

Early Years

Safeguarding Children Introduction and refresher



**Delegate Workbook
(Updated November 2018)**

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Introduction

Welcome to the Level 2 Safeguarding Children Introduction training course.

The Suffolk Safeguarding Children Board advocates that “it is the responsibility of each organisation to ensure that those staff whose work brings them into contact with children and young people, whether this is directly or indirectly by contact with their families, should undertake introductory safeguarding training. This training should be refreshed every three years” (Suffolk Safeguarding Children Board)

The Working Together to Safeguard Children 2015 guidance & Keeping Children Safe in Education 2016 guidance highlighted training expectations for different staff groups, a summary of which is set out below:

Target groups to include members of statutory, voluntary, independent and community organisations	Suggested training content
<p>Group 1 Staff in infrequent contact with children, young people and/or parents/carers who may become aware of possible abuse or neglect. For example, librarians, GP receptionists, community advice centre staff, grounds staff, recreation assistants, environmental health officers.</p>	<p>Level 1 training:</p> <ul style="list-style-type: none"> • What is abuse and neglect? • Signs and indicators of abuse and neglect • Normal child development • Maintaining a child focus • What to do in response to concerns
<p>Group 2 Those in regular contact or have a period of intense but irregular contact with children, young people and/or parents/carers including all health clinical staff, who may be in a position to identify concerns about maltreatment, including those that may arise from the use of CAF.</p>	<p>Level 2 training: The above plus:</p> <ul style="list-style-type: none"> • Documentation and sharing of information regarding concerns • Using the <i>Framework for the Assessment of Children in Need and Their Families</i> • Own safeguarding roles and responsibilities

For Group 1 staff, there is a ME-learning training programme available through the Local Safeguarding Children Board (LSCB) at www.suffolkscb.org.uk This e-learning programme is also useful as a pre-requisite/refresher/top-up module but does not replace face to face training as it is not considered a sufficient minimum standard for those whose work brings them into regular contact with children and young people.

The Safeguarding Children training flowchart overleaf provides a guide to further training that may be appropriate for your job role.

You will also need to ensure that you follow your own Organisation’s policies and procedures and any statutory guidance or legislation relevant to your Organisation.

Safeguarding Thresholds

Level 1- No identified additional services. Child achieving expected outcomes

Response services are universal services.

Most children and young people will have their needs met by their parents and carers, family and communities with support from universal (Level 1) services, i.e. playgroup and nursery, schools, youth services, GP surgeries. These are children / young people who make good overall progress in all areas of development. These children receive appropriate universal services, such as health / education / leisure facilities / housing or voluntary services.

The role of professionals working with these children is to reduce the likelihood of children and young people developing additional needs; promote achievement, resilience and healthy lifestyles; maximise life chances and minimise risk.

Level 2 - Low risk to vulnerable. Vulnerable child with additional needs.

A child identified as having additional needs (single agency response) can be defined as needing some additional support without which they would be at risk of not reaching their full potential. This additional support may relate to health social or educational issues. Children may have additional needs and different stages of their life or at times of change

Level 2 is where the majority of vulnerable children will have their needs assessed and met within the Common Assessment Framework (CAF) through the use of a Common Assessment, a lead professional and a Team around the Child (TAC) approach. Response services are universal support services and/or targeted services.

Level 3 – Complex. Vulnerable child with multiple and complex needs

Those in Level 3 are likely to have met the criteria for assessment by a specialist service such as child and adolescent mental health (CAMHS), Education, Health, Social Care or Youth Offending, all Looked after Children, including children accommodated under section 20 of the Children Act 1989 and children who are subject to court orders e.g. Care, Interim Care, or Supervision Orders.

A child with complex needs may require longer term intervention from statutory and/or specialist services. It will become a matter of judgement and consultation with partners and line managers whether in fact their needs do need to be referred or can be met 'lower' down the hierarchy.

Some children with complex needs may be children who are defined as being 'in need' under Section 17 of the Children Act 1989. The criteria for S17 are 'those children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services. This includes children who have a disability.

Level 4 – Acute. Vulnerable child with acute or highly complex needs

A relatively small number of children/young people with acute needs at risk of significant harm or significant impairment requiring specialist support usually led by usually led by Children's Social Care, CAMHS, Education, Health or the YOT.

SOS assessment

Suffolk County Council has adopted Signs of Safety as a system-wide approach to our work with children, young people and their families

It is an approach to:

- Gathering information about a family
- Analysing it
- Identifying what needs to change and why
- Setting clear goals
- Identifying actions that will achieve those goals
- Working WITH families to find solutions

Signs of Safety Assessment Tool

What are we worried about?	What's working well?	What needs to happen?
<p>Past harm to children – action, behaviour, who, what, where, when, severity, incidence, impact</p> <p>Future danger for children – worries for the future if nothing changes</p> <p>Complicating factors – any factors which make the situation more difficult to resolve</p>	<p>Existing strengths</p> <p>Existing safety/protection – strengths demonstrated as protection over time. These must directly relate to danger</p>	<p>Future safety/protection – What must the care givers be doing in the care of their child that addresses the future danger.</p> <p>What does the family want generally and in relation to safety</p> <p>Next steps – What are the next steps to be taken to move towards achieving the goal</p>
<p>Safety Scale – on a scale of 1 to 10, where 10 means everyone knows the children are safe enough for the child protection authorities to close, and zero means things are so bad for the children that they can't live at home – Where do we rate the situation?</p> <p>0 →-----→ 10</p>		

Recognition and Identification of Abuse

Abuse and Neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused or neglected in a family or in an institutional or community setting by those known to them or, more rarely by others (e.g. via the internet). They may be abused or neglected by an adult or adults, or by another child or children.

The Working Together to Safeguard Children (2015) Government Guidance provides the following definitions:

Physical Abuse

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

Emotional Abuse

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 meet 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 a 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.

Sexual Abuse

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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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 care-givers);
- ensure access to appropriate medical care or treatment;
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions from *Working together to safeguard children, 2015*

Child Sexual Exploitation

Children and young people are targeted by exploitative and coercive adults through their contact with them. Their vulnerability is identified and the process of grooming of the child or young person commences and may take place through other young people and a chain of other adults over varying lengths of time. This can be short term or in some cases over many months. The use of social networking and internet gaming has increased opportunities for exploitative/coercive adults to groom children for abuse and contributes to the invisibility of the sexual exploitation of children to parents, carers and professionals.

Victims can be any age or gender. They come from all cultures and backgrounds and include a significant proportion of children who are “looked after”. They may already experience mental health or learning difficulties, disability or behavioural difficulties. Vulnerability, emotional and social isolation and low self-esteem are the most common factors amongst children who are at risk of being sexually exploited.

Extract from LSCB Guidance ‘Children abused through Sexual Exploitation – Policy, Guidance and Risk Assessment’

For further information please see the dedicated Child Sexual Exploitation pages at: www.suffolkscb.org.uk

PREVENT

The purpose of the PREVENT Strategy is to stop people becoming terrorists or supporting violent extremism in all its forms. The strategy has three objectives, one of which is to prevent people from being drawn into extremism and ensure they are given appropriate advice and support.

Indicators that *may* suggest vulnerability to violent extremism include:

- Expressed opinions - such as support for violence and terrorism or the values of extremist organisations
- Material – possession of extremist literature; attempts to access extremist websites and associated chat rooms; possession of material regarding weapons, explosives or military training
- Behaviour and behavioural changes – such as withdrawal from family and peers; hostility towards former associates and family; association with prescribed organisations and those that hold extremist views
- Personal history – claims or evidence of involvement in organisations voicing violent extremist ideology or attendance at military/terrorist training

Extract taken from LSCB Guidance ‘Vulnerable to Radicalisation (VTR) or influenced by Extremism’ Prevent Channel Training for more information go to: http://course.ncalt.com/Channel_General_Awareness/01/index.html

Missing Child/Young Person

The new ACPO definition of a missing person is:

Missing - "Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another."

Absent - "A person not at a place where they are expected or required to be." The 'absent' category should comprise cases in which people are not presently where they are supposed to be and there is no apparent risk. 'Absent' cases should not be ignored, and must be monitored over periods of time with consideration given to escalating to 'missing' if there is a change to the circumstances that has increased the level of risk.

Most children and young people who go missing return the same day and some incidents concern children who are late home and for whom there are no other concerns. However, very often running away/ going missing is an indicator of underlying problems which need further intervention such as:

- Problems at home / family conflict]
- Abuse or neglect
- Mental health problems, bullying.
- Pressure from friends/ associates
- Sexual exploitation/ trafficking

Young people who run away may be at risk of significant harm whilst away from home or care placement (e.g. those who remain missing overnight or for several days, sleeping rough and in contact with people posing a risk to them).

Extract from LSCB Guidance 'Practitioners Quick Guide' - Children who Run Away and Go Missing from Home or Care

For further information please see <http://suffolkscb.org.uk/assets/files/2014/Children-who-Run-Away-and-Go-Missing-from-Home-or-Care2.pdf>

Female Genital Mutilation (FGM)

FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding. There are, however, particular characteristics of FGM that front-line professionals should be aware of to ensure that they can provide appropriate protection and support to those affected.

The following principles should be adopted by all agencies in relation to identifying and responding to those at risk of, or who have undergone FGM, and their parent(s) or guardians:

- the safety and welfare of the child is paramount;
- all agencies should act in the interests of the rights of the child, as stated in the United Nations Convention on the Rights of the Child (1989);

- FGM is illegal in the UK
- FGM is an extremely harmful practice - responding to it cannot be left to personal choice;
- accessible, high quality and sensitive health, education, police, social care and voluntary sector services must underpin all interventions;
- as FGM is often an embedded social norm, engagement with families and communities plays an important role in contributing to ending it; and
- all decisions or plans should be based on high quality assessments (in accordance with *Working Together to Safeguard Children (2015)*⁵ statutory guidance in England, and the *Framework for the Assessment of Children in Need and their Families in Wales (2001)*⁶).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

Safeguarding Children who may have been trafficked

Children can be trafficked into the country from abroad or children resident in the UK can become victims of trafficking too and be moved within a town or between locations

for the purposes of exploitation.

- Exploitation includes children being used for **sex work, domestic work, restaurant/sweatshop, drug dealing, shoplifting and benefit fraud**.
- Often children and young people do not know that they have been trafficked. They may not want to tell their story for fear of not being believed, not knowing they are victims of crimes or fear of getting into trouble. They may still be under the control of their traffickers/exploiters.
- Even though a child may have been trafficked for a purpose other than sexual exploitation, they become highly vulnerable to physical and sexual abuse once they have been trafficked. Sexual exploitation of children is most likely to occur in informal locations, such as private flats. The use of trafficking for exploitative labour is often hidden and can be difficult to identify without the support of local communities.
- Risk indicators can include children who have unexplained moves, have not been enrolled into school or attended a GP practice, are being cared for by adult/s who are not their parents, are not in possession of their own travel documents, children who go missing from home or care, or unaccompanied asylum seeking children.

If you suspect that a child may have been trafficked or is at risk of trafficking:

- Discuss your concerns with your manager or designated colleague
- Take advice before any involvement with 'family members/carers' – *you may heighten the risk of abduction or harm to the child/young person.*

You can get advice from the following specialists:

South Area Safeguarding Manager: · 01473 583155

Detective Inspector, Public Protection · 01284 774003

[Trafficking Lead]:

Make your referral to:

Children & Young Peoples Services:

Customer First · 0808 800 4005

Out of Hours Emergency Duty Service · 0808 800 4005

or

Suffolk Police: Force Operating Room · 01473 613500

Grooming Line

Targeting stage

Observing the child/young person.
 Selection of child/young person.
 Befriending – being nice, giving gifts, caring, taking an interest, giving compliments, etc.
 Gaining and developing trust.
 Sharing information about young people.
 between other abusive adults.



Friendship forming stage

Making young people feel special.
 Giving gifts and rewards.
 Spending time together.
 Listening and remembering.
 Keeping secrets.
 Being there for them.
 'No one understands you like I do'; being their best friend.
 Testing out physical contact – accidental touching.
 Offering protection.



Loving relationship stage

Being their boyfriend/girlfriend.
 Establishing a sexual relationship.
 Lowering their inhibitions – e.g. showing them pornography.
 Engaging them in forbidden activities – e.g. going to clubs, drinking, taking drugs.
 Being inconsistent – building up hope and then punishing them.



Abusive relationship stage

Becomes an 'unloving' sexual relationship
 Withdrawal of love and friendship.
 Reinforcing dependency on them – stating young person is 'damaged goods'
 Isolation from family and friends.
 Tricky and manipulation – 'you owe me'.
 Threatening behaviour.
 Physical violence.
 Sexual assaults.
 Making them have sex with other people.
 Giving them drugs.
 Playing on the young person's feeling of guilt, shame and fear.



Skills and behaviours when talking to parents, children & young people – within the context of safeguarding

Stay calm and listen carefully, offer reassurance to the child or young person.

Use reflective listening and ask open non-judgemental questions “who, where, when”. Do not ask leading questions or put words into the child’s mouth.

Do not promise the child confidentiality

Record verbatim

It is appropriate to ask parents open non-judgemental questions in order to clarify and contextualise your concerns before making a Safeguarding referral. However, there will be some situations, where it may not be appropriate to approach parents, for example where there are concerns about sexual abuse, FGM, self-harm, or where you believe that approaching the parents would put the child at increased risk of significant harm.

Seek further advice from your safeguarding lead and MASH team if required.

Explain to the parents that you are referring your concern, unless by doing so you think you put the child at increased risk of significant harm

Recording Techniques

- Where were you?
- Who disclosed?
- What did they say? Was there an injury?
- Where was the injury – did you see it? – describe it/complete a body map
- Is the disclosure about sexual abuse?
- Was anyone else with you?
- Who are you passing this information to?
- Who are you? Ensure you include your full name and position.
- Sign and date – including year.

Making a Referral

A referral should be made when you have reasonable cause to suspect that a child, young person is suffering significant harm, or is likely to suffer significant harm.

Some incidents will require you to ask clarifying questions, to gather more information, or help you assess the child's situation further, in order to decide if a safeguarding referral should be made.

When children make unclear statements, or you have an unusual situation and you are unsure about which action to take, the professional consultation line can be used (see next pages).

The language professionals use is important. Consider the language you use and be careful to not pre-empt an outcome. When making a referral try and get, as much as possible, a sketchy picture about the circumstances of the people involved.

The role of Safeguarding Leads is to gather and forward any information you have in relation to your experience with families, for example whether they are truthful, open or evasive. By bringing information of your previous experiences into the referral this will inform judgements made by MASH.

There is a new CYP Portal <https://cypportal.suffolk.gov.uk> and the flow chart has been removed from Safeguarding Children information. Professionals making a referral should use the Portal. If you need to contact Customer First use the professional number, as this will ensure that the referral is dealt with in the most appropriate way. Professionals are people whose role is working with children and families in a professional capacity, and will include schools and early years settings.

There is a need to be really clear about the referral and a couple of questions can help you to make that decision.

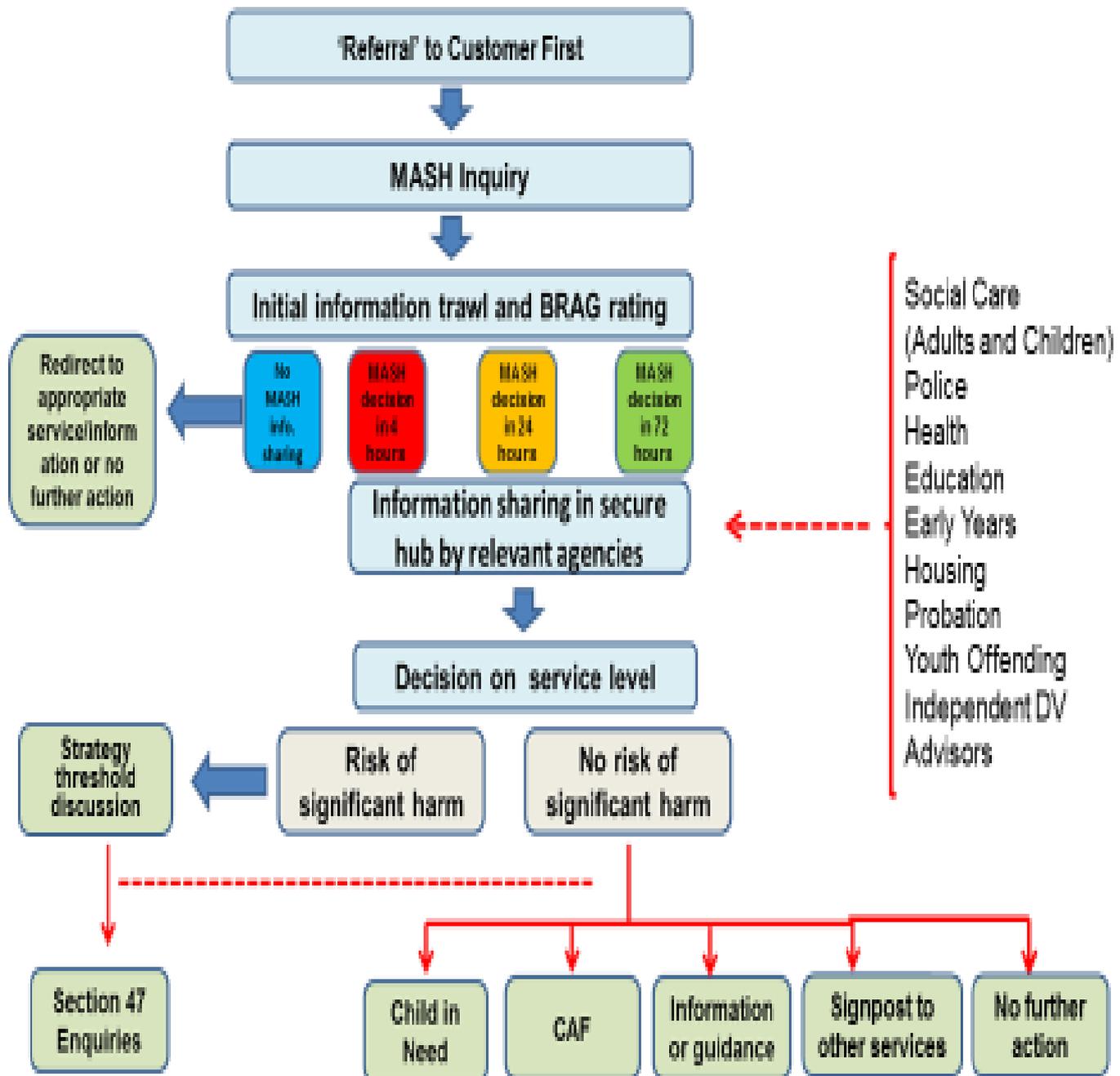
Non urgent situations should not be phoned through.

Customer First Professional referral line number (03456 066 167) is the number that professionals should be using when they need to make an urgent safeguarding referral.

The Customer First members of the public referral number is 0808 8004005.

What happens next?

Multi Agency Safeguarding Hub (MASH)



Do I need to act?

Safeguarding is everyone's responsibility

If you are worried about a child, talk to the Safeguarding Lead in your organisation at the earliest opportunity

You can also contact the MASH Professional Consultation line for advice on 0345 606 1499

(Monday to Thursday 09.00 – 17.00 and Friday 09.00 – 16.25)

The Consultation Line is for you to discuss the most appropriate and effective way of providing or obtaining help for a child or adult you feel is at risk of abuse



CYP Portal

The screenshot shows the homepage of the Suffolk Children and Young People's Portal. At the top left is the Suffolk County Council logo. To the right are navigation links: Home, My Account, My Saved Forms, and My Messages. Below the navigation bar is a 'Home' link. The main heading reads 'Welcome to the Suffolk Children and Young People's Portal'. Below this are three main service tiles: 1. 'Report a Child Safeguarding Concern' with an exclamation mark icon and the text 'Tell us if a child is at risk of abuse, harm or neglect'. 2. 'Make a referral for Early Help Services' with a person icon and the text 'Request support for a child, family or young person'. 3. 'Fostering and Adoption' with a group of people icon and the text 'Enquire or make a request about Fostering and Adoption'. At the bottom of the tiles are links for 'Portal Help and Support', 'Privacy Notice', and 'Professionals'.

Who do I contact?



Talk to your Designated Safeguarding lead



To make a Safeguarding (MAR) referral go to:



Suffolk Children and Young People's Portal: <https://cyportal.suffolk.gov.uk>



If you have an **urgent** safeguarding concern you should contact Customer First: 03456066167 (Professional Referral line) OR 0808 800 4005 (Members of the public referral line). In an **emergency** you can call 999 and contact the Police.

Note:

For Early Help cases, MAR should not be made without first discussing with Practice Lead or Team Manager in the relevant Early Help Team.

Where a child already has an allocated SW you should contact the Social Worker with your concerns

Professional Safety

Whistleblowing:

Reporting poor practice or suspected wrongdoing
In the work place



Allegations against professionals:

Refers to allegations that a person, in the course of their work (including volunteering) with children has behaved in a way that has harmed a child or may have harmed a child. All such allegations should be referred to the LADO (Local Authority Designated Officer)



LADO Contact details:

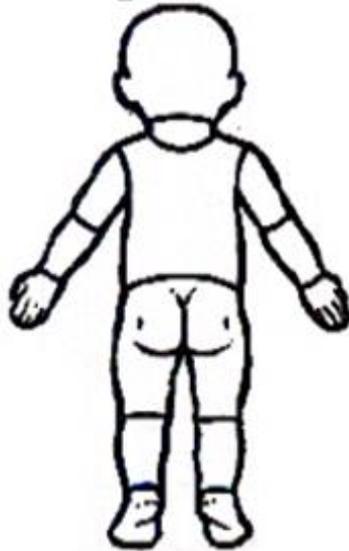
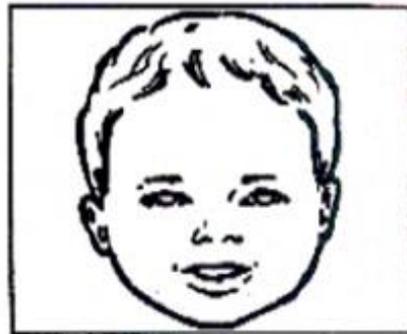
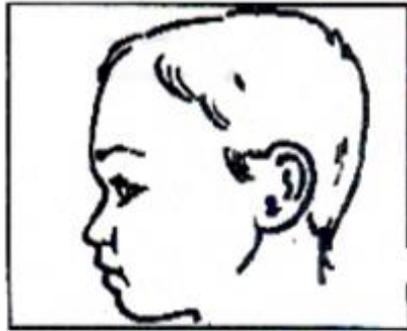
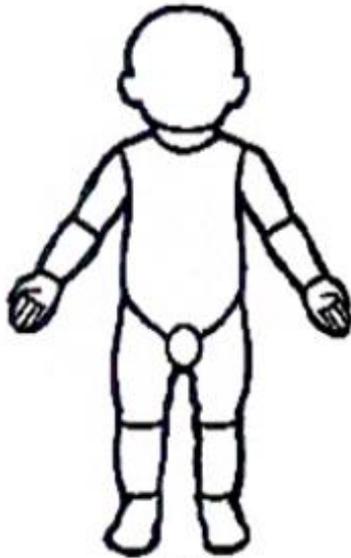
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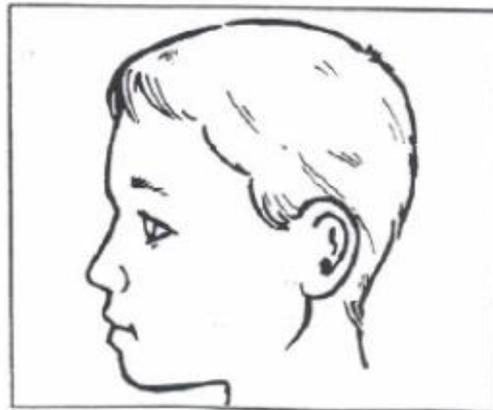
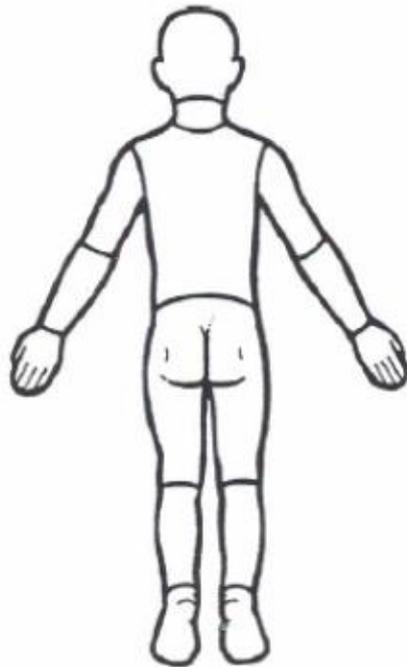
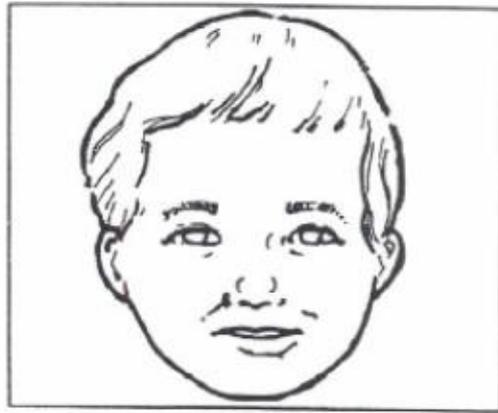
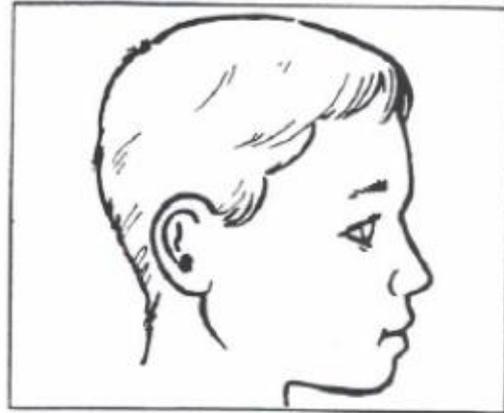
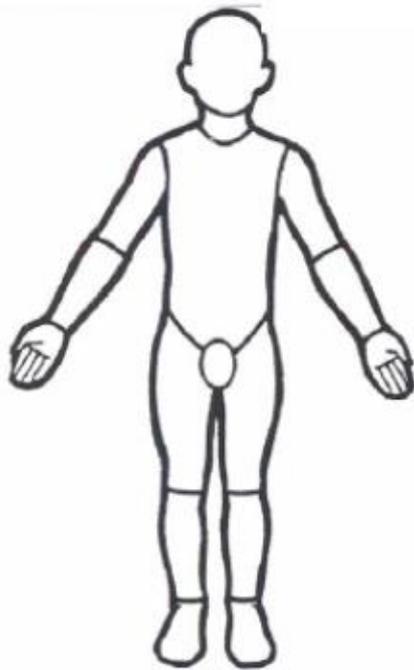
email: LADOCentral@suffolk.gcsx.gov.uk

Body Map

Young Child



Older Child



Safeguarding Summary

You should now know:

- How to recognise different types of abuse or neglect
- How to record your concerns
- How to deal with a disclosure
- How to make a referral
- How to raise concerns about other professionals or organisational poor practice
- The importance of early help and the thresholds for accessing social care
- that all professionals have a duty to refer cases where abuse is known to have occurred or is suspected.

What Next?

Please complete your course evaluation on Suffolk CPD online, which will enable you to download your certificate.

Discuss with your Line Manager what further training might be appropriate for your role.

This could include and will be found on Suffolk CPD on the Early Years and Multi-Agency Channels:

- Working Together to Safeguard Children
- Roles and Responsibilities (Safeguarding leads in Early Years)
- Using Suffolk Signs of Safety Framework for Assessment and Referrals
- Missing children
- Child Exploitation (train the trainer)
- A positive approach to behaviour
- Behaviour – understanding why?
- WRAP – Workshop to raise awareness of prevent

Make sure you know:

- Who your senior designated member of staff or named safeguarding co-ordinator is
- Where you can find the safeguarding policies and procedures for your place of work?

Key documents and information

Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers – March 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

Inspecting Safeguarding in early years, education and skills - 2016

<https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015>

Keeping Children Safe in Education – statutory guidance for schools and colleges – March 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418686/Keeping_children_safe_in_education.pdf

Meeting the needs of Children in Suffolk - Local Protocol for Assessment (Thresholds Document)

<http://www.suffolkscb.org.uk/procedures/referring-concerns-to-social-care/>

Ofsted Safeguarding Policy – 2016

<https://www.gov.uk/government/publications/ofsted-safeguarding-policy>

Safeguarding Disabled children: Practice Guidance 2009, DCSF ISBN 00374-2009DOM-EN www.teachernet.gov.uk/publications

Statutory Framework for the Early Years Foundation Stage 2014: Department for Education.

What to do if you're worried a child is being abused – Advice for practitioners – March 2015

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

Working Together to safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children - March 2015, HM Government

<http://www.suffolkscb.org.uk/assets/files/2015/2015-Working-Together.pdf>

Websites:

Suffolk Safeguarding Adults Board

www.suffolkas.org

Suffolk Safeguarding Children Board

www.suffolkscb.org.uk

Suffolk Signs of Safety and Well-being

www.suffolkscb.org.uk/information-and-links/suffolk-signs-of-safety-and-wellbeing/

CEOP Think you Know

www.thinkuknow.co.uk