Foundation Safeguarding Children Training for staff working in Educational Establishments

September 2018
Housekeeping

• Break and Refreshments
• Phones
• Fire Procedure
• Emotive nature of the training
• Handouts
• Confidentiality*
• Feedback
Learning Outcomes

By the end of the course, delegates should be able to:

• Recognise the signs and indicators that may raise safeguarding and child protection concerns
• Undertake their role and responsibilities in relation to following he safeguarding and child protection procedures for the organisation
• Record safeguarding and child protection concerns and report these to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead
• Identify national and local learning from relevant serious case reviews by reflecting on practice and culture
• Demonstrate an awareness of the legislative framework and local procedures as they relate to safeguarding children
Working Agreement

Please;

- respect the emotive nature of the subject matter and its impact on others
- keep confidentiality*
- value all delegates right to be heard and understood
- feel able to constructively challenge others, regardless of your status within the organisation
- actively challenge discrimination and oppressive behaviour
- focus discussion around the objectives of the course
- respect housekeeping guidelines
Statutory Guidance: Keeping Children Safe in Education (KCSIE) 2018

• Keeping Children safe in Education is statutory guidance from the Department for Education issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015

• All Staff must read and be able to demonstrate they understand Part 1 of Keeping Children Safe in Education 2018

• All Staff must be able to demonstrate their understanding of the Safeguarding and Child Protection procedures for the organisation

• Schools and colleges must have regard to it when carrying out their duties to safeguard and promote the welfare of children. This means that they should comply with it unless exceptional circumstances arise
The importance of everyone

- Every person in this setting has a responsibility to be aware and know what to do
- Each person has a different role to play and everyone is equally important
- Children will choose to talk to who they feel they can trust and listen to them
Safeguarding and promoting the welfare of children and is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children’s health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Working Together 2018

- Applies in its entirety to all schools;
- Applies to all children up to the age of 18 whether living with their families, in state care, or living independently.
- This document should be complied with unless exceptional circumstances arise.
Child protection

• Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

• Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

Working Together 2018
Multi Agency guidance: Working in partnership to help children and families improve their lives.
Multi-agency safeguarding arrangements

• Move away from the current LSCB arrangements to a partners arrangement

• Arrangements must be in place for the transition by Sept 2019

• The responsibility for this join-up locally rests with the three safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area

• The partners include: the local authority, a clinical commissioning group and the chief officer of police

Working Together 2018
Early Help

• Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising.

• Any agency can complete an Early Help Assessment.

• Effective early help relies upon local agencies working together to:
  – Identify children and families who would benefit from early help.
  – Undertake an assessment of the need for early help.
  – Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

www.luton.gov.uk
(1) In cases which also involve an allegation of abuse against a staff member, see Part Four of this guidance.

(2) Early help means providing support as soon as a problem emerges at any point in a child’s life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of *Working together to safeguard children* provides detailed guidance on the early help process.

(3) Referrals should follow the local authority’s referral process. Chapter one of *Working together to safeguard children*.

(4) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include section 17 assessments of children in need and section 47 assessments of children at risk of significant harm. Full details are in Chapter One of *Working together to safeguard children*.

(5) This could include applying for an Emergency Protection Order (EPO).
Activity

• In pairs / groups consider the age range of the pupils/students in your provision and the types of issues they may encounter to which an early help response should be made.
Activity

• In pairs / Groups list as many examples of ‘harm’ under the headings of the four legal categories of abuse
  – Neglect
  – Emotional Abuse
  – Sexual Abuse
  – Physical Abuse
Serious Case Reviews

Serious cases are defined as those where

- Abuse or neglect of a child is known or suspected; and
- Either – the child has died
  
  Or

- the child has been seriously harmed and there is a cause for concern as to the way in which the authority, their Board partners or other relevant person have worked together to safeguard the child

The aim of the SCR is to identify improvements which are needed and to consolidate good practice, which should lead to sustainable improvement and prevent death, serious injury and harm to children.

All reviews of cases meeting the SCR criteria should result in a report which is published and readily available on the LSCB’s website for a minimum of 12 months.
Serious Case Reviews

“Her suffering and death marked a gross failure of the system and were inexcusable” “Tragically, it required no more than basic good practice being put into operation”

Those who fail to learn from history are doomed to repeat it
George Santayana – Philosopher

Peter Connelly 17 months
Khyra Ishaq
2nd May 2001-17th May 2008

- Khyra and her 5 siblings were
  starved as well as suffering a
  harrowing punishment regime which
  included regular beatings with a
  cane.
- Khyra weighed 16.5 kg (2st 9lb), had
  60 external injuries and lay dying
  with pneumonia and meningitis for 2
  days before she died.
- Angela Gordon (mother) and partner
  Junaid Abuhamza were found guilty
  of manslaughter and 5 counts of
  cruelty. Gordon was jailed for 15
  years and Abuhamza indefinitely.
Callum Wilson – March 2011

• Professionals missed chances to intervene before Callum's murder, which were "very likely to have prevented his death", the serious case review said.

• It concludes that: Professionals in three different settings - the GP practice, the children's centre, and a child health clinic - did not comply with the child protection procedures and training they had received and did not report suspicious injuries to the local authority social care service.
Blake Fowler - 2011

- Seven-year-old boy died after the authorities failed for four years to take action despite 18 opportunities to step in.
- The family were well known to local services in Southampton as a result of domestic abuse and concerns about Blake’s safety.
- Blake was referred to Children’s Social Care Services by Southampton general hospital after presenting with a bruised penis and facial injuries. Despite the consultant paediatrician giving his opinion that the injuries were deliberately inflicted. No further action was taken after an assessor visited the family home but without actually seeing Blake.
- At school he displayed sexualised behaviours and discussed sexual activity that he had witnessed.
Paramedics who responded to a 999 call made by Harris November described Amina as looking "like a rag doll" when they arrived at her home.

Amina was kicked 6ft across the room, which ruptured her liver, Harris alleged she had fallen off the toilet.

Mum had been warned that Harris had a history of domestic abuse and should not be left alone with the child. She had given him the benefit of the doubt “I believe in 2nd chances.

During his trial, the jury heard Harris lost his temper after Amina repeatedly soiled herself.
Neglect – Gloucestershire SCR Aug 2014

- Family known to number of different agencies for over 16 yrs.
- Both parents had physical and mental health issues and a high level of contact with health professionals
- At times serious concerns over the children
- Peaks and troughs in concerns about neglect
- No of contacts and communications made to CSC, children were as a result subject to assessment and interventions
- Professionals on home visits described chaos, clutter, dog faeces in the home and a smoky atmosphere. Concerns parents not taking on board professional advice
Learning from Local Serious Case Reviews: Child D

• A clear protocol is required in relation to bruising on babies

• Understanding parental learning difficulty and impact on parenting ability

• The need for parents/carers to understand the risk of even momentary shaking
Learning from Local Serious Case Reviews: Child E and Child F

- The significance of maintaining a child focus when parents are avoidant and/or there is no improvement in the child’s circumstances despite attempts to provide support
- It is essential that professionals are able to understand and communicate the impact neglect is having on children’s health, safety and development – training needs to support this
- Ensuring support and intervention is secured at the earliest possible opportunity
- The need to recognise and challenge disguised compliance and maintain professional curiosity and a child focus
- The importance of utilising assessments such as the Graded Care Profile to evaluate the nature and impact of neglect and to direct support and intervention
- Appropriate use of escalation and procedures to resolve professional disagreements
- Effective reflective supervision
Luton Child J
July 2017

- Child J was born in early October and spent first three months of his life with PGM in Hammersmith.
- Then moved with his parents to B&B for four weeks before being rehoused in Ealing.
- After five months in Ealing his parents separated and he witnessed domestic abuse between them.
- Mother started a relationship with a new boyfriend who was also abusive.
- When Child J was one year old he moved to Luton and during the next six weeks suffered significant injuries on at least three occasions.

- Whilst in Hammersmith parents co-operated with assessments by social worker, midwife and Family Nurse Partnership – care was good.
- After they moved to Ealing co-operation ceased. Attempts were made by social worker and health visitor to assess need and provide services.
- Domestic abuse by father was known about. Also that boyfriend had assaulted a vulnerable adult – the family was assessed as Child in Need.
- After move to Luton attempt is made to transfer case but threshold is not seen to be met.
Findings and recommendations

1. Family Nurse Partnership
2. Emotional harm vs physical harm in domestic abuse
3. Positive work by community safety in flagging risks
4. Lack of information leading to children being considered as children in need
5. Domestic abuse models predicated on coercion and control
6. Recognising risk to children when violence is between adults
7. Has the MASH resolved some of the issues and pressures that RIAT faced?
8. Assessing Children in Need when they move into another area.

- All Children in Need should be assessed when they move into the area
- Issue of Children in Need transfers is being raised with Ministers
- Domestic abuse models - the strategic group on domestic abuse has set up a working group to identify actions that may be needed
- An audit on domestic abuse has been completed - identified key points about the voice of the child.
Coercive Controlling Violence
uses coercive control and power over the other partner (threats, intimidation, isolation) predominantly men to women,

Situational couple violence
uses violence and involves specific arguments that escalate to violence. Not connected to a general pattern of control.

Separation Instigated Violence
To describe violence that first occurs in the relationship at separation, the term Separation Instigated Violence

Violent resistance
“self-defence” Predominantly women to men.
Messages from Research

Fact or Fiction?

In pairs work through the statements and decide which are fact and which are fiction, be prepared to justify your reasoning.

Record responses in delegate pack
“Disabled children are less likely to be victims of abuse”

Disabled children are 4 times more likely to be abused than non-disabled children.

Disabled children and abuse - David Miller (NSPCC 2002)

“It ruined my life. I still find it difficult to talk about”.

24-year-old disabled adult, sexually abused by a care worker in a school -NSPCC 2003
Fiction

Children often lie about abuse and they say they have been abused when they haven’t.

• Children rarely lie about abuse. If anything, they sometimes say they haven’t been abused when they have

  Child line 2006

• 4 out of 5 children (83%) of sexually abused children did not tell anyone at the time of the abuse.

• Around one third kept it a secret into early adulthood. Many never tell

  NSPCC April 2014
Fiction: Children are safer playing and socialising inside the home rather than outside of the home

- Risks exist both inside and outside of the home. Particularly inside the home we need to consider the very real risks that online activity can expose children to.
- Social networking: communicating with people they don’t know.
- Grooming for sexual exploitation and/or abuse.
- Online gaming: grooming for sexual abuse/exploitation. Learning from Breck Bednar.
- Accessing inappropriate content: pornography, self harm, extreme violence (including content aimed at radicalisation for violent extremism).
- Taking / sharing self produced images (sexting).
- Cyber bullying.
- The ‘traditional’ perspective was one of stranger danger, risks posed by traffic and the fear of abduction. These remain real concerns and of course there are cases with tragic consequences, however children being at home, unsupervised perhaps in bedrooms with access online brings a whole other range of safeguarding risks.
Fiction

As long as they don't witness the incident, violence between parents causes little harm to their children

• One in FOUR women and one in SEVEN men will suffer domestic abuse in their lifetime. (ONS 2015)
• Around one in FIVE children have been exposed to domestic abuse. (L Radford 2011)
• 130,000 children live in homes where they are at high risk of murder or serious injury. (SafeLives 2014)
• TWO women per week are killed by a partner or ex-partner. (ONS 2015)
• 80% of children subject to CPP in Luton have DV as a key element
• Children who witness/are exposed to domestic abuse may:
  • become aggressive
  • display anti-social behaviours
  • suffer from depression or anxiety
  • suffer with performance issues at school
  • DA has a negative effect on brain development in the womb
Domestic Abuse

Domestic abuse is defined as being

- Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been, intimate partners or family members, regardless of gender or sexuality
- What is controlling behaviour?
- What is coercive behaviour?
- *This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Home Office March 2013
Dealing with a disclosure of Domestic Abuse

- Offer sources of support
- Notify Multi Agency Safeguarding Hub - MASH
- Complete a MARAC referral if high risk’
- Complete a IDVA referral to IDVA (14 ticks)

MARAC If scoring 14 Ticks or more/prof judgement and if there has been a incident within the last 3 months (or repeat);
Know who your MARAC rep is , check no one has already completed a referral for the same victim
Break
Contextual safeguarding

• Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships.

• Therefore children’s social care practitioners need to engage with individuals and sectors who do have influence over/within extra familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.
Safeguarding in Specific circumstances: Child Sexual Exploitation

• Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Dfe, 2017)

• Child sexual exploitation can occur through use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability
Child Sexual Exploitation Cont.

There are various ‘models’ of CSE which include but not limited to:

- Gangs and groups
- Peer on Peer
- Online

Boyfriend/Girlfriend model
Familial
Abuse of authority

The ‘Exchange’ is significant in this definition and it is important to consider what ‘something’ may be:

- Food
- Accommodation
- Drugs, alcohol
- Money
- Cigarettes
- Affection
- Gifts

Child Sexual Exploitation can happen to boys as well as girls
Safeguarding Children from Radicalisation for violent extremism

- Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
- Extremism is defined by the Government in the Prevent Strategy as:
  - Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
- There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
Radicalisation continued

• Children may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.

• When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC and to the Designated Safeguarding Lead if this is not the same person. If a child or Young Person is thought to be at risk of radicalisation, advice will be sought from the Early Help Hub, and if advised, information will be shared with the Channel Panel using the Early Help Assessment form.

• If the school are concerned that a child may be at risk of significant harm in relation to radicalisation or involvement in violent extremism a child protection referral will be made to the Multi Agency Safeguarding Hub.
Safeguarding in Specific circumstances: Peer on Peer / Sexually Harmful Behaviours

• Sexual violence and sexual harassment can occur between two children of **any age and sex**. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

• not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”;

• challenging behaviour (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia and flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.
Sexual Violence and Aggression

• When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003

• **Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

• **Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

• **Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.
Sexual Harassment

- When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment.
- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual “jokes” or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence
  - non-consensual sharing of sexual images and videos. (UKCCIS sexting advice provides detailed advice for schools and colleges);
  - sexualised online bullying;
  - unwanted sexual comments and messages, including, on social media; and
  - sexual exploitation; coercion and threats.
Youth Produced Sexual Imagery

- This relates to the issue of sending or posting sexually suggestive images including nude or semi-nude photographs via mobiles or over the internet.
- In all cases where an incident of youth produced sexual imagery is reporting the following actions will be undertaken:
  - The incident should be reported to the Designated Safeguarding Lead as soon as possible.
  - The Designated Safeguarding Lead should hold an initial review discussion or meeting with appropriate school staff.
  - There should be subsequent interviews with the young people involved (if appropriate).
  - Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.
  - At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children’s social care and/or the police immediately.
Youth Produced Sexual Imagery

• An immediate referral will be made to the Police and Social care if:
  – The incident involves an adult
  – There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs)
  – The imagery suggests the content depicts sexual acts which are unusual for the young person’s developmental stage, or are violent
  – The imagery involves sexual acts and any pupil in the imagery is under 13
  – There is reason to believe a young person is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming
Gang related violence

• Risk to children in relation to involvement in gang related activity can include:
  – street gang
  – peer group
  – or organised crime.

• Young people who are involved in gangs are more like to suffer harm themselves, through retaliatory violence, displaced retaliation, territorial violence with other gangs or other harm suffered whilst committing a crime. In addition children may experience violence as part of an initiation or hazing practices.
Safeguarding in Specific circumstances: Female Genital Mutilation

- FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It can be known as female circumcision or female genital cutting and is often carried out for cultural, religious and social reasons within families and communities.

- FGM is illegal in the UK and it's also illegal to take a British national or permanent resident abroad for FGM, or help someone trying to do this. People caught carrying out FGM, or helping someone to carry it out, face a large fine and a prison sentence of up to 14 years.

- Female Genital Mutilation Act 2003 (section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers (along with social workers and healthcare professionals) to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

- Those failing to report such cases will face disciplinary sanctions.

- If the school are concerned that a child / young person has experienced or is at risk of FGM a Child Protection referral will be made to the Multi Agency Safeguarding Hub in accordance with interagency procedures produced by the LSCB. In addition, all teachers will follow mandatory reporting duties.
Professionals who abuse
Professionals who abuse
Birmingham SCR: Paul Wilson

- Developed a ‘special relationship’ with a 3 year old child
- Confessed to raping the child on 2 occasions
- Said that rules had prevented abuse in a previous setting
Group Work

Working Together 2018 states that all concerns or allegations about an adult in a position of trust (paid or voluntary work with children) that fall into the categories below should be referred to the Local Authority Designated Officer:

1) Behaved in a way that has harmed a child

1) Committed a criminal offence in relation to a child

1) Behaved in a way which indicates they may pose a risk of harm to children.

• Using the flip chart paper identify the types of behaviour and concerns that may fall into the categories
Allegation management

- Report concerns to Manager
- Who should then refer to – ‘Managing Allegations against Staff Policy’
  LADO (Local Authority Designated Officer)

*If concern is about the manager, report to committee/governing body*
Learning from a Local Case involving a professional

- Importance of all staff receiving guidance about safe working practices including social networking
- Importance of a safe organisational culture where all staff, leaders and governors believe ‘it could happen here’
- Recognising that perceived ‘friendship’ can significantly impair colleagues’ ability to recognise and understand behaviours of concern
- The importance of ‘professional curiosity’
- If professionals choose not to follow guidance their motivation should be carefully explored
- Sexual interest in children is often hidden, research indicates that professionals convicted for sexual offences against children are often well respected by colleagues, parents and children and can be highly successful teachers
- If staff feel they cannot raise a concern that an organisation is placing children at risk or not responding to concerns about a professional LADO can be contact 01582 548069 or the NSPCC Whistleblowing hotline: 0800 028 0285
Escalation

• Culture of constructive peer challenge

• Internal process for managing professional disagreements within the organisation

• Use of effective supervision

• LSCB Escalation procedures for raising professional disagreements between agencies
  – E.g thresholds, agency action or inaction
Practioner’s next steps

• Consistently ask yourself ‘what is life like for this child’
• Ensure that referrals, assessments and plans consider children’s lived experience
• Ensure you are familiar with and know where to access the Thresholds document ‘Meeting the needs of children, young people and their families in Luton’
• Ensure you access the LSCB approved interagency procedures for safeguarding children
• Access LSCB approved training as part of your continuous professional development
• Talk to your Manager and raise any concerns
• Utilise the LSCB escalation procedures to resolve professional disagreements
Lord Laming

The people who are in contact with children-

“need to be able to notice signs of distress in children of all ages, but particularly children who are not able to voice their concerns..... and act on signs of abuse rather than hoping for the best”

Co-existence of Parental High Risk Factors

New learning from serious case reviews: a two year report for 2009-2011
Brandon et al 2011
Responding to safeguarding concerns

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Let the child know that you will have to tell other people in order to do this.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- As soon as you can afterwards, make a detailed record of the conversation using the child’s own language. Include any questions you may have asked. Do not add any opinions or interpretations.
Recording Safeguarding Concerns

- All safeguarding records should be factual
- Language should not be sanitised
- Recording should not include assumption or personal opinion
- Avoid vague language
- Remember the records could, in some circumstances be requested for legal/family court proceedings
- All safeguarding records should detail the concern, the action and the outcome of this outcome
Making a Referral

What is the cause for concern?

- What have you seen/heard
- Impact on the child
- Any other known environmental factors along with any other agencies involved
- Links to thresholds, where does the concerns sit within the tiers? (Terminology of the concern and appropriate pathway)
- What actions have you taken so far?

Concerns need to detail sufficient information regarding current perceived risk and outline any relevant history

Ten top tips for an effective referral (LSCB)

- Consider what is life like for this child?
- What is the lived experience for the child and how will assessments referrals and plans consider this?
- Keep a secure record of referral and record and keep chronology up to date showing all responses and actions.
- Follow up by meeting with manager for safeguarding supervision to support responses and follow-up actions.
- Safeguarding children and adults is a complex task, which can be emotionally demanding and stressful. It is essential that all staff are provided with individual safeguarding supervision on a regular basis by appropriately qualified and trained supervisors.
Information sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

The seven golden rules to sharing information

1. The GDPR, Data Protection Act 2018 and human rights law are not barriers to justified info sharing.
2. Be open and honest from the outset, about why, what, how and with whom info will, or could be shared and seek their agreements, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your info governance lead, if you are in any doubt about sharing the info concerned, without disclosing the identity of the individual where possible.
4. Where possible share with consent, and where possible, respond the wishes of those who do not consent to having their info shared.
5. Consider safety and well-being: base your info sharing decisions on consideration of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure info you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share info or not. If you decide to share, then record what you have shared, with whom and for what purpose.
The General Data Protection Regulation (GDPR) and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information,

The GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information.

The General Data Protection Regulation (GDPR) and Data Protection Act 2018

To effectively share information:

• all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered ‘special category personal data’ meaning it is sensitive and personal

• where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes ‘safeguarding of children and individuals at risk’ as a condition that allows practitioners to share information **without consent**

• information **can be shared legally without consent**, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.

• relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.
If you have any concerns about the welfare of a child:

- Never ignore it - Notice
- Always record it - Check
- Always share it - Share

You are as accountable for what you do as well as what you choose not to do.
Learning Outcomes

By the end of the course, delegates will be able to:

- Recognise the signs and indicators that may raise safeguarding and child protection concerns
- Appreciate their role and responsibilities in relation to referring and recording safeguarding and child protection concerns
- Identify national and local learning from relevant serious case reviews by reflecting on practice and culture
- Dismantle the myths associated with child abuse and the process of safeguarding children
- Demonstrate an awareness of the legislative framework and local procedures as they relate to safeguarding children
Summary & Close

Round Robin:

“One thing gained, one thing I intend to do.....”