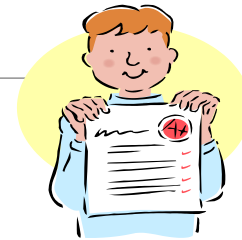


Introduction to Safeguarding Children (Level One)

Carla Thomas



Learning outcomes:



Define the different **types of abuse**.

What **you should do** if you have concerns about children, those who are suffering, or at risk of suffering, significant harm?

What **you should do** if you have concerns about a member of staff or volunteers?

What **will happen** once you have informed someone about those concerns?

Importance of Safeguarding Children Training

Nothing is more important than **children's welfare** (Children Act 1989)

Children who need help and protection deserve high quality and effective support **as soon as a need is identified**

Safeguarding children and promoting their welfare is **everyone's responsibility**

Everyone who comes into contact with children and families has a role to play.

Important to consider needs of the **whole family = Think Family**



What is safeguarding?

Safeguarding Children is defined as:

Protecting children from **maltreatment**

Preventing impairment of children's **health or development**

Ensuring that children are growing up with **safe and effective care**

Taking action to enable all children to have the **best outcomes**

Inc Physical / Sexual /
Emotional Abuse and
Neglect

Eg Are children registered
with GP & dentist, able to
see HV, School Nurse?
Are they meeting
development
milestones?

Eg Are children supported
to be Safe / Healthy / Able
to Enjoy & Achieve? Able
to make a positive
contribution?

Culture and Diversity

- Child abuse is present through all society and in all cultures
- Child abuse is not acceptable in any culture
- Harmful child-rearing practices must be challenged and reported e.g. beating a child, FGM
- Consider other forms of child / domestic / adult abuse e.g. forced marriage and so-called honour-based violence

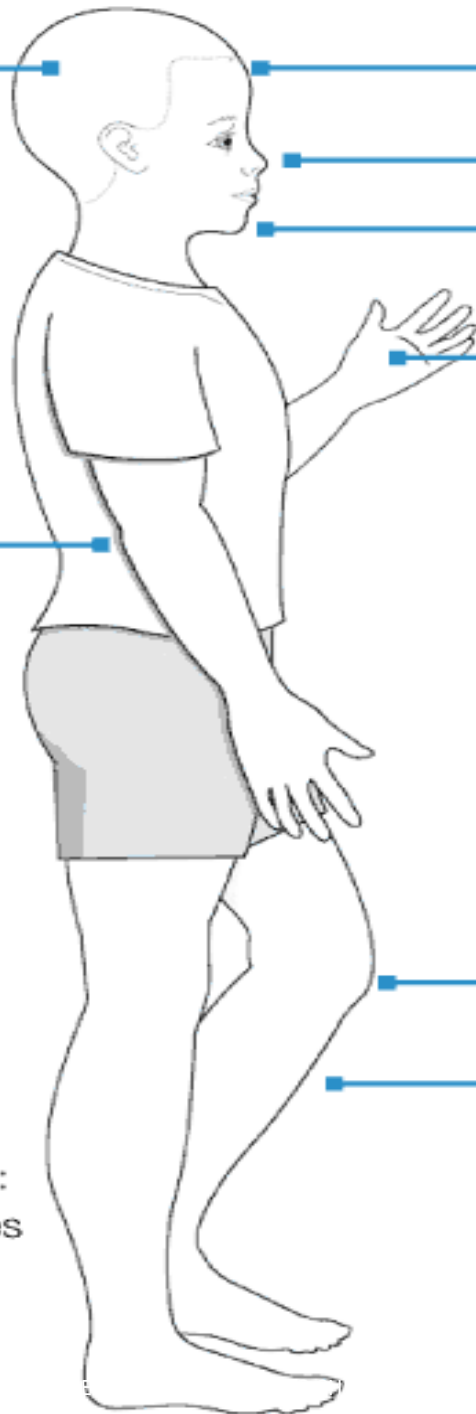
- **Are there other harmful practices you are aware of?**

What are the signs and indicators of the four main categories of abuse?

Physical abuse

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Head injuries tend to involve the parietal bone, occiput or forehead



Forehead

Nose

Chin

Palm of hand

Elbows

Common accidental injuries

Knees

Shins

REMEMBER

Accidental injuries typically:

- involve bony prominences
- match the history
- are in keeping with the development of the child

Ears – especially pinch marks involving both sides of the ear

The “triangle of safety” (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

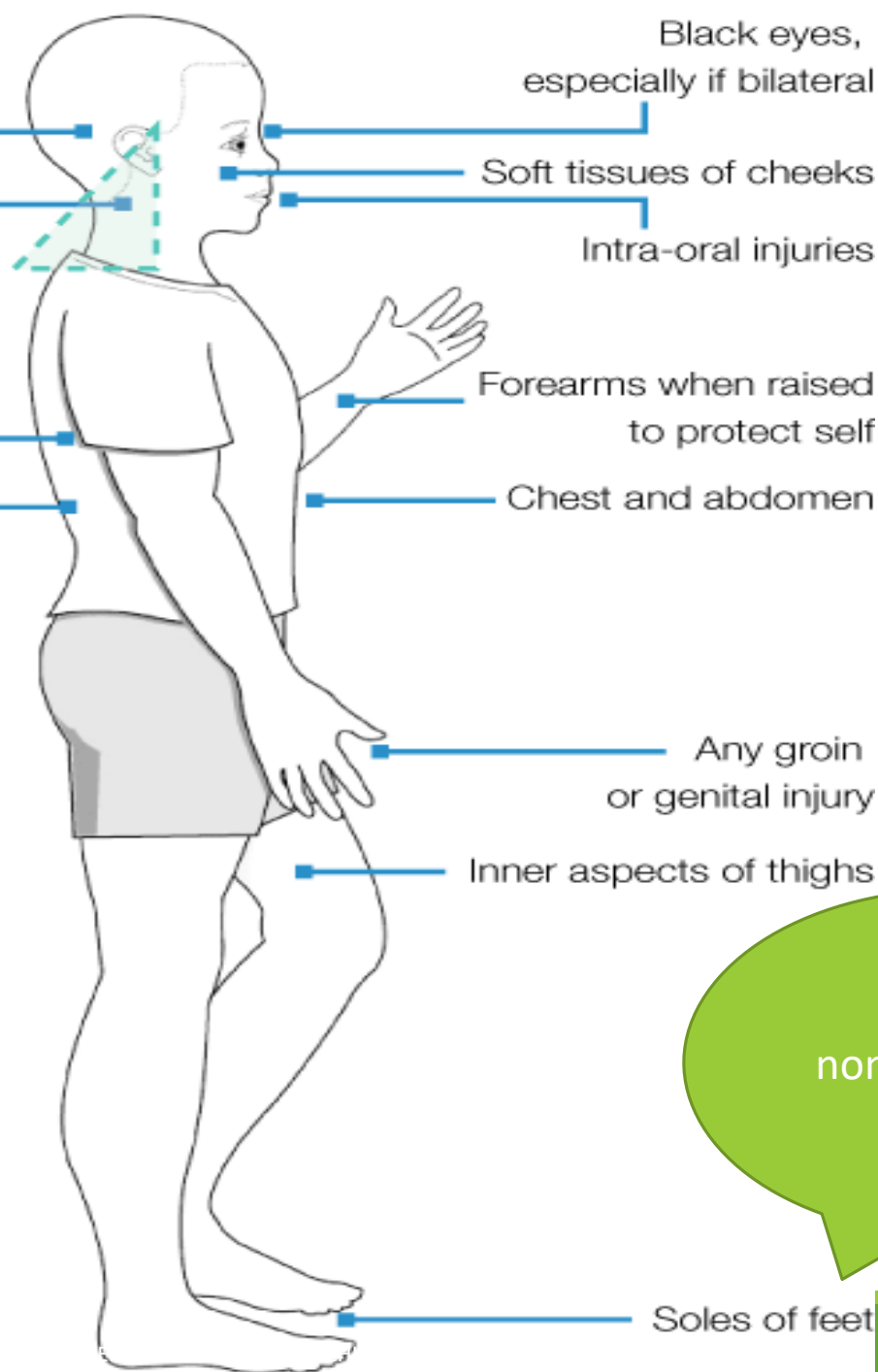
Inner aspects of arms

Back and side of trunk, except directly over the bony spine

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 non-accidental injuries.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.

The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.

Neglect

Is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

A parent failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Emotional abuse

Is the persistent emotional maltreatment of a child.

Making a child feel worthless or unloved, inadequate.

Overprotection, or preventing the child participating in normal social interaction.

Seeing or hearing the ill-treatment of another.

Serious bullying.

Causing children frequently to feel frightened or in danger.

Exploitation or corruption of children.

Other forms of harm to consider

Child sexual / criminal exploitation

Missing Children

Radicalisation

Child trafficking

Private fostering

Common situations in which children are privately fostered include:

- Children with parents or families overseas
- Children with parents working or studying in the UK
- Asylum seekers and refugees
- Trafficked children
- Local children living apart from their families**
- Adolescents and teenagers
- Children attending language schools
- Children at independent boarding schools who do not return home for holidays
- Children brought in from abroad with a view to adoption

Why refer?



<https://youtu.be/dYnLzSUQc6U>

What is your responsibility?

Talk to your manager and other professionals: always share your concerns, and **discuss** any differences of opinion.

Record full information about the child at first point of contact, all concerns, discussions about the child, decisions made, and the reasons for those decisions.

Concerns may lead to a criminal investigation, so **don't jeopardise a police investigation**, such as asking a child 'leading questions'.

Always follow up discussions to other professionals **in writing** and ensure your message is clear.

Information Sharing

- Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Be open and honest
- Seek advice
- Where possible, share information with consent
- Consider safety and well-being
- Is the information necessary, proportionate, relevant, adequate, accurate, timely and secure
- Keep a written record of the information shared and the reason why

Remember the child's safety is paramount – please do not delay referring.



[Information Sharing: A Guide for Safeguarding Practitioners](#)

Obstacles to making a referral

Fear you may be wrong

Doubting the child's story

Anger and distress

Child trying to bind you into secrecy

Uncertainty about procedures

Unresolved feelings

Not wanting to interfere

People might not take you seriously

Thinking nothing will change

Getting someone into trouble

Stigma

Fear of lack of control

What to do when a child discloses to you?

DO

Stay calm.

Listen and be aware of non-verbal messages.

Allow the child to talk freely- in their narrative.

Take it seriously.

Reassure them they have done the right thing.

Explain what will happen next.

Record verbatim- sign and date.

DON'T

Ask leading questions.

Make promises you can't keep.

Jump to conclusions.

Speculate or accuse.

Contacts: Merton Multi-Agency Safeguarding Hub - MASH

IF YOU HAVE A CONCERN ABOUT A CHILD, PLEASE CONTACT

Address

MASH Team

12th Floor, Merton Civic Centre

London Road, Morden

SM4 5DX

Telephone/Email/Fax

020 8545 4226 or

020 8545 4227 or

020 8770 5000 (out of hours)

020 8545 4204 (fax)

mash@merton.gov.uk

Guidelines for Safer Practice

- Practitioners and volunteers should follow the following **GOOD PRACTICE GUIDELINES:**
- Be careful about forming personal relationships with parents/carers. This could make it difficult to report allegations/suspicious of abuse. Remember your duty of care is to the child/young person.
- Physical contact should be open and initiated by the child's needs, e.g. for a hug when upset. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help.
- Exercise caution about being alone with a child or young person. In situations where this may be needed (for example where a young person wants to speak in private) think about ways of making this seem less secret. For example by telling another worker or volunteer what you are doing and where you are or leaving a door open. Keep a record of your conversation.
- Remember you set an example to children and young people - dress appropriately, use appropriate language and show respect to your colleagues, parents/carers, children and young people at all times

Guidelines for Safer Practice

Practitioners and volunteers SHOULD NOT:

- Use any kind of physical punishment or chastisement such as smacking or hitting (even if parents/carers have given permission).
- Do not kiss or cuddle children, do not allow children to sit on your lap and do not give them presents.
- Do not invite a young person to your home or arrange to see them outside the set activity times.
- Do not engage in any sexual activity (this would include using sexualised language) with a young person you meet through your duties or start a personal relationship with them, this would be an abuse of trust, even if they are aged 16 or over.
- Do not add children/young people onto social networking sites e.g. Facebook, Snapchat. Also be aware of your online profile and check your privacy settings.
- Never let allegations, made by anyone, go unacknowledged, unresolved or not acted upon - Talk to your Safeguarding lead or Manager

Allegations against professionals / volunteers

If you have a concern about the behaviour of a professional or volunteer, speak to your safeguarding lead

Safeguarding Lead may then consult / refer to the LADO – Local Authority Designated Officer

Referrals to LADO **must** happen where a professional or volunteer has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she could pose a risk of harm to children.

LADO

Local Authority Designated Officer

LADO@merton.gov.uk

LADO@merton.gov.uk.cjism.net

John Shelley 0208 545 3187

LADO contact desk 0208 545 3179

Mash@merton.gov.uk 0208 545 4226/7

EDT 0208 770 5000