SAFEGUARDING CHILDREN BASIC AWARENESS WORKBOOK

Safeguarding is everyone’s responsibility
Safeguarding is everyone’s responsibility and by working through this workbook it will help you understand your role in safeguarding children and enable you to:

- Recognise and respond to concerns about a child;
- Appreciate your own role and that of others;
- Communicate and act appropriately within national/local guidance to safeguard children;
- Be aware of legislation and guidance underpinning child protection processes;
- Know what to do if you have concerns about a child;

Take your time to work through this, if you have no experience it will be useful to go through the booklet with your line manager or mentor. Answer the questions by referring to the information on the surrounding pages.

When you have finished, your manager will then discuss your answers with you, and will keep a record when you have completed your workbook.

The topics discussed on the next few pages are sensitive, but they are necessary to ensure you receive a full understanding of the topic and are not meant to purposely offend.
INTRODUCTION

Safeguarding children is the responsibility of any member of staff who through their role may come into contact with children, young people and their families. Having an understanding of safeguarding guidance will enable practitioners to understand what abuse and neglect is and what to do if they are worried about a child.

Everyone who comes into contact with children and families has a role to play – a responsibility for keeping them safe (Working Together to Safeguard Children 2018).

As you work through this booklet, you will become more familiar with common words and terms used in safeguarding and you will become more aware of your responsibilities.
CHILD DEVELOPMENT AND ITS LINK TO SAFEGUARDING

Understanding normal child development is important in order to gain an awareness of the impact that abuse can have on a child’s growth and the potential impact that maltreatment can have upon a child.

Each child is an individual in a relationship to parents, wider family, school, friends, neighbourhood, society and culture.

Research into the needs of children suggests that all children need the following for healthy development -

- Basic care - food, shelter, health
- Ensuring safety - supervision, household risk and parental responsibility
- Emotional warmth - love and affection, listening
- Stimulation - play, education and friendships
- Guidance and boundaries - routines and consequences
- Stability - consistent parenting

There are two universal factors about child development:

- As children grow and assuming they have been given appropriate parenting and support from others, their ability and confidence in different areas of development will change
- The development process is individual for each child. Children will gain ability in certain developmental tasks in the same order but not necessarily at the same time. What this tells us is that children need support and guidance to reach their milestones and each child is an individual with their own potential.
SAFEGUARDING CHILDREN

The Children Act 1989 and 2004 defines a child up to the age of 18 therefore any reference to a child in this booklet includes up to this age.

Traumatic events such as abuse or ill treatment can impact upon a child’s development. Research informs us that children can recover from abuse or other negative experiences. The right support as early as possible is an essential part of this recovery. The more serious the harm they suffered and the greater the duration they experience has a significant negative impact upon recovery.

Early identification of risk and intervention tells us that children can recover from abuse and go on to reach their full potential.

In Blackburn with Darwen there is a safeguarding continuum which children can move up or down depending upon the circumstances. This is based on levels of need and risks present within their lives and enables practitioners to respond to those needs and risks within a multiagency framework when required.
Level 1 - These are the services offered to everyone such as education (schooling), health (GP service) or police as an example.

Level 2 - Your agency may provide support either on its own or alongside other agencies. If a number of agencies are involved a Child and Family (CAF) assessment will be completed and a Lead Professional from one of those agencies will be appointed by agreement with all those involved at a Team Around the family (TAF) meeting. The Lead Professional will coordinate support for the child and family.

Level 3 - These are ‘children in need’ as defined by the Children Act 1989 and 2004 (section 17) who are unlikely to reach a satisfactory level of health and development, or their health and development is significantly impaired, without the provision of services. This level requires social care intervention and coordination although support may still be offered by a variety of agencies/services.

Level 4 - Unfortunately some children need protecting from abuse and neglect and section 47 of the Children Act 1989 and 2004 refers to these children as those suffering or likely to suffer significant harm.

Before we continue: write your thoughts down in the box as to the following questions:

- What does the word ‘safeguarding’ mean to you?
- What types of behaviour or circumstances (in both a child and adults life) may be seen as risk factor - for example living in a house where there is domestic abuse.
Safeguarding and promoting the welfare of children is defined as:

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

(Working Together to Safeguard Children 2018)

What is significant harm?

Significant harm is defined as the threshold that requires local authority social care to intervene in family life in the best interest of the child or children. This gives Children’s Social Care a statutory duty to make enquiries to decide whether they need to take action to safeguard and promote the welfare of a child who is suffering, or likely to suffer significant harm:

- ‘harm’ means maltreatment or the impairment of health or development, including impairment suffered from seeing or hearing the ill-treatment of another
- ‘development’ means physical, intellectual, emotional, social or behavioural development
- ‘health’ means physical or mental health and
- ‘maltreatment’ includes sexual abuse and forms of ill-treatment which are not physical
- Whether the harm is ‘significant’ relates to how the child’s health or development compares to that which could reasonably be expected of a similar child.

Significant harm could occur as a single event but more often it is identified when there have been a number of events (risks) that compromise the child’s wellbeing.
RECOGNISING THE SIGNS OF ABUSE AND NEGLECT

Definitions in this section are taken from Working Together to Safeguard Children (2018)

Before we start to work through this section, it is important to note, and remember that -

- Child abuse is never the child’s fault
- Child abuse can go unnoticed

Abuse is a form of maltreatment of a child and someone may abuse or neglect a child by inflicting harm or failing to act to prevent harm.

We are going to look at the different categories of child abuse and neglect, these are:

- Physical
- Sexual
- Emotional
- Neglect

Physical Abuse

Write in the box below what you think physical abuse would include?
Physical abuse is defined as:

A form of abuse which 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.

You may have identified some or all of the following therefore well done:

- Hitting/punching
- Shaking
- Stabbing
- Burning or scalding
- Giving alcohol/drugs/poison
- Suffocating
- Drowning
- Over medicating
- Making up symptoms of ill health
- Deliberately inducing ill health by any means
- Causing a child to undergo a cultural procedure, such as female genital mutilation, which is illegal

Childhood involves children and young people living active lifestyles and they can often end up with scratches and bruises from explained accidental injuries.

If you see bruising on a non-mobile baby or child you must report your concern immediately (advice on how to do this is later in this booklet).

Remember not all injuries to children are visible
Sexual Abuse

Write in the box below what you think sexual abuse would include?

Sexual abuse is defined as:

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 assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

How did you do?
You may have put comments similar to the definition or as below, and well done if you did:

- Sexual assault (penetrative and non-penetrative acts)
- Rape
- Buggery
- Masturbation
- Oral sex
- Making a child look at or watch pornography/inappropriate sexual pictures or activities
- Grooming
- Child Sexual Exploitation (CSE) engaging a child into sexual activities, receiving of gifts or attention in order to engage a child's interest in sexual activities
- Familial Sexual Abuse (Incest) - sexual intercourse between any family member or any person in a position of trust/care/custody and control
- Paedophilia - sexual interest in pre-pubescent children

**Facts re sexual abuse:**

- 1 in 3 children sexually abused by an adult did not tell anyone
- 1 in 20 children in the UK have been sexually abused
- Over 90% of sexually abused children were abused by someone they knew
- Over 2,800 children were identified as needing protection from sexual abuse in 2016/17
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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.

You will benefit further by completing the following 20 min course if you have access to any computer or internet compatible mobile device. Just type the address in to your browser and follow instructions:

http://www.safeguardingchildrenea.co.uk/resources/keep-them-safe/

Neglect

Write in the box below what you may observe in a neglected child.
Neglect is defined as:

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. Once a child is born, neglect may involve a parent or carer 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 caregivers)
- ensure access to appropriate medical care or treatment

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

Here are some examples of neglectful behaviour by parents that you may have identified that will impact on the child's health and wellbeing:

- Misuse of drugs/alcohol including during pregnancy
- Leaving a child / children alone / unsupervised
- Failure to meet basic needs – for example food, shelter, warmth, and adequate clothing
- Abandonment / exclusion from home
- Failure to seek medical care / treatment
- Being unresponsive to a child's emotional needs
- Failure to protect from harm or danger
- Non-school attendance, lack of stimulation/peer group socialisation
Emotional Abuse

Some level of emotional abuse is involved in all types of maltreatment we have already identified, although emotional abuse can occur alone.

Consider what you think emotional abuse may involve - for example how may a child present to you - and write your thoughts below. Try and not cheat by looking at the definition.
The definition of emotional abuse is:

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meets the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Additional answers you may have that fit with the definition include:

- Always putting a child down/constant criticism
- Never telling a child they are loved
- Using a child to meet parents needs
- A child who is too frightened to go home
- A child who witnesses domestic abuse
- Overprotection
- Not allowing child social interaction with others
- Racial abuse/honour based abuse
- Forcing a child/young person to marry

This list is not exhaustive.
OTHER SAFEGUARDING CONSIDERATIONS

Channel/Prevent General Awareness

Prevent is a national programme that aims to support people who may be vulnerable to radicalisation and how to refer them to the Channel programme. It is important you have a general awareness of this and how to refer those who need support through Channel.

If you work or volunteer with members of the public please complete the following course when you have access to any computer or internet compatible mobile device.

Type the address into your browser and this takes 30 minute approximately to complete:

http://course.ncalt.com/Channel_General_Awareness

Modern Slavery

Modern Slavery is illegal and encompasses:

- Human Trafficking
- Slavery, servitude and forced or compulsory labour

Staff have a duty to report modern slavery and must follow safeguarding procedures for referring children and adults at risk.

The following briefing can be read at your leisure:


RECOGNISING AND REPORTING ABUSE

What signs might lead you to think that a child may be at risk of abuse or neglect?

- Information actually given to you by the child
- Unexplained bruising or injury which causes suspicion
• The child’s behaviour is concerning
• A child loses weight or looks unkempt
• Something a child or young person has said that causes concern
• Frequent accidents or injuries can sometimes indicate neglect
• They have contact with someone known to pose a risk to children
• The parent’s behaviour before the birth of the child, for example misuse of alcohol

There are also many reasons why a child may not disclose information to you and these include:

• Direct threats
• Fear of punishment
• Guilt and shame
• Limited/poor communication skills/speech and language; child may have additional complex needs
• Not appreciating an abusive situation
• No-one listening
• Implications of telling someone
• Abuse being experienced considered to be a normal response
• Lack of trust
• The child may not understand that they are a victim of abuse for example in sexual abuse or child sexual exploitation

If a child does decide to talk to you about what is happening to them follow these guidelines:

**ALWAYS** Stay calm

**NEVER** Ask leading questions
<table>
<thead>
<tr>
<th>ALWAYS</th>
<th>NEVER</th>
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<tbody>
<tr>
<td>Listen carefully and accept what is being said to you</td>
<td>Put words into the child’s mouth</td>
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<tr>
<td>Reassure the child that he/she is not to blame</td>
<td>Rush into details that may be inappropriate</td>
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<tr>
<td>It’s not your job to investigate</td>
<td></td>
</tr>
<tr>
<td>Tell the child that you will need to tell someone else</td>
<td>Promise to keep it a secret</td>
</tr>
<tr>
<td>Make some notes as soon as possible on what was said to you - record accurately using the exact words that the child did</td>
<td>Take sole responsibility - you must consult someone else in order to protect the child and support yourself</td>
</tr>
<tr>
<td>Seek advice about your concerns from your line manager/child protection person</td>
<td>Delay in reporting</td>
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<tr>
<td>Refer to the correct people (could include your line manager and/or the police)</td>
<td>NEVER DO NOTHING</td>
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<tr>
<td>Refer to the correct people (could include your line manager and/or the police)</td>
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<tr>
<td>Remember the safety of the child takes precedence over the needs to maintain confidentiality</td>
<td>Follow your referral up in writing within 48 hours</td>
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**WHO TO CONTACT IF YOU BELIEVE A CHILD IS AT RISK OF ABUSE OR NEGLECT**

If you believe that a child may be suffering, or may be at risk of suffering significant harm, then you should always refer your concerns to your manager and they will then refer to or seek advice from the Multi Agency Safeguarding Hub (MASH).
It is the responsibility of your organisation's safeguarding lead or designated person, to refer to children’s social care. However if you are unable to contact your safeguarding lead, call the MASH or Police as above.

If your manager/safeguarding lead is not available and you have to call the MASH, out of hours team or police yourself have the following information ready:

- Child’s name, date of birth, address
- What have you seen, been told?
- What is the nature of the harm?
- What action do you think is necessary to safeguard the child?
- Does the child or family know about the referral?

The MASH or Emergency Duty Team will clarify with you:

- The nature of concerns
- How and why the concerns have arisen?
- What appears to be the needs of the child and family?
• Whether there are concerns about significant harm?

• Whether the child may need urgent action to make them safe from harm?

All referrals to the MASH must be followed up in writing using the MASH template. Ensure you know what this looks like and how to access this should your manager/safeguarding lead not be available.

This is the end of the Safeguarding Children Workbook

Please sign below to indicate you have completed the Workbook and keep it safe.

Name:

Job Title:

Line Manager:

Date:
OTHER USEFUL TELEPHONE NUMBERS:

POLICE - 101 (non-urgent) and 999 (child in immediate danger)

WISH CENTRE - Domestic Abuse Contracted Services (Women's Information and Self Help Centre)

01254 260465

CGL/INSPIRE/Go2 - Substance Misuse Services

24 Hour advice and support helpline: 01254 495014

24 hour text help number : 07507839021

BROOK - (free and confidential sexual health advice and contraception)

01254 268700

SINGLE POINT OF ACCESS - (SPA) - (Mental Health Crisis Team)

Referrals are usually via GPs, practice nurses, health visitors, and other health professionals, statutory and non-statutory services. Self-referrals are also accepted.

01282 657116

CRIMESTOPPERS - 0800 555 111

MODERN SLAVERY HELPLINE - 0800 0121 700

REMEMBER, YOU CAN CALL ANONYMOUSLY