
Safeguarding

- Intimate care
- Child Protection
- Restraint
- Staff conduct
- Curriculum
- Allegations Against staff
- Whistleblowing
- Behaviour management
- Safe recruitment
- Health and safety
- Preventing bullying
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 CP**
Education Act 2002 (S175)

The Local Authority and Governing body 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 key people and bodies – including district councils to make arrangements to ensure that in discharging their functions they have regard to the need to 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 known to the child
  – more rarely, by a stranger

• Children may be abused
  – 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 and/or psychological needs likely to result in the serious impairment of the child’s health or development, such as:

- Substance misuse in pregnancy
- Failing to provide adequate food/shelter/clothing/protection from danger and abandonment
- Failing to ensure adequate supervision
- Failing to provide appropriate medical care
- Failing to respond to child’s basic 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>
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<tr>
<td>Loss of weight or constantly being underweight</td>
<td>Failing to keep medical appointments</td>
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<tr>
<td>Dressed inappropriately for the weather conditions</td>
<td>A baby who never cries</td>
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<tr>
<td>Learning disabilities due to poor brain development</td>
<td>Psycho-social development, depression, psychiatric illnesses &amp; personality disorders</td>
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<tr>
<td>Untreated medical conditions</td>
<td>Being left unsupervised regularly</td>
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</tbody>
</table>
Physical Abuse

- Shaking
- Throwing
- Poisoning
- Burning / scalding
- Drowning
- Hitting
- Suffocating
- Otherwise causing physical harm
- When a carer fabricates symptoms 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
### 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>
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<tr>
<td>Hand or finger marked bruising; cigarette burn or bite marks</td>
<td>Child flinches when approached/touched</td>
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<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>
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<tr>
<td>Broken bones (esp. in under 2s)</td>
<td>Covering arms/legs even when hot</td>
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<tr>
<td></td>
<td>Depression</td>
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<td></td>
<td>Overly compliant to parents/carers</td>
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Sexual Abuse

Forcing or enticing a child to take part in:

- Sexual activities, including prostitution, whether the child is aware of what is happening or not
- Physical contact including penetrative and non-penetrative acts
- Non-contact activities including children looking at or being involved in the production of pornographic material, watching sexual activities, encouraged to behave in sexually inappropriate ways, and verbal sexual abuse
# Possible indicators of Sexual Abuse

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
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</thead>
<tbody>
<tr>
<td>Pain, itching, bruising or bleeding in genital or anal areas</td>
<td>Sudden unexplained changes in behaviour</td>
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<tr>
<td>Any sexually transmitted infection (STI)</td>
<td>Apparent fear of someone</td>
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<tr>
<td>Recurrent genital discharge or urinary tract infections without apparent cause</td>
<td>Being sexually coercive with other children</td>
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<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>
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<tr>
<td>Pregnancy</td>
<td>Sexualised behaviour or knowledge, drawings, language</td>
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<td></td>
<td>Running away from home</td>
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</table>
Emotional Abuse

• Persistent emotional ill-treatment of a child causing severe and persistent adverse effects on child’s emotional development:
  • Conveying that children are worthless/unloved
  • Imposing age-inappropriate expectations on children
    • (e.g., caring for an alcohol-addicted parent)
  • Seeing/hearing the ill-treatment of another
  • (Domestic Violence)
  • Serious bullying
  • Exploiting & corrupting children
Possible indicators of Emotional Abuse

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
</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>
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<tr>
<td>Sudden speech disorders</td>
<td>An unwillingness or inability to play</td>
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<tr>
<td>Delayed development, either physical or emotional</td>
<td>Excessive fear of making mistakes</td>
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<tr>
<td></td>
<td>Self-harm or mutilation</td>
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<tr>
<td></td>
<td>Excessive deference towards others, especially adults</td>
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<td></td>
<td>Excessive lack of confidence, and need for approval, attention and affection</td>
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<td></td>
<td>Inability to cope with praise</td>
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Specific types of violence towards children

- Honour based violence
- Forced marriage
- Trafficking
- Prostitution
- Domestic servitude
- Spirit possession
- Female genital mutilation
• 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)
- Female Genital Mutilation
- Self-harming behaviours
Domestic Abuse (incl. Violence)

• 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 Violence

• In up to 60% of DV households, the child(ren) are also being physically abused
• Parents and professionals tend to minimise children’s awareness / impact of the DV
• DV increases likelihood of other types of abuse (sexual, emotional, neglect)
• Younger children suffer more significant effects of DV
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
CHILD PROTECTION
PROCEDURES & REFERRALS

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

Observe: Causes Concern

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

Record

Share: Speak to the: Designated Safeguarding Officer, Lead Professional, Key Worker, Allocated SW
Sharing concerns with parents

• The needs of the child should always come first

• Sometimes it is not appropriate to share your concerns with parents as this could place the child at further risk (eg suspected Sexual Abuse, Fabricated or Induced Illness, Female Genital Mutilation)

• 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 Board policies and procedures on the website: www.hertssafeguarding.org.uk
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 CP
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 HSCB procedures
Disclosures made by children

流程图：
1. Disclosures
2. Receive/Listen
3. Reassure
4. Decide on Response
5. Record and Refer
6. Self-care/Support
7. Disclosures

图中包含一个小孩的肖像。
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) asap
- 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 probe for more information than is given
• Do not make assumptions
• Do not criticise abuser
• 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 – esp. 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

- Safe Recruitment Processes
- Induction
- Policies & Safe Practice Including Supervision
- Ongoing Training
- Management of Allegations
- Barring of Inappropriate & Unsafe Staff
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
Lessons from Serious Case Reviews
Media publicised cases in 2013

* 4 year old Daniel Pelka in Coventry
* 4 year old Hamzah Khan in Bradford
* 2 year old Keanu Williams in Birmingham
Serious Case Reviews

...for every case where abuse is known or suspected and EITHER:

a) A child dies, or
b) A child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child

(Working Together to Safeguard Children 2013)
Serious Case Reviews

In addition, an SCR SHOULD ALWAYS be carried out when a child dies in custody….or detained under the Mental Health Act 2005 (this includes ….suspected suicide)
Serious Case Reviews

The LSCB should consider conducting reviews on cases which do not meet the SCR criteria.

LSCBs are free to decide how best to conduct these reviews.

In cases other than those that MUST trigger an SCR, the decision on whether to conduct an SCR rests with the LSCB Chair.
Serious Case Reviews

There is a national panel of independent experts to advise LSCBs about the initiation and publication of SCRs.

Checklist and guidance for managing SCR process is in WT13
The National picture

New Learning from Serious Case Reviews 2009-11
M Brandon et al for DfE
A study of recommendations arising from Serious Case Reviews 2009-10
M Brandon et al for DfE
In 2009-11 National findings

- 184 cases, 121 fatalities
- 36% were under 1 year old (a reduction)
- 65% were 5 years old or younger
- 23% were over 11
- 10% were subject to a child protection plan
- 42% receiving a service from children’s social care
- 23% of cases had been closed (sometimes because of non-cooperation)
- 14% cases referred, but not accepted
- 21% had never been referred
- 10% increase in domestic homicides (7 cases involving 10 children)
Issues identified in SCRs between 2009-11

Neglect

- A feature in 60% of cases.
- Past or current neglect was a factor in 11 out of 14 cases of suicide.
- 11% primary reason for a Serious Case Review of non-fatal cases
- Featured in 58% of other non-fatal cases
SCRs and Children with disabilities

• Children with disabilities featured in 12% of national SCRs
• In Hertfordshire there was a Partnership Case Review on a child with a disability in 2012. In 2013, there is a SCR on a child with disabilities.
• Focus is often on the parent coping with the child rather than the child
National findings 2009-11

- Families had had frequent house moves
- 66% Domestic Violence (current or past)
- 42% Substance Misuse (current or past)
- 60% Mental Health problems (current or past)
- 15% Parental learning disability
- 45% Parent with criminal conviction
- 86% DV, parental mental ill health or substance misuse - at least one evident
- 60% of mothers were under 21 when they had their first child
National issues

• Around half of the children who die or suffer serious harm from abuse or neglect are only known to Universal Services.

• Babies are particularly vulnerable. Pre-birth identification is important.

• Teenagers become at risk largely because of risky behaviour on their part – a result of long standing abuse or neglect? And considere hard to engage.
National issues (cont’d)

- Chaotic behaviour in families with complex needs can be mirrored in chaotic professional thinking and actions
- Silo practice – professionals not looking at the needs of the child outside their own job role/agency
- Failure to see the child
- $\frac{3}{4}$ of the families did not co-operate with services
National issues (cont’d)

• Lack of authoritative child protection practice
• Little or limited information about men
• Fixed views of a family
• Consider the child’s life – what might it be like for them? Ask them!
• If parents are hostile to staff, how do we maintain contact to safeguard the child
Toxic trio

Multiple risk factors

• Parental substance misuse
• Parental mental health problems
• Domestic abuse

Adult services not considering risks to children or parenting capacity
National research – July 2012

• There is a slight improvement in the protection of babies, although this is still the highest risk area, with a second peak in adolescence
• A 10% increase in deliberate homicide
• Almost 60% of mothers were under 21 when they had their first child
• Highlights the risks of Neglect and Disability
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?
SCR in Hertfordshire

- 5 SCR completed between 2006-2010
- 3 deaths and 2 serious injuries
- 3 under 5 years old, 1 teenager
- Parental mental health problem: 3 cases
- Domestic Violence: 4 cases
- Parent with learning disability: 1 case
- Substance misuse: 1 case
- Neglect: 5 cases

- There are currently 3 SCR in progress (October 2013)
Lessons for Hertfordshire

• Keeping a focus on the child
• Can/are the parents meeting the child’s needs?
• Working across adult and children's services
• Accessing and taking account of past history particularly in cases of neglect
• Professionals to escalate concerns where they feel these are not being addressed appropriately
• All significant adults should be included in assessments
• Working with complexity
Other Lessons for Hertfordshire

- Identification and referral of bruises on babies – particularly facial bruising. Neglect was a common feature in all SCR. HSCB partners are now using the Graded Care Profile.
- Identification and referral of risk factors pre-birth.
- Campaigns – Blind Cords, Safe Sleeping and Safe in the water.
- A better understanding of risk – toxic trio and of added vulnerabilities eg for children with disabilities.
Partnership Case Reviews (PCR) in Hertfordshire

When the threshold for a Serious case review is not met, but the circumstances surrounding the death or harm of a child are considered important enough for lessons to be learnt, a PCR can be carried out.
Partnership Case Reviews (PCR) in Hertfordshire

- There were 5 PCRs in 2012. Common themes are non-accidental injuries to babies and teenage suicides

- So far, there has been 1 PCR in 2013
PCRs

Issues identified in completed PCRs

- Risks associated with ‘non-diagnosable’ mental health problems
- Domestic violence and teenage mums
- Vulnerabilities of all care leavers
- Vulnerabilities of children with disabilities with professionals focusing on a parent’s needs
- Lack of Ofsted regulation in semi-independent accommodation
PCR’s

Learning themes

• The need to improve information sharing in all reviews
• Common shared IT often suggested
• Better background checks
• Specialist training i.e. children with disabilities
• Improve escalation procedures
• Common use of assessment thresholds across agencies
• Child in need/ Step down?
• Re-launch of the pre-birth protocol (end of 2013)
CONTACTS
In Emergencies

Police 999

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

If you are a practitioner and need advice, contact the Targeted Advice Service Professional Advice Line on 01438 737 511

NSPCC 0808 800 5000
How to use these slides

- The information in this pack can be used by any of the Hertfordshire Safeguarding Children Board (HSCB) 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.