



*Learner Resource  
Self Study Guide*

# **Safeguarding Children Awareness for the Adults Workforce**

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## About Self-Study Guides

### Introduction







Self-Study Guides (SSGs) are flexible learning materials that enable you to develop your knowledge and skills at your own pace.

Each guide provides information and instructions about a topic, which is supported with examples, exercises and, if needed, direction to further help or information. SSGs may be supported by other Learner Resources to support the completion of additional exercises and activities that help embed learning.

### Structure and Layout

Each guide has a common structure and layout that helps ensure consistency and maintains the quality of the materials.

The following symbols are used to highlight key information or actions:

	<p><i>Information</i></p> <p>This symbol highlights information on a particular point, topic or area.</p>
	<p><i>Key Point</i></p> <p>This symbol highlights a key point on a particular topic or area.</p>
	<p><i>Question</i></p> <p>This symbol indicates a question.</p>
	<p><i>Activity</i></p> <p>This symbol indicates an activity.</p>
	<p><i>Scenario</i></p> <p>This symbol indicates a scenario or case study.</p>
	<p><i>Tag</i></p> <p>This symbol highlights where you can find more information, help, support or a resource.</p>

## Latest Version

Always check you have the latest version of the SSG. The issue number and date appear on the cover page. This can be checked on the Learning and Development InSight site.

If you have been given this SSG by your Line Manager, Supervisor or Learning and Development Champion – they will have checked it is the current version. Learning and Development only provide copies of the current version of any SSG.

## Target Audience

This SSG is target at those that have limited access to technology and are unable to complete the eLearning provided by the East Riding Children's Safeguarding Partnership. The target audience is limited and approved on an individual request basis. At present, this included:

- Adult Provider Services
- Road Safety Works (School Crossing Patrols)

## Question and Activity Answers



To support your learning, throughout the SSG there are a number of questions and activities to complete. These are indicated by the notepad symbol. You can use additional sheets if needed.

The answers to these can be found at the back of this SSG for your own reference.

## Content and Subject Matter

As this SSG is providing an overview of Child Protection and Safeguarding you may find some of the information and subjects discussed upsetting or distressing; if you do please take some time for your own wellbeing and discuss any concerns with your line manager.

## Module Learning Aim and Outcomes

### Aim

To develop an awareness of professional's responsibilities to safeguard children and young people and the key processes that underpin this responsibility.

### Learning Outcomes

- Be aware of and recognise the potential indicators of abuse
- Understand the importance of information sharing and interagency working to safeguard children
- Know what action(s) to take if you have concerns
- Understand the principles of working together to safeguard children and be aware of the statutory guidance and legislation related to child protection
- Understand the importance of children's rights
- Understand the impact of parent / carer issues on children
- Demonstrate an understanding of the risks associated with the internet and social media



#### Information

'Child/Children' indicates any child or young person up to the age of 18.

**All those who come into contact with children and families in their everyday work (including professionals who do not have a specific role in relation to safeguarding children) have a duty to safeguard and promote the welfare and safety of children.**



## Child Protection and Safeguarding Children

Child Protection and Safeguarding is everyone's responsibility: it is not only workers within Children's Social Care that have a duty to promote the welfare of children and protect them from harm. During your day to day work when you come into contact with children in any way it is part of your job to make sure that their wellbeing is safeguarded and safety prioritised.

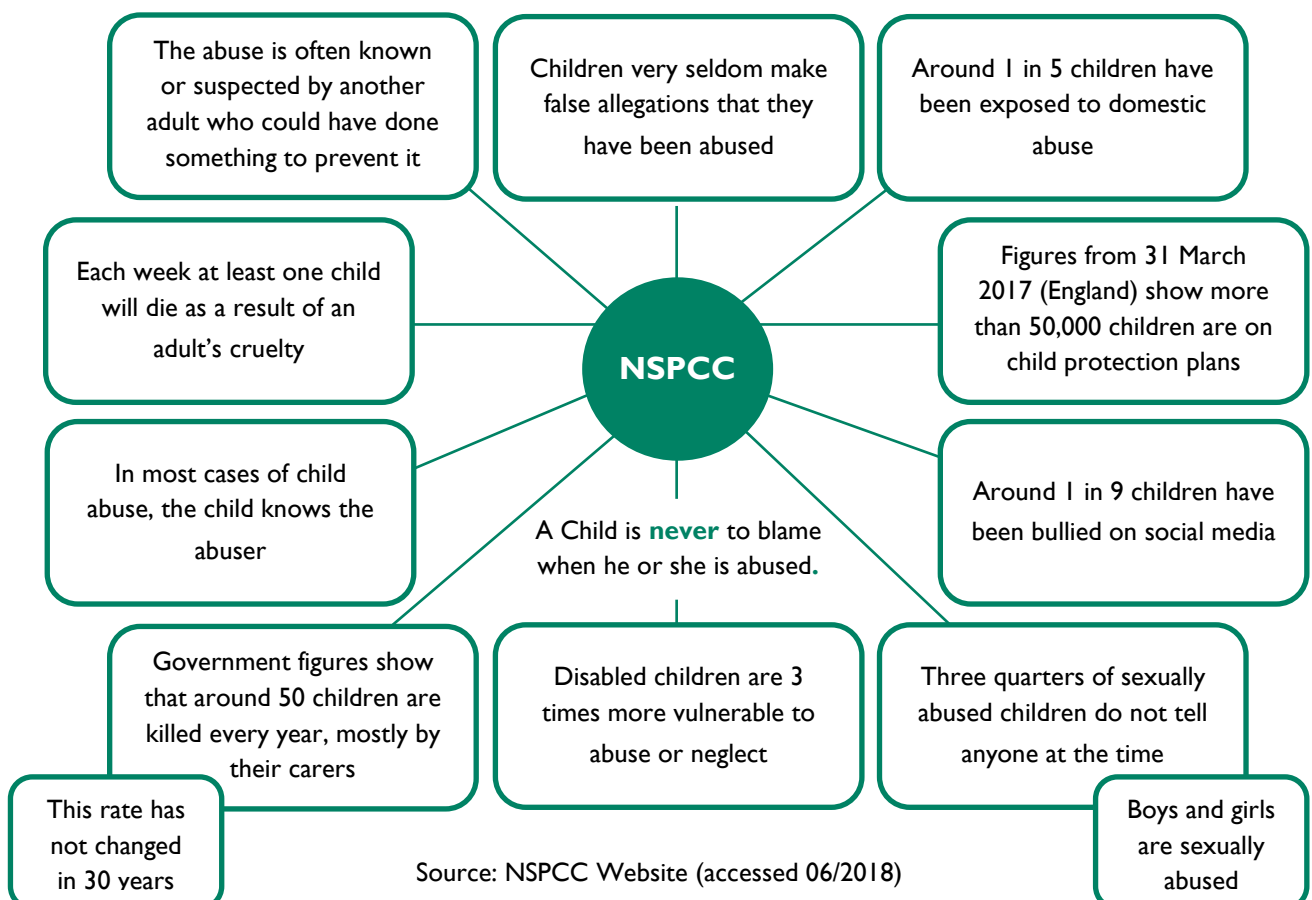


### Information

**Safeguarding** is preventative and involves promoting the welfare of children by recognising the risks to their safety and wellbeing and protecting them from harm.

**Child Protection** is the actively protecting children who are suffering or may be likely to suffer 'significant harm' as a result of abuse or neglect.

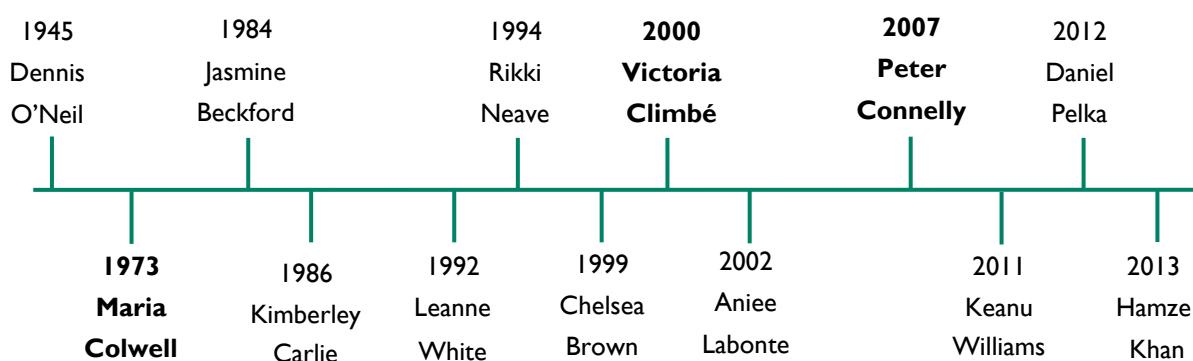
## Child Abuse Facts and Figures



## Historical Context and Serious Case Reviews

Current guidance and legislation on Child Protection and Safeguarding has developed from learning on cases throughout the last 80 years where children and young people have died as a result of child abuse.

### Key Cases:



#### Question


Have you heard of these cases before?

What information do you know about the children?

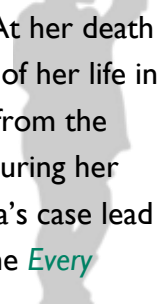


The cases of Maria Colwell (1973), Victoria Climbié (2000) and Peter Connelly (2007) all identified similar failings by professionals to prevent the significant harm caused and death of the child.

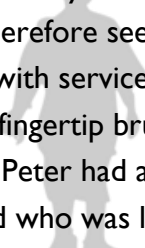




**Maria Colwell** was killed by her step-father, having been returned to her mother's care from foster parents. Maria had been starved and beaten; and a number of neighbours had raised concerns about Maria whilst in her mother's care. Learning from Maria's case led to the development of the Area Child Protection Committee (ACPC).



**Victoria Climbié** died on 25 February 2000 following significant abuse. At her death she had 128 recorded injuries on her body; she had spent the latter part of her life in a bath tied up. Victoria had come to the UK in April 1999 with her aunt from the Ivory Coast for a better education however she did not attend school. During her time in the UK Victoria was known to 14 services. Learning from Victoria's case led to significant changes in legislation including the *Children's Act 2004* and the *Every Child Matters Framework*.



**Peter Connolly** known as "Baby P" died aged 17-months having suffered significant physical abuse by his mother's partner. Peter was subject to a Child Protection Plan and was therefore seen by a number of services; his mother appeared to be co-operating with services but many injuries observed went unchallenged such as a head injury and fingertip bruising or were hidden by Peter's mother. A paediatrician failed to identify Peter had a broken back and services were not aware that his mother had a boyfriend who was living in the family home. There was public outcry about the death of Peter who had lived in the same London borough as Victoria Climbié; following his death an independent report was commissioned for a review of child protection services completed by Professor Eileen Munro and further statutory guidance – *Working Together to Safeguard Children* – issued.



#### Question

What are your thoughts/feelings about what happened to Maria, Victoria and Peter?





### Question

Do you think anything could have been done differently in the cases of Maria, Victoria and Peter?



## Serious Case Reviews

A Serious Case Review (SCR) takes place after a child dies or is seriously injured and abuse and neglect is thought to be involved. The SCR is undertaken by the Local Authority to establish what happened, the lessons that can be learnt to prevent further incidents happening again and to further improve systems in place. Issues do continue to arise around safeguarding children as identified in SCRs which are consistently ongoing throughout the country and lessons to be learned published.



### Information

A SCR was conducted in Hull in October 2014:

Child T was a two and half year old who died as the result of drowning in the bath as they had been left unattended. Hot water burns were identified during the post-mortem on Child T's body.

Review highlighted:

- Insufficient information on role of Child T's father in their life
- Over prescription of medication and drug misuse.

Cases of significant concern to the public interest whilst following the SCR process will have a National Enquiry as happened in the cases of Victoria Climbié and Peter Connelly, which were undertaken by Lord Laming in 2003 and 2009; these Enquiries have been published by the Government to support learning and development of Child Protection and Safeguarding.

## Lessons Learnt

Themes have been identified within published SCR and National Enquires.

Key areas essential to effective Child Protection and Safeguarding Practice:

- Working together
- The importance of interpreting and sharing information
- Understanding other agencies roles
- Communication
- Case Recording
- Staff Supervision
- Risk Management
- Decision Making



## Child Protection and Safeguarding Legislation and Guidance

There are several pieces of legislation that should be taken into account as well as the council's policies and procedures and ways of working when considering the safety and welfare of children.



### Key Point

'Legislation' is the laws and regulations. The government issues official guidance on how they are to be implemented.

Legislation and guidance is regularly reviewed and changed therefore ensure you are always referring to the most up to date document.

## Local Guidance

The council's local policies and procedures outline and summarise the relevant legislation and guidance. They provide all workers an easy way to understand what responsibility is held by whom and what needs to be done on a range of issues.

In all services there should be a clear Child Protection Policy that covers as a minimum; the organisation role, recognising abuse, the named person for Child Protection, what to do if there are concerns for a child, how allegations will be

managed, managing and recording information and how the policy will be reviewed and updated.

**It is your responsibility to ensure you keep up to date with the guidance and information provided by your organisation.**

If you have not done so already, take the time to locate and familiarise yourself with ERYC policy and procedure as these are important documents which should be easily accessible.



### Tag

Insight (Intranet) → Directorates → Children, Families & Schools  
→ Children & Young People Support & Safeguarding Services →  
Safeguarding Board and Unit → Child Protection → 'How to  
report concerns' / 'Procedures and Guidance' Docs.




## National Guidance





In order to be able to fulfil your responsibility, it is very important that all professionals are aware of the legal and national guidance relating to safeguarding and protecting children.




There is a range of relevant legislation and national guidance supporting safeguarding and protecting children; in the following table are key pieces you need to be aware of.



## Key Legislation and Guidance:

<b>Children Act 1989</b>	<p>Provides the legislative framework for child protection in England. Protects the welfare of children who are at risk and those who may be in need of services. This act states what needs to happen if a child is suspected to be at risk of harm.</p>  <a href="http://www.legislation.gov.uk/ukpga/1989/41/contents">www.legislation.gov.uk/ukpga/1989/41/contents</a>
<b>Children Act 2004</b>	<p>Strengthens the 1989 Act and encourages partnerships between agencies with clearer accountability. The act covers services that children may access; it places a duty on the local authority and their partners to cooperate and make sure that services work together and have (where possible) joint plan(s) – this is known as the <i>Common Assessment Framework</i>. The Act established the requirement for <i>Local Safeguarding Children's Boards</i>. Part three of this act applies solely to Wales.</p>  <a href="http://www.legislation.gov.uk/ukpga/2004/31/contents">www.legislation.gov.uk/ukpga/2004/31/contents</a>
<b>Working Together to Safeguard Children 2018</b>	<p>Outlines the processes and timeframes for professionals when suspected abuse of a child is identified. This guidance aims to inform professionals of what they need to do and what can be expected by services to safeguard children with a focus on fundamental legal requirements. The guidance advocates <u>all</u> professionals who come into contact with children follow two key principles - Safeguarding is everyone's responsibility and a child-centred approach must be used.</p>  <a href="https://www.gov.uk/government/publications/working-together-to-safeguard-children--2">https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</a>
<b>The Sexual Offences Act 2003</b>	<p>The act has two parts; the first part states what is considered a sexual offence, including physical and non-physical contact. It defines what are sexual offences against children under 13 and under 16 and state the age of consent. The second part of the act deals with the sex</p>

	<p>offenders register and civil protective orders.</p> <p> <a href="http://www.legislation.gov.uk/ukpga/2003/42/contents">www.legislation.gov.uk/ukpga/2003/42/contents</a></p>
<b>The Children and Families Act 2014</b>	<p>Introduced a number of reforms to planning and assessment for children including “fostering for adoption”; 26 week time limit for courts to decide whether a child should be placed in care/adopted; “staying put” for foster children to remain with foster carers until the age of 21; provides young carers with the same help and support as adult carers; a single assessment process and <i>Education, Health and Care Plan (EHCP)</i> to support children with disabilities and special educational needs up to the age of 25.</p> <p> <a href="http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted">www.legislation.gov.uk/ukpga/2014/6/contents/enacted</a></p>
<b>The Education Act 2002</b>	<p>Outlines provision requiring school governing bodies, local education authorities and further education institutions to make arrangements to safeguard and promote children’s welfare.</p> <p> <a href="http://www.legislation.gov.uk/ukpga/2002/32/section/175">www.legislation.gov.uk/ukpga/2002/32/section/175</a></p>
<b>What to Do if You Are Worried a Child is Being Abused 2015</b>	<p>This guidance tells you exactly what you need to do if you suspect a child is at risk of harm or in need of support. It explains the signs of abuse and neglect to look out for and the action to take if you think a child is being abused or neglected. It applies to people working in the statutory sector, voluntary sector and independent sectors.</p> <p> <a href="http://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2">www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2</a></p>
<b>The Care Act 2014</b>	<p>The Act brings care and support legislation together into a single place with new wellbeing principles of central importance. Although the Care Act legislation is predominantly for adults in need of support and their carers it also makes some provisions for children and young carers. Children who care for their parents in their own home are</p>

	<p>made part of their parent's needs assessment in order to establish the support and help they need.</p> <p> <a href="http://www.legislation.gov.uk/ukpga/2014/23/contents">http://www.legislation.gov.uk/ukpga/2014/23/contents</a></p>
<b>Information sharing: Advice for practitioners providing safeguarding services 2018</b>	<p>Replacing 'Information sharing: advice for practitioners providing safeguarding services 2015' This guidance provides advice for front-line practitioners and managers in deciding how and when to share sensitive information; it helps to understand how to comply with the law and what policies mean in practice. It is also helpful for professionals working with adults who are responsible for children who may be in need.</p> <p> <a href="http://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice">www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice</a></p>
<b>The Children's Plan 2007</b>	<p>Published by the 2005-2010 Government this document outlines six strategic objectives to improve children's lives:</p> <ul style="list-style-type: none"> <li>▪ secure health and wellbeing</li> <li>▪ safeguard the young and the vulnerable</li> <li>▪ achieve world-class status</li> <li>▪ close the gap in educational achievement for children from disadvantaged backgrounds</li> <li>▪ ensure participation and achievement of children's potential to 18 and beyond</li> <li>▪ keep children on the path to success</li> </ul> <p> <a href="https://www.gov.uk/government/publications/the-childrens-plan">https://www.gov.uk/government/publications/the-childrens-plan</a></p>

**Key Point**

National Guidance is issued by government therefore the above table identifies law within England and Wales.

Different guidance may be relevant within Scotland and Northern Ireland.

## Who has responsibility for safeguarding and protecting children?

All those who come into contact with children and families in their everyday work, including those who do not have a specific role in relation to safeguarding children, have a duty to safeguard and promote the welfare of children.

### All professionals are likely to be involved in three main ways:

1. Having concerns about a child and referring those concerns to children's social care or the police. All professionals should be aware of the local (and setting specific) procedures to be followed for reporting concerns about a particular child.
2. Being approached by children's social care services and asked to provide information about a child or family or to be involved in an assessment – this may happen regardless of who made the referral to children's social care.
3. Providing help or a specific service to the child or member of their family as part of an agreed plan and contributing to the reviewing of the child's progress/plan.

### To fulfil their commitment to safeguarding and promote welfare of children ALL organisations should have in place:

- A clear line of accountability across the organisation for the commissioning and provision of services
- Clear priorities, policies and commissioning strategies with commitment from senior management
- Safe recruitment processes and procedures
- Clear understanding of how to work together to help children be safe online
- Procedures for dealing with allegations of abuse against members of staff and / or volunteers
- Arrangements to ensure all staff undertake appropriate initial and refresher training
- Policies consistent with the Local Safeguarding Children's Board (LSCB) including:
  - Child Protection Policy
  - Effective complaints process and procedure
- Arrangements to work effectively with other organisations and safe information sharing
- Appropriate whistle blowing procedures and a culture promoting safety and welfare of children





### Activity

Take some time to consider your own role in safeguarding children:

- What contact do you have with children in your day to day role?
- What policy/processes are you aware of in your organisation?
- How would you ensure children were safe if you had concerns?



## East Riding Safeguarding Children's Board (ERSCB)

The Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and professionals that should be on the LSCB.



### Key Point

In the East Riding of Yorkshire the LSCB is the ERSCB.



Further information can be found on the ERSCB website:

<http://www.erscb.org.uk/>

The objectives of the ERSCB are to coordinate what is done by each person and organisation on the board to promote the safeguarding and welfare of children in the area and ensure effectiveness of what is done by each person and organisation.

The ERSCB role is independent of the local authority providing an independent voice and scrutiny of local arrangements to safeguard children where applicable.

## ERYC Children and Young People's Strategic Plan

The ERSCB supports the ambition of the Children and Young People's Plan 2017-20 for all children in East Riding to be *happy, healthy, confident, and safe* and actively promote the four identified cross-cutting themes to achieve this:

- Integrated services
- Intervening Early
- Ensuring safety is paramount
- Supporting the most vulnerable



### Tag

Insight (Intranet) → Directorates → Children, Families & Schools  
Children & Young People's Support & Safeguarding Services →  
Strategies → 'Children & Young People's Strategic Plan 2017-2020'

## Facts and Figures about what it's like to grow up in the East Riding



Source: ERYC Children's Plan 2017-20



### Question

Do any of those facts/figures surprise you?



## Abuse: forms of, signs and effects

Child abuse is any wrongdoing that causes, or is able to cause, significant physical or emotional harm to a child. Child abuse occurs when a person in a position of trust and / or authority misuses this power over a child and causes them emotional and / or physical harm. This person could be a family member, a family friend, a stranger or community caregiver. In some cases it could be another young person.

There are different forms of abuse and professionals need to be able to recognise the possible signs and indicators that a child is suffering or is at risk of abuse and understands the effects that abuse can have on a child. The following signs, symptoms and behaviours or indicators do not necessarily mean that a child is being abused but may mean you have a reason to be concerned.

### Physical Abuse

This is any abuse where a child is physically harmed, for example hitting, kicking, grabbing, restraining, biting, and burning.

Signs might be unexplained injuries such as wounds, bruises or broken bones. The child and / or caregiver might make up stories to explain injuries or try to cover up marks with clothing.



### Emotional Abuse

This is when a child's emotional needs are not being met. This could include being made to feel insufficient or not feeling loved and secure. A parent or carer may not be giving them the attention they need or speaking / listening to them.

Signs could include presenting as withdrawn, delays in expected development, speech disorders or fear of making mistakes and overreacting to situations or having no response at all.



## Sexual Abuse

This could involve children being involved in sexual acts, being made to watch sexual acts or being shown pornography.

Signs include awareness and knowledge and understanding of sexual activities or use of language beyond what would be expected of the age of the child; or pain / itching in the genital area or sexually transmitted diseases and pregnancy.



## Neglect

This is when a child's basic needs are not met, for example through lack of food, medical attention or access to education; or poor clothing, housing hygiene or lack of parental supervision. *Neglect could sometimes be happening as a result of a parent's own issues or as a result of a child being a young carer.*

Signs may include always being hungry, poor personal hygiene, delays in expected development, tiredness and looking ill and underweight; lack of appropriate adult supervision can also be a sign of neglectful parenting.



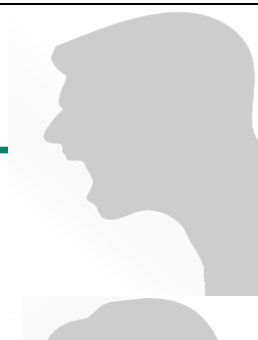
### Information

The 4 forms of abuse outlined above are the identified categories for which a child can be placed on a Child Protection Plan.

Whilst it is acknowledged that these forms of abuse overlap; one category will be listed as the reason for the child protection plan.

In addition to the forms listed above there are further forms of abuse which are also identified in relation to safeguarding children that you need to be aware of.

## Domestic Abuse and Violence



Research has identified that seeing or hearing acts of domestic abuse and violence can have a similar effect on children to being emotionally abused – as well as feeling helpless, they may not feel safe. In addition this research has suggested that the stress of experiencing violence at home can impair brain development of babies and that there is a high likelihood that aggression by adults at home can turn towards children present.

Domestic abuse and violence is a risk to the child's physical, emotional and social development.



#### Key Point

Children who witness *Domestic Abuse* and *adult conflict* are identified as experiencing **emotional abuse**.

### Child Sexual Exploitation (CSE)

Associated with sexual abuse CSE means that children are manipulated sexually for the abusers benefit; this can mean they are coerced into sexual activities by one or more person(s) who have deliberately targeted them. It can happen to both boys and girls; often the first step is someone befriending a child to gain their trust or have control over them which is a term called *grooming*.

It can be difficult to recognise CSE as they are similar to the challenges of changing teenager behaviours. Alongside the signs of Sexual Abuse highlighted above signs of CSE can include having new / expensive items such as phones or clothes; associating / developing relationships with older men and women and may stop engaging with their normal friends; they may go missing or be secretive about what they are doing.



## Radicalisation

Occurs where children are taught extreme, often violent, ideas based on political, social or religious beliefs.

Signs of exposure to radicalisation could be behaviour changes; changes in the way a child speaks with others or having a new circle of friends, use of extremist terminology and reading of material and or messages.



## Female Genital Mutilation (FGM)

FGM is the removal, constriction or other disfigurement of a girl's labia or clitoris for non-medical reasons, in most cases before they reach the age of 8. Some communities may use religious, social and cultural reasons to try to justify FGM, but it is a form of abuse.

Signs could range from severe pain and bleeding and chronic infections to psychological, mental health and sexual problems or damage to the reproductive system and infertility. *You need to be aware of the risk of girls being taken abroad to carry out FGM and should be alert if they to be are taken on extended holidays.* FGM will often be referred to by communities as "being cut".



There are some general indicators that a child may be suffering some kind of harm. Non-specific signs include sudden withdrawal from others, bruising or extreme anger or sadness may indicate something is wrong.



### Tag

Further information about forms of child abuse can be found on the NSPCC Website:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>



### Information

**Exploitation** means taking advantage of someone's vulnerability to treat them badly for the abuser's benefit.

**Domineering** means to use power, influence and/or authority over others to such an extent that they cannot communicate or act freely.

Abuse can be perpetrated in two ways through **commission** (doing) and **omission** (not doing).

All forms of abuse are likely to create a change in behaviour of a child; this may include a child becoming withdrawn, timid, easily startled or maybe boisterous, aggressive, attention-seeking or wanting to please. In addition depression, anxiety, self-harm, eating disorders and going back to younger behaviours are other possible indicators of abuse.

You may also be concerned if a child is not attending school regularly or is being admitted to several different A&E departments or GP drop-ins as these could be ways for the abuser to cover up how often a child needs help.

It is important remember not all children will display the same signs; and that there is frequently more than one type of abuse happening – eg. physical and emotional.




### Activity

Looking at the brief descriptions on the next page state which category of abuse you feel it may identify:

Physical  
Emotional  
Sexual  
Neglect  
Domestic Abuse  
CSE  
Radicalisation  
FGM



	Category of Abuse
James (6) is regularly left without adult supervision	
Sam (5 months) was shaken by her mum when she would not stop crying	
John (10) feels frightened when his mum and stepdad shout at each other	
Louise (4) has not been taken to hospital appointments for her cerebral palsy	
Joanne (16) has been asked by her boyfriend to have sex with his friend as he cannot pay him back for money he borrowed	
Adam (8) is made to watch pornographic movies when he stays at his uncle and aunt's house	
Tom (14) and Lucy (3) are hit with a wooden spoon if they are told off	
Ayisha (7) has said her family are going to see her grandma in Sudan and she will be staying longer than her brother and father	
Abbie (15) is being bullied by her father's new partner	
Al (17) has started hanging around with a new set of friends and has been posting anti-government articles on his blog	
Gemma (3) regularly sees her dad punch and kick her mum whilst they are at home	
Josh (13) has a new phone and trainers which he said were bought by an friend who gets on the school bus but would not say who	

**Key Point**

The signs identified do not conclusively mean that a child is being abused; however they are reason for concern. There may be simple explanations – but it is important as professionals to be aware that children who have been abused may sometimes display some or all of these signs.

It is important to consider all information and circumstances of a child and their family available to you if you suspect a child is being abused.

**Question**

Which of the following factors below may increase your concern if you think a child is being abused?

**A****B****C****D****A**

You notice delay or issues with the child's development

**B**

The reason a parent or child provides for an injury does not seem to make sense

**C**

The signs that you are seeing are clearly evident

**D**

You see a number of signs to suggest abuse is happening

ALL of the factors noted would strengthen your suspicion and increase the probability that your concerns are correct about abuse of a child.



#### Key Point

If you suspect that a child is being abused you should immediately seek advice from your manager, Children's Social Care Services or Safeguarding Lead Professional and where appropriate the police.

## Social Networking and Online Risks

With the development of new technology and greater use of the online / digital platforms for communicating and socialising, whilst there are many benefits to this it does present new challenges to safeguarding and protecting children and young people. It is important for parent / carers to monitor or be aware of what a child sees, shares or could be exposed to whilst on the internet and social networking apps. There is a high risk of being exposed to inappropriate material and 'friendships'

### Risks to children online:

- Seeing or sharing violent, sexual and / or pornographic material
- Exposed to false and inaccurate information and / or extreme views
- Exposed to promotion of harmful and risk taking behaviours
- Over-sharing of personal information
- Sexual-grooming and stalking
- People using fake profiles
- Exploitation and blackmail
- Mischief-making
- Actively or unintentionally being involved in bullying or hurtful behaviour

(Department for Digital, Culture, Media and Sport – 2016)



Bullying others online has become an increasing concern in recent years - with over one third of children saying they have been affected by on-line bullying at least once. A large increase in online bullying is centred on the use of social media such as Facebook, Twitter, Snapchat which are easily accessible through mobiles as well as tablets and computers.

Examples of online bullying include posting negative comments on someone's profile, taking on someone's identity on the internet to humiliate them, or harassing someone via messaging. *Grooming* can also take place online where an adult will befriend a child for their own gain; this may include them pretending to be a child to begin an initial online friendship.



### How this may impact on the wellbeing of the child:

- Getting upset by things they have seen
- Engaging or being pressured to engage in risky behaviours
- Fear of missing out leading to excessive time spent online
- Being unsure what to do with information they have seen that has made them upset, angry or scared
- Being subject to peer pressure or interactions effect their emotional welling / mental health
- Developing unrealistic ideals of body image, gender, sexuality
- Creating an online reputation which may affect them in adulthood



#### *Information*

Further information and guidance for keeping children safe online can be found on the [NSPCC](#) and [CEOP](#) Websites.

## Impact of parent / carer issues on children

Children need parents / carers who love, protect and care for them in a stable, safe and secure home for them to grow up happy and safe. Physical care and daily routines are very important for a child's development therefore anything that disrupts routines can have a detrimental effect.

**“Failure to thrive”** is a term used to describe babies and toddlers where their growth, particularly weight and length, is specially poor. There may be an underlying medical condition which is resulting in failure to thrive however non-medical reasons - whether through the carer's ignorance or neglect - such as the lack of the care, food, attention and love which promote normal growth - will impact on a child's development which could have long-term effects.



### Question

What parent / carer issues do you think could impact on a child?



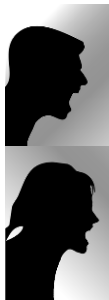


### Key Point

It is important to remember that a parent or carer's health *might* affect their ability to safeguard, but this is not necessarily so.

If a parent or carer's physical or mental health is poor this could be a risk to the wellbeing of their child - it may increase the child's vulnerability or slow their development.

Parent / carer issues can have an impact on the development needs of a child as well as impact on parenting capacity which in turn impacts on the level of care the child receives. The impact of identified issues can often fluctuate as the issue(s) may not always be present.

Parent / Carer Issue	Impact on child development	Impact on parenting capacity
<b>Mental Health</b> 	<ul style="list-style-type: none"> <li>▪ self-reliant at younger age</li> <li>▪ can be neglected, depressed, anxious</li> <li>▪ can be in situations where physically abused</li> <li>▪ may have feeling of shame</li> <li>▪ young carer</li> <li>▪ limited peer relationships</li> </ul>	<ul style="list-style-type: none"> <li>▪ lack of energy, unable to concentrate or leave the home</li> <li>▪ impaired ability to express feelings, show empathy, tolerate child's behaviour</li> <li>▪ isolation</li> <li>▪ child may be blamed</li> </ul>
<b>Substance Misuse</b> 	<ul style="list-style-type: none"> <li>▪ insecure attachment to parent / carers</li> <li>▪ afraid to leave parents due to fear they may die from substance misuse</li> <li>▪ young carer</li> <li>▪ increased risk of accidents</li> <li>▪ health risks, foetal alcohol syndrome</li> </ul>	<ul style="list-style-type: none"> <li>▪ time in hospital / prison</li> <li>▪ neglecting parental responsibility / absent parenting</li> <li>▪ financial impact of substance use</li> <li>▪ links between anti-social behaviour and substance misuse</li> </ul>
<b>Domestic Abuse</b> 	<ul style="list-style-type: none"> <li>▪ worry for abused parent</li> <li>▪ depression, anxiety or trauma symptoms</li> <li>▪ difficulty developing positive relationships</li> <li>▪ poor concentration</li> <li>▪ behavioural and emotional disturbance</li> </ul>	<ul style="list-style-type: none"> <li>▪ can suffer from anxiety, mental health issues, trauma, self-harm</li> <li>▪ emotionally unavailable to children</li> <li>▪ reversal of adult-child roles</li> <li>▪ child feel they are not able to protect</li> </ul>

## Additional Factors

There are further factors to take into account in considering how to protect children from abuse and harm:

- Circumstances which increases the risk of harm or reduce the likelihood of recognition
- Children from black and ethnic minority backgrounds
- English as second language or non-verbal children
- Children with Special Educational Needs and Disabilities (SEND)
- Factors which prevent effective partnership with families such as previous Children's Social Care involvement
- Wider social factors and denial of abuse within communities



### Question

Should you be able to diagnose suspicious circumstances or investigate instances where you suspect abuse or neglect occurring?



**Key Point**

You are not responsible to diagnose or investigate; you need to be able to recognise the possible signs of abuse and know what to do next if you suspect abuse or neglect happening.

## Reporting concerns

Every worker who comes into contact with children or their families has a duty to safeguard them even if they don't work directly with the child. If you are worried about a child for any reason:

- Report your concern to your manager immediately
- Make a record of your concerns that is factual and sign and date this record
- If the child is in immediate danger call 999 for police assistance
- Follow your organisation's safeguarding policies and procedures – these will set out clearly how workers are to act when abuse is suspected or alleged

It is important to consider how suspicions may arise:

Something you see

Something you hear or  
are told

Your knowledge of the  
family

Information from other  
services

"Gut feeling"

A child/adult discloses

**Courage - One of The Care Certificate 6 C's:**

Workers should have the courage and confidence to do what is morally right for the protection of children and young people.



Do not hesitate if you have any concerns that a child is being abused; it is not your role to judge the situation(s) that is the responsibility of the police and Children's Social Care but if you do not alert them they cannot act - a child might tell someone that they have been abused, or a family member, friend, worker or someone else might make an allegation about abuse happening or having happened in the past.

## Making a Referral

Policies and Procedures will give the appropriate course of action so that any worker can feel confident when dealing with an incident.



### Information

**Allegation** - An allegation is stating that someone has done something. If an allegation is made it needs to be investigated to see whether it is true, so it is important that you are clear about the information you are providing and not jumping to conclusions.

In the East Riding if you are worried about a child or think they might be at risk of abuse, neglect or harm you can contact the **Early Help and Safeguarding Hub (EHaSH)** to report your concerns and seek advice.



### Tag

**EHaSH**

**01482 395 500**

[childrens.socialcare@eastriding.gcsx.gov.uk](mailto:childrens.socialcare@eastriding.gcsx.gov.uk)



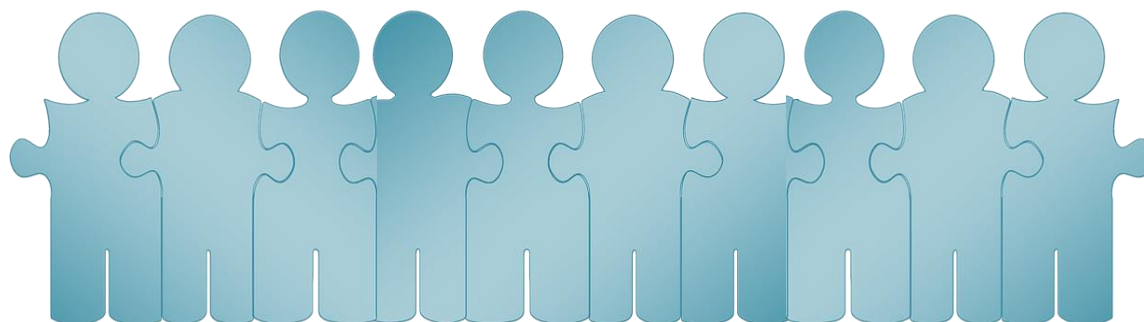
Outside of office hours contact the Emergency Duty Team:  
01377241 273

N.B. If a child is suffering abuse and requires urgent attention because of immediate danger call the police.

## Information required when making a referral

When you contact Children's Social Care you will be asked to clarify the information you are providing. You will most likely be asked for information about the following:

- The nature of the concerns
- When, how and why these concerns have arisen
- What is the evidence of the concerns
- What appears to be the needs of the child / family
- Significant family members (including approx. ages / address)
- Whether there are concerns about *Significant Harm*
- Are there any professionals/services working with the family at present
- Are the family aware that the referral is being made to children's social care
- Whether there is need for urgent action to make the child safe
- What actions have you taken



It is important to remember that effective information sharing is essential to actively safeguard children; each agency or worker on their own may only have limited or insufficient information about a child reflecting one piece of the puzzle on which to make decisions. If all agencies or workers contribute their information and provide further pieces of the puzzle a complete picture can emerge and the best solutions for a child at risk can be identified.

When making a referral as a professional best practice (if appropriate) is to discuss your concerns with the family and inform them that you will be contacting Children's Social Care because of your concerns unless such discussion would place the child at an increased risk of harm.

Remember that you may share information without consent if, in your judgement, there is good reason to do so - for example a child's safety may be at risk.

## Common concerns about making referrals

Is this the right thing to do?

The family are going to know I reported them

Nothing will happen & the child will be taken in to foster care

That can't be happening in this family

The family haven't provided consent for me to speak to Children's Social Care

I still have to work with the family and it may affect my relationship with them



### Activity

Take some time to consider how these concerns could impact on referrals being made and appropriate information sharing taking place:



**Key Point**

If you suspect that a child is being abused you should immediately seek advice from your manager, Children's Social Care Services or Safeguarding Lead Professional and where appropriate the police.

## Following a referral

When a referral of suspected harm, abuse or neglect is made to Children's Social Care there are clear procedures that are to be followed within suitable timescales as identified in the relevant legislation covered earlier.

**Key Point**

If you make a referral to Children's Social Care you must confirm this in writing within 48 hours.

It is **your responsibility** to ensure that you follow up on referrals, do not assume that you are not accountable because you have passed information on.

On receiving a referral Children's Social Care will:

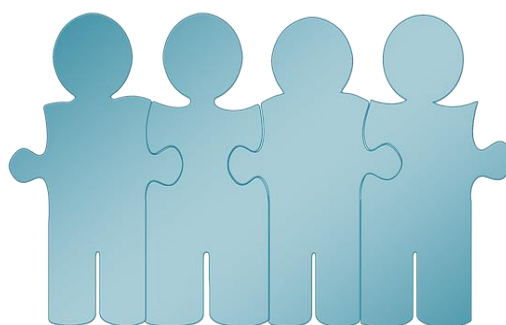
- Make contact with relevant agencies – including health, education, police and other professionals or volunteers working with the child / family
- Record all information
- Make contact with the family / child
- Check previous records held by Children's Social Care
- Acknowledge the receipt of the referral
- Decide on the next course of action and decide how the family / child will be informed of the action to be taken

The referrer should be informed in writing within 48 hours the outcome of the referral (where possible, subject to any investigation) - where this does not happen the referrer should contact Children's Social Care again.

**Information**

Within **one working day** of the referral being received Children's Social Care should make a decision about what type of action is required.

It is very important that you are aware of and understand your own agency's procedures and timescales in relation to making a referral to Children's Social Care and what may be expected of you following the referral.

**Question**

What do you think the likely outcomes of a referral to Children's Social Care are?



Within one working day Children's Social Care will analyse the information received to decide:

**If the child is suffering or likely to suffer significant harm –**

An assessment / investigation under S.47 of the Children's Act 1989 jointly with the police will be completed

**If the child is a 'child in need' –**

An assessment under S.17 of the Children's Act 1989 will be completed

**If the child is in need of an Early Help Assessment within universal services –**

A lead professional will be identified to complete the Early Help Assessment to establish services to support the family

**If there is no role for services –**

No further action will be taken at this time but referral and decision records recorded

Based on the information provided to Children's Social Care, and following national guidance, where identified a multi-agency assessment will determine the immediate risk to the child and decide what should happen to make a child safe.



*Information*

Under the Children Act 1989, the Local Authority is required to provide services for children in need for the purpose of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine what services to provide and action to take.

A full assessment of the child and family will be based upon the *Framework for the Assessment of Children in Need and their Families (2000)*. In extreme cases following assessment and intervention with the family, a decision can be made to remove the child from the care of their parents as the most appropriate course of action. If the decision is made to remove a child from their parent's care social workers will try to find suitable carers within the extended family.

## Signs of Safety

East Riding of Yorkshire Children's Social Care has adopted a **Signs of Safety** practice model for working with Children and Families where there are identified safeguarding concerns. The Signs of Safety Framework was developed in Western Australia by frontline child protection social workers Andrew Turnell and Steve Edwards with the focus on working in partnership with children and families to make sure the child is kept safe - it is an approach which supports risk assessment through the exploration of harm, danger and risk alongside strengths and safety.

*“The Signs of Safety approach seeks to create a more constructive culture around child protection organisation and practice. Central to this is the use of specific practice tools and processes where professionals and family members can engage with each other in partnership to address situations of child abuse” (Turnell, 2012)*



Signs of Safety is a **strengths based** and **solution focused** approach to working with families this does not mean that it minimises risk but looks for positives that are present to build upon to address the concerns for a child's safety. It sets out clear outcomes that workers and the family aim to achieve.



Tag


Signs of Safety website - <https://www.signsofsafety.net/>

## Signs of Safety Assessment Framework

Professional enquiry within the Signs of Safety practice model focuses on four domains:

1. What are we worried about?
2. What is working well?
3. What needs to happen?
4. Where are we on a scale of 0-10?

This framework allows professionals to ‘map’ the circumstances around a vulnerable child, provides a mechanism to arrive at desired outcomes and plans rigorous sustained day to day safety for the child.

	<p><i>Information</i></p> <p>Referrals made into East Riding Children’s Social Care will be processed within the Signs of Safety Framework as will any assessments completed with the family – this is called <b>“Case Mapping”</b>.</p>
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## Signs of Safety Case Map:

What are we worried about?	What’s working well?	What needs to happen?
<p><b>Harm</b> (evidence impact on the child)</p> <p><b>Complicating factors</b> (behaviours of child or adult posing a risk; things making the situation harder to deal with)</p>	<p><b>Safety</b> (the danger has been present and some has done something to keep the children safe and it worked)</p> <p><b>Strengths</b> (things that the parents or someone else are trying to do to keep the child safe and positive aspects of the situation)</p>	<p><b>Goals</b> (can be agency / family / child)</p> <p><b>Next steps</b> (what else needs to be know / done by whom and when)</p>
<p><b>Scaling: 0    1    2    3    4    5    6    7    8    9    10</b></p>		





### Activity

Using the scenario below '**Case Map**' the information you have received. A case map template is on the following page to help

Can you identify:

- What you are worried about?
- What is working well?
- What needs to happen?

And on a scale of 0 (Serious Risk) to 10 (No Risk) how safe do you think the child(ren) are?

Consider what you would do next and why.



### Scenario

Siblings - June (3) and John (7).

The family have been living in the East Riding for two years.


Mum and Dad are not together; Dad does not have regular contact and parents are not on good terms. Mum works shifts and has a limited support network relying on Grandad to help with child care.

The Nursery June attends have reported that on a couple of occasions Grandad has brought June to nursery and has smelt of alcohol; Grandad does not engage with nursery staff and they have not been able to talk to him about this.

June has an unexplained bruise on her cheek; when nursery staff have asked Grandad what happened, he shrugged his shoulders.

June says that she doesn't like Grandad shouting and this makes her sad. Mum has said to nursery staff "June is naughty and doesn't listen to me, she will listen to her Grandad though, and she knows what happens when she doesn't".

Yesterday, John came to nursery to collect June. He said he went home after school and Grandad was asleep, he couldn't wake him up so he came to pick up June.

What are we worried about?	What's working well?	What needs to happen?
		

**Scaling: 0 1 2 3 4 5 6 7 8 9 10**



#### Information

Scaling within Signs of Safety is completed on “How safe is the child?” – 0 being Not safe at all; 10 being Very safe.

## Record keeping and recording – Child Protection

Keeping records is essential. Make sure to take / keep detailed records of any incidents which cause you concern, even if these incidents do not lead to an immediate referral to Children's Social Care.



*Tag*

Insight (Intranet) → Corporate → Corporate Information → Strategies & Plans → 'Information Management Strategy 2018-21'

In child protection / safeguarding cases records are very important; they may be referred to by your managers, social workers or the police if the matter is being fully investigated. Social workers will refer to your records when assessing the child and family's needs to ensure the child is cared for appropriately.



Best practice indicates that records made by professionals need to be **accurate**, **necessary**, **relevant**, **proportionate**, **secure** and **timely**. Your records will allow

you to look back and consider what has been happening for the child and their family over a period of time which may help to build up a more detailed picture of the child / family's situation and be an invaluable tool when answering questions about the situation from you manager, Children's Social Care or the police.



### Activity

In the table on the following page outline why you think each aspect is important for good record keeping.

Accurate	
Necessary	
Relevant	
Proportionate	
Secure	
Timely	

## Sharing Information

There are a number of pieces of legislation as well as local and national guidance with regard to the sharing of individual's information that you should be aware of and following in your current role(s).

Effective multi-agency cooperation is needed to achieve the best possible outcomes for children at risk; information sharing is at the centre of multi-agency cooperation.

Where possible consent should always be gained before sharing information; however remember that you may share information without consent if, in your judgement, there is good reason to do so for example a child's safety may be at risk.



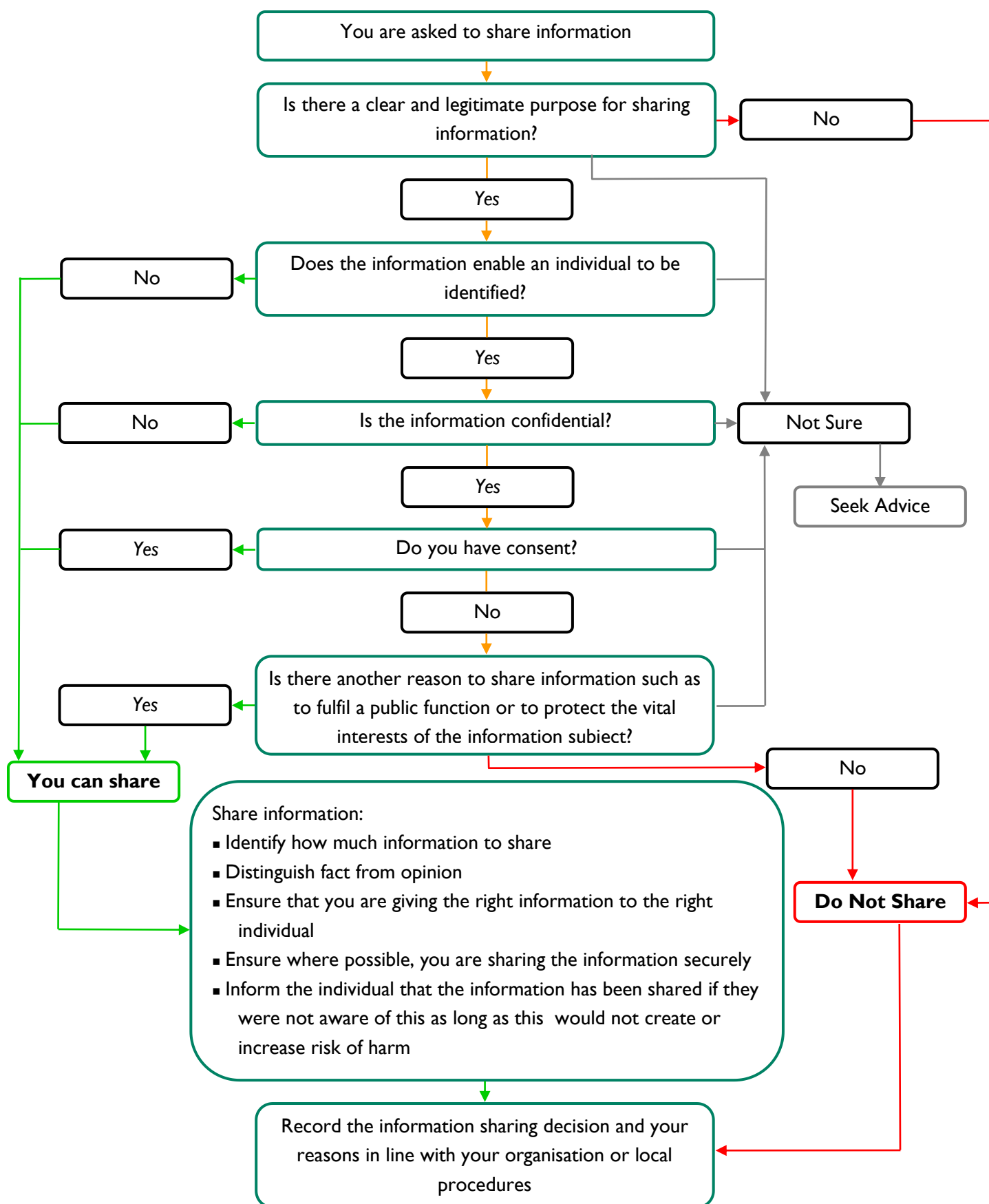
The government's new guidance on information sharing provides direction on when consent is and is not required before sharing information.



### Tag

HM Government 'Information sharing: Advice for practitioners providing safeguarding services 2018':

[https://www.vctms.co.uk/assets/content/41571/story\\_content/external\\_files/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.vctms.co.uk/assets/content/41571/story_content/external_files/Information_sharing_advice_safeguarding_practitioners.pdf)



If there are concerns that a child is suffering or likely to suffer harm then follow the relevant procedures without delay. Seek advice if unsure what to do at any stage and ensure that the outcome of the decision is recorded.

## Children's Rights

Whilst you may not directly care for or support children it is important that you understand their rights; as a worker you have a duty to make sure the rights of all individuals are promoted and that includes children's rights.

The Code of Conduct states that you should “*promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and social care services and their carers*”; therefore it is important to remember that children are users of services also.



## The United Nations - Rights of the Child (UNCRC)

The UNCRC is a worldwide agreement (excluding the USA and Somalia) that recognises the human rights of children; it establishes in international law that countries must ensure that all children benefit from special protection measures, have access to services such as health and education and grow up in an environment of happiness, love and understanding and are that they are informed about their rights.

Some of the rights identified in relation to child protection:

- right to life
- right to live a healthy life
- right to an education
- right to not be separated from their parents unless at risk of harm
- the right to protection from drugs, sexual abuse or any harm to their development

UNCRC is interconnected to *The Human Rights Act 1998* which gives a number of fundamental rights to every person living in the UK including but not exclusive to; the right to life, freedom from torture or degrading treatment, education, liberty and security and protection from discrimination.

## Module Learning Summary

Thank you for taking the time to complete this SSG; by doing so you should have developed your awareness of your role and responsibilities to safeguard children and the key processes you need to follow which underpin this responsibility.

Considering the learning outcomes identified at the beginning you should now:

- be aware of the forms of child abuse and be able recognise the potential indicators of abuse
- understand the importance of information sharing and interagency together to safeguard children
- know what action to take and how to take it if you have concerns about a child
- understand the principles of agencies working together to safeguard children
- be aware of the statutory guidance and legislation related to child protection
- understand the importance of children's rights
- demonstrate and understand the impact of carers issues on children
- demonstrate an understanding of the risks associated with the internet and social media

If you are unclear of any of the information included within this SSG or have further questions please speak with your line manager.

To finish the module please complete the *Check On Learning* questions.

This SSG can be kept for your own future reference.



### Information

If you are completing **The Care Certificate** please complete the relevant workbook for your portfolio submission.



## Self-Study Guide ‘Check On Learning’:

### Safeguarding Children in Adult Services

Please answer the questions on the following pages relating to the information covered within this SSG and then compare your answers to those provided in the SSG Answers section.



## Check on Learning Questions:

### 1. Why is multi-agency cooperation important? (select all that apply)

- ☐ Responsibility is shared if something goes wrong
- ☐ Successful outcomes are more likely if all agencies are cooperating
- ☐ Every agency has only a limited piece of the information; all information needs to be combined to get the full picture

### 2. Identify which of the four main categories of abuse are being defined:

[Physical / Emotional / Sexual / Neglect]

<input type="text"/>	Consists of the persistent emotional maltreatment of child
<input type="text"/>	Persistent failure to meet a child's physical and / or emotional needs
<input type="text"/>	Forcing and / or enacting a child to participate in sexual activities
<input type="text"/>	Actions which cause physical pain

### 3. What is your responsibility if a child discloses abuse to you?

- ☐ Start an investigation of what the child is telling you about
- ☐ Conduct a full interview with the child
- ☐ Clarify what is being said and establish any suspicion of harm to the child

### 4. What is expected from you as a professional having contact with children?

- ☐ You should be able to diagnose suspicious circumstances and / or investigate situations where you suspect abuse is taking place
- ☐ You should be able to recognise the signs of abuse and know what to do if you suspect abuse is taking place

**5. Within the Signs of Safety case mapping framework what four questions are asked?**

☐

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☐

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☐

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☐

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**6. If you suspect a co-worker of the following:**

- behaving in a way that has harmed or may harm a child
- behaving towards children in a way which suggests they may be a risk to children
- has possibly committed a criminal offence against or related to a child

**What should you do?**

☐

Immediately report your concerns to your manager

☐

Think for a while as it is only a suspicion

☐

Make a note of your concerns to see if a pattern develops over time

**7. Which piece of legislation places a duty on the Local Authority to provide services for children in need for the purpose of safeguarding and promoting welfare?**

☐

Working Together to Safeguarding Children 2015

☐

Children and Families Act 2014

☐

Children Act 1989

☐

Care Act 2014

**8. What are examples of potential parent / carer issues which could impact on a child?**

☐

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☐

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☐

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**9. What rights for children are identified in the UNCRC? (select all that apply)**

☐

Right to education

☐

Right to life

☐

Right to work

☐

Right to stay with parents

☐

Right to benefits and housing

☐

Right to health care

☐

Right to be free from abuse

☐

Right to know their rights

**10. What is meant by the term 'grooming' in a safeguarding context?**

☐

An adult befriending a child for their own gain

☐

An adult organising a haircut

☐

An adult making a child send indecent images

## **Answers - Check On Learning**

### **Safeguarding Children in Adult Services**

Information on the following pages provides answers to the questions for *Check On Learning*.



## Questions on Page 47-49:

1. Why is multi-agency cooperation important? (Select all that apply)

Answer:

- *Successful outcomes are more likely if all agencies are cooperating*
- *Every agency has only a limited piece of the information; all information needs to be combined to get the full picture*

2. Identify which of the four main categories of abuse are being defined

Answer:

- *Emotional – the persistent emotional maltreatment of a child*
- *Neglect – the persistent failure to meet a child's physical and / or psychological needs*
- *Sexual – forcing and / or enticing a child to participate in sexual activities*
- *Physical – abuse that causes physical harm*

3. What is your responsibility if a child discloses to you?

Answer:

- *Clarify what is being said and establish any suspicion of harm to the child*

4. What is expected from you as a professional having contact with children?

Answer:

- *You should be able to recognise the signs of abuse and know what to do if you suspect abuse, is taking place*

5. Within the Signs of Safety case mapping framework what four questions are asked?

Answer:

- *What are we worried about?*
- *What is working well?*
- *What needs to happen?*
- *Where are we on a scale of 0-10?*

6. If you suspect a co-worker of the following:

- behaving in a way that has harmed or may harm a child
- behaved towards children in a way which suggest they may be a risk to children
- has possibly committed a criminal offence against or related to a child

What should you do?

Answer:

- *Immediately report your concerns to your manager*

7. Which piece of legislation places a duty on the Local Authority to provide services for children in need for the purposes of safeguarding and promoting welfare?

Answer:

- *Children Act 1989*

8. What are examples of potential parent / carer issues which could impact on a child?

Answer:

- *Domestic abuse*
- *Substance Misuse*
- *Mental Health Issues*

9. What rights for children are identified in the UNCRC? (select all that apply)

Answer:

- *Right to education*
- *Right to life*
- *Right to stay with parents*
- *Right to know their rights*
- *Right to health care*
- *Right to be free from abuse*

10. What is meant by the term 'grooming' in a safeguarding context?

Answer:

- *An adult befriending a children for their own gain*



## **Answers - SSG Questions and Activities**

### **Safeguarding Children in Adult Services**

Information on the following pages provides answers to the questions and activities throughout this Self-SSG.





### Question Page 5

Have you heard of these cases before?

What information do you know about the children?

Answer:

*This question is based on your own knowledge.*

*If you do want to know more information about the children named, a Google search will bring up a range of sources with further information for you to research.*



### Question Page 6

What are your thoughts and feelings about what happened to Maria, Victoria and Peter?

Answer:

*This question is based on your own reflections.*

*If you do want to know more information about what happened to Maria, Victoria and Peter a Google search will bring up the Serious Case Review and Enquiry documentation and further material for you to research.*



### Question Page 7

Do you think anything could have been done differently in the cases of Maria, Victoria and Peter?

Answer:

*This question is based on your own reflections.*

*Key points identified by reviews and professionals include information sharing between services, seeing the child alone, hearing the voice of the child, further investigations of family circumstances and information provided.*



### Activity Page 14

Take some time to consider your own role in safeguarding children:

- What contact do you have with children in your day to day role?

Answer: This question is based on your own experience.

*It may include seeing children in the homes of service users you visit, family visiting service users in residential settings, through involvement with activity groups and schools.*

- What policy / processes are you aware of in your organisation?

Answer: This question is based on your own experience.

*You should be aware of policies for information sharing, safeguarding children and adults, whistle blowing and who you would speak to in your organisation if you had concerns about a child*

- How would you ensure children were safe if you had concerns?

Answer: This question is based on your own experience.

*If you had concerns about a child you would need to seek advice from your line manager, Children's Social Care or Safeguarding Lead Professional immediately. If you were worried for a child's immediate safety you should call the police.*



### Question Page 16

Do any of those facts / figures surprise you?

Answer:

*This question is based on your own reflections.*



### Activity Page 21

Looking at the brief descriptions below state which category of abuse you feel it may identify.

Answer:

	<i>Category of Abuse</i>
James (6)	<i>Neglect</i>
Sam (5 months)	<i>Physical</i>
John (10)	<i>Emotional</i>
Louise (4)	<i>Neglect</i>
Joanne (16)	<i>CSE</i>
Adam (8)	<i>Sexual</i>
Tom (14) and Lucy (3)	<i>Physical</i>
Ayisha (7)	<i>FGM</i>
Abbie (15)	<i>Emotional</i>
Al (17)	<i>Radicalisation</i>
Gemma (3)	<i>Domestic Abuse</i>
Josh (13)	<i>CSE</i>



### Question Page 23

Which of the following factors below may increase your concern if you think a child is being abused?

Answer:

*ALL of the factors noted (A-D) would strengthen your suspicion.*



### Question Page 26

What parent / carer issues do you think could impact on a child?

Answer:

*There a number of parent / carer issues which could impact on a child - examples include:*

- *Mental Health Issues*
- *Substance Misuse*
- *Domestic Abuse*
- *Adult Conflict*
- *Disability*
- *Poverty*
- *Homelessness*
- *Social isolation*



### Question Page 28

Should you be able to diagnose suspicious circumstances or investigate instances where you suspect abuse or neglect occurring?

Answer:

*No – you are not responsible to diagnose or investigate; that is the role of Children’s Social Care.*

*You need to be able to recognise the signs of abuse and know what to do next if you suspect abuse or neglect is happening.*



### Activity Page 32

Take some time to consider how these concerns could impact on referrals being made and appropriate information sharing taking place.

Answer:

*This question is based on your own reflections.*

**Key Point**

If you suspect a child is being abused you should immediately seek advice from your line manager, Children's Social Care Services or Safeguarding Lead Professional.

**Safeguarding children is *everyone's* responsibility.**

**Question Page 34**

What do you think the likely outcomes of a referral into Children's Social Care are?

**Answer:**

- i. A Child Protection investigation under s.47 of the Children Act 1989
- ii. A Child in Need assessment under s.17 of the Children Act 1989
- iii. A referral into universal services for an Early Help Assessment
- iv. No further action as no role for services identified

**Activity Page 38-39**

Using the scenario 'Case Map' the information you have received.

Can you identify:

- What you are worried about?
- What is working well?
- What needs to happen?

And on a scale of 0 (Serious Risk) to 10 (No Risk) how safe do you think the child(ren) are?

Consider what you would do next and why?

**Answer:**

*This scenario is based on your own analysis of the information presented. However there are elements that should have been identified;*

**Worried About:**

- *Unexplained bruise on June's cheek*
- *June said she doesn't like her Grandad shouting at her*
- *Grandad smelling of alcohol*
- *Grandad not engaging with nursery staff*
- *Unsuitable supervision of the children*
- *John potentially providing caring role for June*
- *Parents separated and not on good terms*
- *Irregular contact with father*
- *Limited support network for mother*
- *Family socially isolated*

**Working Well:**

- *June and John are attending education setting*
- *Mother has spoken with nursery staff*
- *No concerns raised about children being appropriately dressed, clean or seeming tired*

**What needs to happen:**

- *June needs to have no further unexplained bruising*
- *June and John to be provided with safe care by adults*
- *Grandad to not drink whilst caring for June and John*
- *Grandad to not shout at June and John*
- *Support Network to be explored with mother*
- *Regular contact arrangements with father to be agreed*

Scaling: would expect scaling be between 3-6

Next and why: you should immediately seek advice from your line manager, Children's Social Care Services or Safeguarding Lead Professional because you are worried about the safety of the children and you have a responsibility to report these worries / concerns.

To note: In this situation it would be expected that a referral to Children's Social Care be made for them to complete initial investigations including making contact with parents and professionals working with the children / family.

Within one working day Children's Social Care would make a recommendation of next steps (as identified in the answer to the

Question on Page 34) following the information received in the initial investigations.



#### Activity Page 41

In the table outline why you think each aspect is important for good record keeping.

Answer:

Accurate	<i>To ensure information is correct</i>
Necessary	<i>To ensure information collected is important / significant</i>
Relevant	<i>To ensure information collected is needed / required</i>
Proportionate	<i>To ensure the right amount of information and / or details is collected</i>
Secure	<i>To ensure information is not seen by anyone who should not have access to it</i>
Timely	<i>To ensure information is recorded as soon as possible so information is not lost and forgotten</i>



## **Request to Update Learner's Learning Record**

Please complete a *Completion of Learning and Evaluation Form* and forward it to your Supervisor or Manager

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## **Safeguarding Children Awareness in the Adults Workforce SSG**

*Formerly known as the Safeguarding Children Awareness in Adult Provider Services*

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